

UNITED STATES OF AMERICA

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DEPARTMENT OF AGRICULTURE
AND
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PUBLIC MEETING OF ORAL TESTIMONY ON THE
REPORT OF THE DIETARY GUIDELINES
ADVISORY COMMITTEE ON THE
DIETARY GUIDELINES FOR AMERICANS, 2010

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THURSDAY
JULY 8, 2010

+ + + + +

The meeting came to order at 9:20 a.m. in the Jefferson Auditorium of the USDA South Building, 1400 Independence Avenue, S.W., Washington, D.C., Dr. Rajen Anand, Executive Director, Center for Nutrition Policy and Promotion, USDA, presiding.

PRESENT:

RAJEN ANAND, D.V.M., Ph.D., Executive Director, CNPP, USDA

ROBERT POST, Ph.D., M.Ed., M.Sc., Deputy Director, CNPP, USDA

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PRESENT (Cont'd) :

CAROLE DAVIS, M.S., Director,
Nutrition Guidance and Analysis
Division, CNPP, USDA; Co-Executive
Secretary and Designated Federal Officer
to the 2010 Dietary Guidelines Advisory
Committee

RADM PENELOPE SLADE-SAWYER, P.T., M.S.W.,
Deputy Assistant Secretary for Health,
ODPHP, HHS

WENDY BRAUND, M.D., M.P.H., M.S.Ed.,
Acting Deputy Director and Lead,
Prevention Science Team, ODPHP, HHS

KATHRYN McMURRY, M.S., Senior Nutrition
Advisor, ODPHP, HHS; Co-Executive
Secretary to the 2010 Dietary Guidelines
Advisory Committee

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1 P-R-O-C-E-E-D-I-N-G-S

2 (9:20 a.m.)

3 DR. ANAND: Good morning. First
4 of all, I am sorry for the delay. This was
5 because of the logistics. So the logistics,
6 we had to wait for half an hour to get
7 somebody there. So all signals got mixed up.

8 I am Rajen Anand, Executive
9 Director for the Center for Nutrition Policy
10 and Promotion, United States Department of
11 Agriculture. I would personally like to
12 welcome each one of you that you have taken
13 time from your busy schedule to come here and
14 present your views on dietary guidance.

15 The panel you see here is only to
16 listen. It is only a one-way street. We will
17 only listen and will not be interacting but
18 rather in a listening mode. We are interested
19 in all of your statements and opinions and
20 look forward to hearing what everyone has to
21 say.

22 The Center for Nutrition and

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1 Policy and Promotion led the administrative
2 management to support the committee and
3 continues a leading role for the development
4 of 2010 Dietary Guidelines. The Dietary
5 Guidelines of course, is a collaborative
6 effort between USDA and HHS.

7 Today I am accompanied by Rear
8 Admiral Penelope Slade-Sawyer from HHS Office
9 of Disease Prevention and Promotion. Also at
10 the table on the left is Dr. Robert Post, the
11 Deputy Director of the Center for Nutrition
12 Policy; Ms. Carole Davis, Director of
13 Nutrition Guidance and Analysis Division at
14 the Center. She is also Designated Federal
15 Officer and Co-Executive of the Dietary
16 Guidelines Advisory Committee.

17 In addition to Rear Admiral Slade-
18 Sawyer, from HHS we also have with us Dr.
19 Wendy Braund, Acting Deputy Director, ODPHP,
20 Ms. Kathryn McMurry, Senior Nutrition Advisor
21 at the same place and is the Co-Executive
22 Secretary of the Dietary Guidelines Advisory

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1 Committee.

2 I would like to take this
3 opportunity to commend continued cooperation
4 between USDA and the Health and Human Services
5 seeing the 2010 Dietary Guidelines process
6 through. The dedication and contribution made
7 by each staff member who supported the
8 committee and those who continue their
9 brilliant work as we move forward is
10 remarkable.

11 I would like now to introduce Dr.
12 Robert Post, Deputy Director for the Center
13 for Nutrition Policy and Promotion, who will
14 review the accomplishments of the committee
15 and bring us to the point today and steps
16 forward coming. Thank you.

17 Dr. Post.

18 DR. POST: Thank you, Raj. I
19 would like to briefly review the milestones
20 that we have met to date and those that will
21 occur following the meeting.

22 The Dietary Guidelines Advisory

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1 Committee Members were invited to serve on the
2 committee by the former Secretary of
3 Agriculture, Edward Schafer and former
4 Secretary of Health and Human Services,
5 Michael Leavitt in October 2008.

6 The Dietary Guidelines Advisory
7 Committee or DGAC was a group of 13 recognized
8 experts in nutrition and health who were
9 external to the government. The committee
10 members were sought and selected based on
11 their expertise. And expertise was sought in
12 specific areas such as the prevention of
13 chronic diseases such as cancer,
14 cardiovascular diseases, type 2 diabetes,
15 obesity, energy balance, physical activity and
16 other issues, or other topic areas. They were
17 all from academic and/or medical institutions
18 and in one instance, there was a retired
19 member of academia.

20 The committee was governed by the
21 Federal Advisory Committee Act or FACA, which
22 assured the committee would in fact provide

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1 advice that is relevant, objective, and open
2 to the public; act promptly to complete their
3 work; and comply with reasonable cost controls
4 and record keeping requirements.

5 The committee met six times at
6 public meetings over a 20-month period.
7 Committee meetings were viewable by the
8 general public. Before each public meeting, a
9 Federal Register notice announced the meeting
10 and reminded the public that comments on the
11 process were invited and in fact very much
12 encouraged throughout the public comments
13 period and submission was through our public
14 comments database, which we established at
15 www.dietaryguidelines.gov. And in fact, that
16 same portal exists and will in the future to
17 find everything you need about the Dietary
18 Guidelines process.

19 Written comments from the public
20 were accepted throughout the period of time
21 the committee met and oral testimony was
22 invited at the second public meeting. The

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1 charge given to the committee was to review
2 the scientific evidence and develop
3 conclusions and recommendations based on the
4 weight of the evidence.

5 The work of the 2010 DGAC was
6 paramount. Committee members evaluated
7 evidence addressing some 180 questions on the
8 eight topic areas presented in the report.
9 The details of these evidence reviews are in
10 the committee's report and more specific
11 details are available online in the nutrition
12 evidence library.

13 The committee submitted its
14 advisory report to Agriculture Secretary Tom
15 Vilsack and Secretary Sebelius of the Health
16 and Human Services.

17 It was posted for public comment
18 by USDA on June 15th through a notice in the
19 Federal Register which also specifies that
20 written comments on the report will be
21 accepted through July 15th. The Departments
22 value the comments we receive and we strongly

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1 encourage the submission of comments in the
2 time that is designated.

3 Individuals who are interested in
4 the process are directed to
5 www.dietaryguidelines.gov, which has and will
6 continue to serve as a clearinghouse for
7 everything related to the 2010 Dietary
8 Guidelines for Americans.

9 Let me remind you that the report
10 is advisory in nature. It is not the actual
11 2010 Dietary Guidelines for Americans. It is
12 a scientific report from an independent panel
13 of recognized experts and the recommendations
14 therein will inform the federal policy on
15 dietary guidance.

16 In addition to the written and
17 oral comments we are receiving from the
18 public, we are also receiving comments from
19 various agencies of the government in regards
20 to policy implications of the committee's
21 report. The federal guidelines will be drawn
22 from the committee's report and comments we

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1 receive will be considered in this process.
2 The final Dietary Guidelines will form the
3 basis for government nutrition initiatives and
4 nutrition education and consumer research used
5 by consumers, industry, and health
6 professionals.

7 As such, the Dietary Guidelines
8 process is one that we take very seriously, to
9 which we apply four guiding principles. We
10 want to base the Dietary Guidelines on the
11 best available scientific evidence. We
12 rigorously solicited public participation in
13 the Dietary Guidelines Advisory Committee
14 process and we look forward to hearing your
15 comments on the report today.

16 We assure that the highest
17 possible level of transparency is employed in
18 the process and we will continue to ensure
19 that the Dietary Guidelines for Americans
20 serve as the foundation for government
21 nutrition programs and initiatives so that all
22 agencies speak with one nutrition voice.

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1 We have a rigorous and tight
2 timeline for issuing the 2010 Dietary
3 Guidelines for Americans. The Guidelines'
4 policy document is due for release to the
5 public by December 2010. A consumer-focused
6 outreach campaign to broadly publicize
7 guidelines-related educational materials is
8 being planned for spring 2011.

9 At USDA and HHS there are many
10 nutrition-related initiatives that relate to
11 the priority of reducing childhood obesity and
12 improving the effectiveness of nutrition
13 education. The departments are working
14 closely together and with other federal
15 agencies to ensure that these efforts are
16 collaborative and complimentary.

17 Within USDA, the Center for
18 Nutrition Policy and Promotion, CNPP, is the
19 administrative lead for the 2010 Dietary
20 Guidelines for Americans activities with the
21 support, the great support of HHS's Office of
22 Disease Prevention and Health Promotion,

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1 ODPHP, and the Agricultural Research Service
2 of USDA.

3 With that, I would like to
4 introduce our colleague, Rear Admiral Penelope
5 Slade-Sawyer, Deputy Assistant Secretary for
6 Health at HHS, who will make some remarks.

7 RADM SLADE-SAWYER: Thank you, Rob
8 and my remarks will be very brief.

9 I do want to take this opportunity
10 to thank you for the effort you have made to
11 join us this morning and to assure you that we
12 are listening to what we have to say. We want
13 these Dietary Guidelines for 2010 to be the
14 best ever and we do that through this rigorous
15 program of science that Rob has just
16 described, as well as hearing from members of
17 the public.

18 I want to thank the tireless
19 staffs at HHS and USDA for supporting the
20 committee throughout the process. Papers were
21 flying, I assure you, at every meeting trying
22 to meet the needs of these very exacting

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1 scientists that have given us such a fine
2 report.

3 All of your comments, both today
4 orally and in writing, will be given the
5 highest consideration as we move forward to
6 develop the policy document.

7 So thank you again for coming and
8 I think we are ready to begin.

9 DR. POST: And with that, let me
10 offer some housekeeping remarks and then we
11 will begin with hearing of the comments that
12 we have to offer. So thank you for those
13 remarks, Penny.

14 At this time, I would like to give
15 you some reminders before we begin the oral
16 testimony session. Please remember to turn
17 off all cell phones during the meeting. Audio
18 and video taping and photography are not
19 allowed, as it would be disruptive to the
20 meeting. There are a number of other
21 housekeeping reminders that have been provided
22 to you at the registration desk on a green

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1 handout.

2 Following the meeting, the meeting
3 transcript and minutes will be posted on the
4 dietaryguidelines.gov website. I think I have
5 to say that at least four or five times at
6 every one of these meetings. I think that
7 makes it four.

8 I would like to now begin the
9 public oral testimony section of the meeting.

10 Receiving the comments from the public is a
11 significant part of the overall process used
12 for the federal government's work in
13 developing nutrition policy. We received 50
14 submissions for public oral testimony from
15 individuals and representatives of groups.
16 Individuals providing public oral testimony
17 are asked to come to the front row in groups
18 of five, as instructed by the staff person.
19 Staff will call the presenters to the
20 microphone by number.

21 The presenter should state their
22 name, affiliation, if any, and city and state.

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1 When the timekeeper says please begin, you
2 will see a green light on the timer and your
3 three minute time frame has begun. When 30
4 seconds remain, the green light will change to
5 yellow. And when the light is red, your three
6 minutes is up, indicating that you must wrap-
7 up your comments and return to your seat.

8 After providing your comments, you
9 may be seated anywhere within the auditorium
10 designated for the public.

11 And with that, can we have our
12 first speaker, please? Thanks.

13 MS. WYATT: Kendra Wyatt, American
14 mother, Kansas City, Missouri.

15 On behalf of my family that ranges
16 from a great grandma, my own two children, my
17 goddaughter, a young 20 year old mother of
18 three to my father, a diabetic and gentleman
19 farmer, I am here to give the committee
20 perspective of an important stakeholder with
21 the least number of lobbyists; that is, the
22 American mother.

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1 I am from Kansas City, proud home
2 to historic livestock, grain, and
3 transportation companies that are the backbone
4 of the most efficient food system in the
5 world. We are experiencing the know your
6 food/know your farmer movement and are a test
7 case in scaling the farmers market experience
8 into large food institutions such as our
9 schools, employer cafeterias, and hospitals.

10 Experts will comment on the
11 Dietary Guidelines and, I trust health,
12 science, and reason will win the day over any
13 one special interest. I am here to comment on
14 the desired health literacy and cultural
15 changes.

16 The committee states, among many
17 things, that it recommends to: "Improve
18 nutrition literacy and cooking skills,
19 empower and motivate the population,
20 especially families with children, to prepare
21 and consume healthy foods at home."

22 Further, "Self-monitoring,

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1 including knowing one's own calorie
2 requirement and the calorie content of foods,
3 helps make individuals conscious of what,
4 when, and how much they eat. Mindful, or
5 conscious, eating is an important lifestyle
6 habit to help us enhance weight loss as well
7 as assist others in maintaining a healthy
8 weight."

9 My six-year-old little girl
10 attends our local public school. I am
11 concerned whether the current Dietary
12 Guidelines help her maintain a healthy weight.

13 Is school lunch about eating to learn and
14 keeping her healthy? I have seen the rules
15 and subsidized foods our dietary director must
16 deal with that don't appear aligned with that
17 objective. I have eaten the lunch. I am a
18 busy working mother and making her lunch every
19 day is not a reality.

20 I'm looking for change and
21 innovation that acknowledges the smash-up
22 capabilities of our consumer world. We miss

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1 an opportunity to teach her science by growing
2 herbs and vegetables in school gardens; to
3 teach her geography by showing us where her
4 food came from.

5 The recommendations state you want
6 to empower and motivate families with children
7 at home. I know it is possible for the school
8 dietary system to send me an email or text
9 with the nutrition and calorie information
10 about her lunch. It could be sent via health
11 information exchange already being funded by
12 the stimulus to personally controlled health
13 records and I could track it over time.

14 I pay for food directly and via my
15 tax dollars. In return, I expect to know the
16 nutrition and health value of that food.

17 If we truly endeavor to improve our
18 country's nutrition literacy, please emphasize
19 the values of transparency and connecting the
20 American mother to food knowledge. Free the
21 data. Empower me so I am more likely to be
22 motivated to make good decisions about what I

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1 feed my family.

2 Thank you.

3 MS. HOWES: Speaker number two.

4 You may begin.

5 MR. BAKER: I am Charles Baker,
6 Chief Science Officer at The Sugar Association
7 in Washington, D.C.

8 The Sugar Association represents
9 U.S. sugar cane and sugar beat growers and
10 processors and was founded in 1943 to educate
11 the public about sugar and its importance in
12 balanced diets and healthy lifestyles.

13 Based on the totality of
14 scientific evidence, we support sugar as a
15 safe, natural, beneficial ingredient that
16 imparts not only flavor but safety in the
17 essential functionalities of foods. We
18 welcome this opportunity to address the
19 agencies.

20 The Association and its members
21 share the agencies' concern about rising rates
22 of obesity and its detriment to overall

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1 health, especially among children. We endorse
2 dietary guidance emphasizing the importance of
3 paying attention to total caloric intake, in
4 unison with the need to be physically active
5 every day. We further endorse guidance that
6 foods not contributing meaningful nutritional
7 value to a diet should not be the centerpiece
8 of one's diet. However, dietary guidance
9 directing the public to consume foods with as
10 little if any added sugar is impractical,
11 unrealistic, and not grounded on the body
12 evidence.

13 Assertions that sugar supplies
14 calories with few or no nutrients are
15 misleading. Scientific evidence repeatedly
16 shows that sugars bestow the very palpability
17 necessary for increased intakes of many
18 healthy foods, especially by children.
19 Recommending overly restrictive limits on
20 sugar's intake has the real potential of
21 decreasing consumption of nutrient-rich foods
22 with unintended consequences of reducing the

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1 quality of the American diet.

2 Soundness of dietary
3 recommendations based exclusively on
4 statistical modeling for individual dietary
5 components with different biological outcomes
6 are deemed identical and lumped together is
7 deeply troubling.

8 The sugar's evidence-base cited in
9 the Committee's June 15th report does not
10 supersede the conclusion reached by the
11 Institute of Medicine in 2002 and reaffirmed
12 by the European Food Safety Authority in March
13 2010. Two major scientific reviews found no
14 evidence of a direct link between sugar's
15 intake and any lifestyle disease, including
16 obesity and thus, notes the necessity to
17 recommend intake limits.

18 In fact, Association written
19 comments emphasize the fact that enhanced data
20 show intakes of added sugars have decreased
21 over the 2001 to 2006 reporting period and
22 that added sugars contribute significantly

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1 less of the total food supply calories in 2007
2 than in 1970.

3 The Association respectfully asks
4 that the scientific integrity of the Dietary
5 Guidelines for Americans be maintained with
6 dietary recommendations based solely on a
7 preponderance of evidence. An inordinate
8 emphasis on single dietary components obscures
9 the health significance of caloric balance and
10 total diet.

11 Our grandmothers had it right.
12 You heard advice to eat a little bit of
13 everything and go outside to play grasps the
14 central importance of portion control and
15 daily activity and healthy lifestyles.

16 Thank you.

17 MS. HOWES: Thank you very much.

18 Speaker number three.

19 MS. TANSMAN: I am Laurie Tansman.

20 I am a registered dietitian with the
21 Department of Clinical Nutrition at the Mount
22 Sinai Hospital. I am a faculty at the

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1 Department of Preventive Medicine of the Mount
2 Sinai School of Medicine of the Mount Sinai
3 Medical Center in New York City.

4 I want to first state that I am
5 speaking on behalf of myself.

6 I support the recommendation
7 regarding the reduction on sodium intake to
8 1,500 milligrams per day. However, I do
9 disagree that this recommendation should occur
10 gradually over time. While the DGAC has
11 provided a thorough outline of more recent
12 sodium guidelines recommended by different
13 sources including the AHA, I would like to
14 take a further step back with you. You know
15 that old saying, "everything old is new
16 again?" Well, it seems just that way
17 regarding the sodium guidelines.

18 In 1976, the Dietary Goals for
19 Americans issued by the U.S. Senate Select
20 Committee on Nutrition and Human Needs
21 recommended, "Reduce salt consumption by about
22 50 to 85 percent to approximately three grams

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1 a day." That is 1,200 milligram's of sodium.

2 That was later modified to five
3 grams of salt per day in 1977, which is 2,000
4 milligrams of sodium. And in 1986, the AHA
5 recommended one gram of sodium per 1,000
6 calories per day, not to exceed three grams
7 per day. So for an average female who may
8 consume no more than 1,600 calories per day,
9 that would be 1,600 milligrams of sodium per
10 day.

11 In 1988, the AHA revised that
12 sodium guideline to not exceed three grams of
13 sodium a day.

14 And as was referred to by the
15 DGAC, the AHA this year recommended a limit of
16 less than 1,500 milligrams per day of sodium
17 for most adults.

18 Maybe if the 1976 Dietary Goals
19 for Americans' sodium recommendation and the
20 1986 AHA sodium recommendation had not been
21 "watered down" we would not have such concerns
22 now about the need to help Americans modify

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1 their sodium intake.

2 I, therefore, recommend that we
3 need to be very aggressive in helping
4 Americans to achieve a reduction in their
5 sodium intake. Hopefully, this will serve as
6 an impetus to the FDA to require all food
7 manufacturers to reduce the sodium content of
8 their packaged foods. And in order to provide
9 a more supportive environment, I do hope that
10 the recently proposed bill on March 5th by New
11 York State Assemblyman Felix Ortiz, in
12 collaboration with others, regarding
13 prohibiting the use of salt by restaurants in
14 food preparation not only be passed in New
15 York but taken to the national level.

16 My final comment on sodium is that
17 in keeping with this new recommendation made
18 by the DGAC, the Food and Nutrition Board of
19 the Institute of Medicine of the National
20 Academies needs to re-evaluate their DRIs for
21 sodium.

22 Because of time limitations, I

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1 will make online comments regarding vitamin D
2 as well as comments about "the daunting health
3 challenge" to achieve healthful dietary
4 patterns, which is really not so daunting. It
5 is just a matter of doing instead of just
6 talking about it. Just look at what we have
7 done in New York City and the domino effect it
8 has had nation-wide on restaurant calorie
9 labeling and *trans* fat ban.

10 Thank you.

11 MS. HOWES: Speaker number four,
12 you may begin.

13 MR. DREWNOWSKI: My name is Adam
14 Drewnowski. I am a researcher in public
15 health nutrition at the University of
16 Washington in Seattle, Washington.

17 I am here today on behalf of the
18 Nutrient-Rich Foods Coalition to urge you to
19 reconsider the proposed definition of
20 nutrient-dense foods. Having worked on
21 nutrient density, I created methods and
22 metrics to rate and rank foods based on

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1 nutrient composition. Much of this work was
2 funded by the coalition, a partnership of 21
3 agricultural commodities representing all five
4 food groups.

5 Although the 2010 DGAC has
6 accepted the 2005 definition of nutrient-dense
7 foods as those that contained more nutrients
8 than calories, the proposed definition largely
9 based on added sugars and solid fats seems
10 overly restrictive and suggestions that
11 nutrient-dense foods should also be naturally
12 nutrient-rich and minimally processed narrowed
13 the definition even further.

14 So I would like to offer three
15 suggestions for improving the proposed
16 scientific definition of nutrient density to
17 better meet public health objectives. First
18 of all, the definition of nutrient density
19 ought to be positive and based on a food's
20 total nutrient package, taking into account
21 both the nutrients to encourage and the
22 nutrients to limit.

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1 Second, it should include a broad
2 variety of foods from every food group.
3 Third, it should take into account
4 affordability. Calories per dollar and
5 nutrients per dollar. Let us never forget
6 that people in households with the least
7 resources in America are the ones who are most
8 likely to be obese.

9 Let me elaborate here. First, it
10 is true that the American food supply tends to
11 be energy rich but nutrient poor. However,
12 emphasizing food avoidance is not the best way
13 to change consumer behavior. Rather, a more
14 positive approach emphasizing balance,
15 variety, and affordability is a better way to
16 improve dietary choices.

17 Second, the zero-tolerance
18 threshold for SoFAS, solid fats, and added
19 sugars means that very few foods will qualify
20 as nutrient dense. So the proposed system
21 effectively reverts back to the good/bad
22 dichotomy, rating foods as either bad or good.

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1 In reality, nutrient density falls on the
2 continuum because real foods contain both
3 nutrients to encourage and some nutrients to
4 limit.

5 And third, and this is important,
6 an overly narrow definition will most likely
7 convince consumers that nutrient density and
8 affordability do not mix. It is very
9 important to make sure that the nutrient-dense
10 foods are not more expensive foods and using a
11 broader definition of nutrient density will
12 allow consumers to create more affordable and
13 yet nutrient-rich diets.

14 So in conclusion, the proposed
15 nutrient density standards may be too
16 inflexible for the average consumer.
17 Americans do not eat this way and if they
18 tried to, they could not afford it. So, it is
19 time to have Dietary Guidelines for all
20 Americans.

21 MS. HOWES: Thank you very much.

22 MR. DREWONOWSKI: Thank you for

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1 this opportunity.

2 MS. HOWES: Speaker five, you may
3 begin.

4 MS. NICHOLLS: Hi, I am Jill
5 Nicholls, Ph.D., Vice President of Nutrition
6 Affairs at the National Dairy Council.

7 The National Dairy Council
8 commends the 2010 Advisory Committee's Report
9 that recommends increasing intakes of
10 nutrient-dense foods, including low-fat and
11 fat-free dairy foods, decreasing intakes of
12 SoFAS and increasing physical activity to
13 improve America's health.

14 However, as you know, compliance
15 with current guidelines is low. There is a
16 significant gap between current and
17 recommended intake for key food groups. To
18 improve compliance, practical and flexible
19 guidance is needed in the 2010 guidelines.

20 The report provides limited
21 guidance about how to incorporate foods that
22 make significant nutrient contributions to the

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1 diet yet contain some solid fats or added
2 sugars. An all or nothing approach to food
3 guidance could derail good intentions the new
4 guidelines should inspire.

5 The report calls for Americans to
6 increase their intake of dairy foods to three
7 daily servings for those nine and older.
8 These recommendations can be achievable if
9 dairy products that are nutrient-dense,
10 appealing, available, and affordable are
11 recommended.

12 Research supports flavored milk
13 and yogurt and reduced-fat cheese as dairy
14 options that can help Americans meet the three
15 servings goals. For example, flavored milk
16 contributes only about two percent of added
17 sugar to children's diet. Children who drink
18 flavored milk drink more milk overall, without
19 higher intakes of added sugars than kids who
20 don't drink flavored milk.

21 In the American Heart
22 Association's 2009 scientific statement on

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1 added sugars, they state, "When sugars are
2 added to otherwise nutrient-rich foods, such
3 as sugar-sweetened dairy products like
4 flavored milk and yogurt and sugar-sweetened
5 cereals, the quality of children's and
6 adolescent's diets improves and in the case of
7 flavored milk, no adverse affects on weight
8 status were found.

9 Regarding cheese, limiting choices
10 to only low fat and fat free may discourage
11 Americans from meeting dairy recommendations.

12 Cheese is the number two source of calcium in
13 the food supply, yet only about two percent of
14 cheese on the market meet the definition of
15 low fat or fat free. In contrast, reduced fat
16 cheese contains at least 25 percent less fat
17 than regular, sometimes more, and reduced fat
18 and part-skim versions of popular cheeses like
19 cheddar and mozzarella are widely available.

20 In the NHLBI's DASH eating plan,
21 it allows for reduced fat cheese on six out of
22 seven days per week and has plans that meet

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1 both 2300 and 1500 milligrams per day for
2 sodium. So including reduced fat cheese can
3 help consumers meet dairy recommendations and
4 meet goals for saturated fat and sodium.

5 Finally, aged natural cheese is a
6 good option for those with lactose intolerance
7 because it is naturally low in lactose.

8 In closing, including a variety of
9 dairy options to meet recommendations can help
10 Americans gradually move from current intake
11 of about two dairy servings per day to the
12 goal of three, all while staying within
13 overall dietary goals.

14 Thank you.

15 MS. HOWES: Thank you. I would
16 like to make note for the record that Ms.
17 Nicholls is speaking on behalf of Ann Marie
18 Krautheim who was originally registered.

19 And if we have additional speakers
20 who are speaking on behalf of someone else,
21 when you come to the microphone, please state
22 your name and then state the person for whom

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1 you are speaking. Thank you.

2 Speaker number six.

3 MS. O'BRIEN: Good morning.

4 MS. HOWES: You may begin.

5 MS. O'BRIEN: Thank you. Good
6 morning. My name is Adrienne O'Brien. I am a
7 culinary arts instructor at a Luna Community
8 College in Las Vegas, New Mexico, a small
9 town, low population state. And I am not
10 being paid by anyone to be here. I am
11 actually on my family vacation. But I thought
12 it was really important to come and have my
13 voice heard by you because I am the mother of
14 two children like our first speaker today.

15 There has been a lot of talk this
16 morning about sugars added to the diets of
17 children. And I know that the School Lunch
18 Program follows the USDA Guidelines and I
19 really have found that the spirit of the USDA
20 Guidelines are not being followed by the
21 School Lunch Program, while the letter of the
22 Dietary Guidelines are. And I brought to you

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1 15 packets of sugar that I took this morning
2 from the courtesy of the cafeteria here in the
3 South Building to show you that this is half
4 of the amount of added sugar given to my child
5 during a breakfast recently that he received
6 at school. There were 45 grams of sugar given
7 to my child who is 45 pounds. That is about a
8 quarter cup of sugar in one meal.

9 The preponderance of the evidence
10 shows that obesity, diabetes, these things are
11 not related to the intake of simple sugars in
12 the diet but I would argue that common sense
13 demonstrates that this is way too much sugar
14 for a six-year-old child who is 45 pounds.

15 I would like to charge you, in
16 addition to the other charges of the
17 government in the USDA Guidelines to consider
18 the reality on the ground and to make the
19 letter of the rules in the dietary guideline
20 meet with the spirit of the Dietary
21 Guidelines.

22 I thank you for your time.

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1 MS. HOWES: Thank you.

2 Speaker number seven, you may
3 begin.

4 DR. SHAO: Thank you. I am Andrew
5 Shao with the Council for Responsible
6 Nutrition here in Washington, D.C.

7 More than 150 Americans supplement
8 their diets each year with vitamins and other
9 dietary supplements. Americans need practical
10 guidance on improving their personal dietary
11 habits and avoiding nutrient shortfalls,
12 including the beneficial and supporting role
13 that vitamin and mineral supplements play in a
14 nutrition program. Unfortunately, the 2010
15 DGAC draft report takes a step backward.
16 Without scientific justification, when it
17 comes to vitamin and mineral supplements, by
18 failing to recognize how the multi-vitamin can
19 address dietary inadequacies for nutrients.

20 The primary reasons that consumers
21 take vitamins and minerals are to support
22 overall wellness and to fill nutrient gaps.

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1 The failure to recognize the contributions of
2 a multivitamin for the health benefit of
3 achieving nutrient adequacy is a critical
4 weakness of the report. The report recognizes
5 a large number of nutrient shortfalls in the
6 population but concludes that these are not of
7 public health concern unless the shortfalls
8 are accompanied by widespread low blood levels
9 of the nutrient or by signs of overt
10 deficiency.

11 Further by recognizing multiple
12 nutrient shortfalls but discouraging
13 multivitamin use, the report, in effect, says
14 that living with shortfalls is preferable to
15 filling nutrient gaps with reasonable dietary
16 supplements.

17 While obtaining all essential
18 nutrients from foods may be optimal, it is
19 neither realistic nor practical. Further,
20 waiting until deficiencies are evident before
21 recommending nutritional support is not in the
22 best interest of consumers.

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1 The report convincingly documents
2 that achieving recommended intakes of
3 nutrients without exceeding desirable calorie
4 levels is difficult. While dietary
5 supplements cannot compensate for a poor diet,
6 nor can they act as a substitute for a healthy
7 diet, they can in fact fill specific nutrient
8 gaps at a low cost per day and without adding
9 significant calories.

10 Additionally, we have seen a large
11 reduction in this country in the incidence of
12 neural tube defects, in part due to mandatory
13 folic acid fortification but also in part due
14 to the ease, convenience, and affordability of
15 taking a multivitamin with folic acid. A
16 multivitamin with 1400 micrograms of folic
17 acid provides women of child-bearing age with
18 the viable, convenient, and affordable option
19 to ensure they are getting the folic acid they
20 need to help prevent birth defects. And we
21 urge that the final Dietary Guidelines not
22 discourage these women from options for

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1 obtaining necessary folic acid.

2 In conclusion, there is no
3 evidence that shows that consumers turn to
4 dietary supplements as a substitute for a
5 healthy diet. In fact, studies show that
6 supplement users are more likely than nonusers
7 to try to incorporate other healthy habits
8 into their wellness regimen.

9 We urge you not to take a step
10 backwards with respect to vitamins but to give
11 Americans reasonable options for staying
12 healthy.

13 Thank you.

14 MS. HOWES: Thank you.

15 Speaker number eight, you may
16 begin.

17 MS. WEDDIG: Good morning. I am
18 Lisa Weddig with the National Fisheries
19 Institute located in McLean, Virginia.

20 Thank you for the opportunity to
21 comment on the Advisory Committee Report. We
22 applaud its scientific rigor and look forward

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1 to seeing the conclusions translated into
2 simple guidelines for Americans.

3 At the National Fisheries
4 Institute, we experience daily how seafood
5 advice is interpreted or, more often,
6 misinterpreted by consumers, healthcare
7 professionals, companies, and the media. The
8 2010 Dietary Guidelines can best help clear up
9 confusion and get Americans eating seafood-
10 rich diets for better health by keeping a
11 couple thoughts in mind.

12 One, American families are
13 thoroughly confused about eating seafood. A
14 Johns Hopkins University study published in
15 the March 2010 issue of Public Health
16 Nutrition looked at 310 news stories on fish
17 and health and found "messages pertaining to
18 the risks associated with eating fish
19 outweighed benefit messages about eating fish
20 four to one." Researchers conclude "the
21 implication of the domination of risk messages
22 in the news is significant. Risk-only

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1 messaging results in negative perceptions of
2 seafood and reduced intention to consume fish,
3 and even balanced information that presents
4 both risks and benefits may still worsen the
5 overall perception of seafood consumption."

6 Two, knowing this, USDA and HHS
7 should consciously avoid vague, complex, and
8 contradictory messages about fish. The
9 Advisory Committee Report is clear. Americans
10 of all ages are eating too little fish.
11 Adults are missing out on heart health
12 benefits and babies are missing out on brain
13 development benefits. What is not clear is
14 how to incorporate more fish in our diets.

15 The Food Safety section says,
16 "Overall, consumers can safely eat at least 12
17 ounces of a variety of cooked seafood per
18 week, provided they pay attention to local
19 seafood advisories and limit their intake of
20 large, predatory fish." The reference to
21 limiting "large, predatory fish" is vague,
22 uses complex words, and contradicts the

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1 Institute of Medicine's 2006 recommendation
2 that there are no commercial species for the
3 general population to limit or avoid, as long
4 as they eat a variety of fish.

5 What our own research shows is
6 that specific, simple, and consistent word
7 choice can help people understand and follow
8 the committee's recommendation to eat a
9 variety of fish twice each week. It should be
10 specified that there are just four uncommon
11 fish (shark, swordfish, tilefish, and king
12 mackerel), the targeted population of women
13 who are or may become pregnant, breast-feeding
14 moms, and young children should not eat during
15 this time in their lives. With precision now,
16 USDA and HHS can prevent future misinformation
17 and the resulting public health consequences.

18 Thank you again for this chance to
19 both praise the scientific work of the
20 Advisory Committee and identify areas for more
21 specific communication.

22 MS. HOWES: You may begin.

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1 MS. SECOL: Good morning. My name
2 is Amy Rupert Secol and I am nutrition
3 educator student at Bowman College and I am
4 here from Celebration, Florida.

5 I am an organic eater. As a
6 student of holistic nutrition, I am dedicated
7 to improving the health and eating style of
8 Americans. I am very pleased with many parts
9 of this report. The recommendation to shift
10 towards a more plant-based diet will support
11 our health, as will the implementation of
12 regular exercise. The education of how to
13 cook fresh, live food is crucial to our
14 improved health and access to these foods is
15 an essential right every American should have.

16 Today, I would like to address the
17 importance of the quality of our food supply.

18 Specifically in response to Dr. Roger
19 Clemens' findings in Resource III titled
20 "Conventional and Organically Produced Foods"
21 he stated that it is premature to conclude
22 that the nutritional value and purported

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1 health benefits of organic foods are better
2 than those produced through conventional
3 agricultural practices. The National Organic
4 Standards Board mentions the minimal use of
5 off-farm input as a criteria to define
6 organic. Nutritional quantitative and
7 qualitative differences alone are inadequate
8 to determine the benefits of organic over
9 conventional foods.

10 It cannot be stated that the
11 purported health benefits of organic foods are
12 better or worse than those produced through
13 conventional agricultural practices without
14 additional research into the adverse health
15 effects of the following: number one,
16 synthetic chemicals used as pesticides and
17 herbicides; number two, antibiotics and growth
18 hormones used in livestock; number three,
19 genetically modified foods and seeds; number
20 four, irradiation processes in food
21 production; and number five, indirect
22 consumption of all of these.

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1 Preliminary studies have shown
2 links to the use of these products and a
3 variety of health problems such as ADD and
4 ADHD in children and adults, Alzheimer's
5 Disease, cancer, birth defects, early sexual
6 development in children, weight gain,
7 antibiotic resistance and autoimmune disease.

8 The report continued to state that
9 our current understanding of conventionally
10 and organically produced foods indicate that
11 their nutritional values and contributions to
12 human health are similar. Additional research
13 into these products and processes is a
14 requirement for determining their contribution
15 to human health.

16 Thank you for hearing me and
17 taking into consideration what I have said.
18 Thank you.

19 MS. HOWES: Speaker number ten,
20 you may begin.

21 MR. KHOSLA: Pramod Khosla. I am
22 on the faculty at Wayne State University in

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1 the Department of Nutrition and Food Science.

2 I wish to comment on two aspects
3 of the report from the DGAC. Firstly, in
4 relation to saturated fatty acids, the notion
5 that, and I quote, "saturated fat intake has
6 remained unchanged for over 15 years, a
7 reduction of this amount resulting in a goal
8 of less than seven percent energy from
9 saturates should, if attained, have a
10 significant public health impact." The
11 statement is not only misleading but also at
12 variance with the science.

13 The science, as detailed in the
14 Nutrition Evidence Library clearly states that
15 a five percent energy decrease in saturates
16 replaced by monounsaturates or polyunsaturates
17 is the key. Additional studies published this
18 year have emphasized that saturated fat
19 reduction by itself may not be the way to go.

20 The replacement nutrient is equally
21 important.

22 Additionally, a highly publicized

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1 meta-analysis shows that there is no
2 significant evidence for concluding that
3 dietary saturated fat is associated with an
4 increased risk of CHD or CVD, and that CVD
5 risk is likely influenced by what replaces the
6 saturated fat. It has been known for a long
7 time that saturates raises HDL-C as well as
8 LDL, they reduce the atherogenic lipoprotein-a
9 and result in a reduction in small dense LDL
10 particles.

11 Additionally, there is growing
12 evidence that hypocaloric diets with a higher
13 proportion of calories from saturates are
14 effective in weight-loss and result in a
15 favorable lipid profile. Given that the
16 charge of the DGA 2010 was to provide
17 evidence-based recommendations, it seems that
18 what the DGAC report does is completely side-
19 step the science in this instance. The public
20 has been told to decrease saturated fat for
21 many years, the fact that they have not been
22 able to do that for over 15 years should tell

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1 us that we are asking them to do something
2 that is extremely difficult in our food and
3 lifestyle environment.

4 Furthermore, by continuing to
5 emphasize fat, we are ignoring the biggest
6 culprit in the obesity epidemic, namely
7 carbohydrates. The second comment I wish to
8 make is related to the question of "What are
9 the Effects of Dietary Stearic Acid on LDL
10 Cholesterol?" The implication that "since
11 stearic acid is not known to raise LDL
12 cholesterol, the DGAC is recommending that
13 stearic acid not be categorized with known
14 "cholesterol-raising fats." This is also at
15 variance with the conclusions from the
16 Nutrition Evidence Library, which noted that
17 "the potential impact of changes in stearic
18 acid intake on cardiovascular disease risk
19 remains unclear." What the DGAC are
20 recommending is completely at odds with the
21 science.

22 The authors of the sole article on

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1 which the Nutrition Evidence Library evidence
2 was based themselves noted "Research is needed
3 to evaluate the effects of stearic acid on
4 emerging CVD risk factors such as fibrinogen
5 and to understand the responses in different
6 populations." One of these authors, has
7 further emphasized that to lump saturated fats
8 and try to tease out individual ones may be
9 exceedingly difficult.

10 So what I would suggest is please
11 stick to the science and not make hasty
12 conclusions.

13 Thank you.

14 MS. HOWES: Speaker 11, you may
15 begin.

16 MS. RODRIGUEZ: Thank you.

17 Good morning. My name is Judith
18 Rodriguez and I am a registered dietitian and
19 also a President of the American Dietetic
20 Association, as well as a professor at the
21 University of North Florida, with an interest
22 in nutrition education. I am presenting these

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1 comments on behalf of the American Dietetic
2 Association and its members, 71,000 food and
3 nutrition professionals, the majority of whom
4 are registered dietitians.

5 The American Dietetic Association
6 is the world's largest organization of food
7 and nutrition professionals and we are
8 committed to improving the health of Americans
9 through food and nutrition strategies. And of
10 course, we seek to advance the scientific
11 basis of the Dietary Guidelines to facilitate
12 consumer communication and implementation of
13 the Guidelines and core messages.

14 A systematic review of the
15 literature was vital to the Dietary Guidelines
16 Advisory Committee's assessment of the
17 science. And so we commend USDA and HHS for
18 their commitment to the Nutrition Evidence
19 Library and your ongoing efforts to strengthen
20 the evidence-based approach for assessing the
21 scientific literature as you determine for
22 future Dietary Guidelines.

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1 ADA encourages you to continue
2 investing in food and nutrition research and
3 to build on this initiative.

4 We also believe that the goal of
5 the Dietary Guidelines for Americans should be
6 to move Americans to a more healthful diet.
7 Excess weight, especially in children, are
8 major concerns for our society and these are
9 often accompanied by nutrient deficits and
10 lack of physical activity.

11 So again, we recommend and
12 encourage that USDA and HHS utilize the
13 Dietary Guidelines, meal patterns, nutrient
14 density, physical activity, and other
15 recommendations using science and reflect that
16 in all of its work.

17 Guidance should be delivered in
18 consumer-friendly modes. And we need to
19 utilize our knowledge of health and nutrition
20 literacy and also be able to help consumers
21 understand the types and the amounts of foods
22 that they should consume if they are going to

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1 have a life-long health.

2 Again, moving consumers toward
3 making change is going to take time and we
4 recommend and encourage that USDA and HHS
5 invest in efforts that will foster consistent
6 and basically consistent implementation of the
7 Dietary Guidelines across all of the
8 government programs and then the consumer
9 education messages and materials.

10 The federal government needs to
11 invest in research and implementation to
12 facilitate adoption of the guidelines by
13 consumers.

14 So in conclusion, systematic
15 review of the literature and evidence analyses
16 of the key questions are important for a key
17 and strong committee report and we commend
18 USDA and HHS for their commitment. But full
19 implementation and communication of the
20 guidelines are necessary for the public to
21 move to a healthier diet.

22 So again, thank you on behalf of

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1 the American Dietetic Association for allowing
2 us to express our viewpoint.

3 MS. HOWES: Thank you.

4 Speaker 12, you may begin.

5 MS. WOOTAN: Good morning. I am
6 Margo Wootan with the Center for Science in
7 the Public Interest.

8 CSPI congratulates USDA, HHS, and
9 the Dietary Guidelines Advisory Committee for
10 their excellent review of the science and
11 strong nutrition advice to the nation.

12 As it has for 30 years now, the
13 2010 Committee Report recommends eating less
14 harmful fats, salt, and added sugars, and more
15 fruits and vegetables, and whole grains. What
16 is new and most significant is that the report
17 recognizes that healthy eating in the current
18 food environment is like swimming upstream.
19 It is essential that USDA and HHS follow the
20 report's advice and develop and implement a
21 national strategy to change policy and the
22 food environment or else people will not be

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1 able to eat better.

2 The Dietary Guidelines should
3 emphasize that almost all food choices need to
4 be healthy, nutrient-dense and low in harmful
5 fats and added sugars. There just isn't much
6 room for junk food.

7 Clear advice is needed for
8 behaviors associated with high calorie intakes
9 and weight gains, as the report points out,
10 especially eating out, portion sizes, energy-
11 dense snacks and sugary beverages. Eating out
12 is especially important, since it isn't the
13 occasional splurge it once was. The Dietary
14 Guidelines needs to stress that its
15 recommendations are not just for eating at
16 home but also for most eating out.

17 The Advisory Committee named
18 specific foods like fruits and vegetables that
19 people should eat more of. But when it comes
20 to what people should eat less of, the report
21 focuses on nutrients, not foods. Instead, the
22 Dietary Guidelines should urge people to

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1 reduce their intake of added sugars, by
2 consuming less soda and fruit drinks, grain-
3 based and dairy based deserts; candy, which
4 together provide three-quarters of American's
5 added sugars intake; and to reduce saturated
6 fats by eating less red meat, cheese, whole
7 and two percent milk, and grain-based deserts.

8 People aren't sitting around
9 eating plates of lard and bowls of Crisco.
10 The so-called solid fats are in meat, milk,
11 cheese, and sweet baked goods. The Dietary
12 Guidelines should get rid of the term solid
13 fats, which is not understandable and replace
14 it with something more understandable like
15 harmful fats or heart unhealthy fats.

16 Since red meat and candy are big
17 sources of saturated fat in American's diets,
18 it would be irresponsible of the Dietary
19 Guidelines to issue any advice on stearic acid
20 or chocolate that would encourage people to
21 eat more of calorie-dense foods like beef and
22 chocolate.

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1 Finally, a 1500 milligram sodium
2 target is appropriate for the majority of
3 Americans. We know this target is tough but
4 that doesn't mean we shouldn't be honest with
5 the American public about what is best for
6 their health.

7 No, it isn't the salt shaker that
8 is the problem for most Americans. Seventy-
9 five percent of sodium is added to Americans'
10 foods by food manufacturers and restaurants.
11 The food supply must change for people to be
12 able to follow that advice.

13 So thank you for the opportunity
14 to testify and we will provide more detailed
15 written comments at a later date.

16 MS. HOWES: Speaker number 13, you
17 may begin.

18 MS. MORELL: My name is Sally
19 Fallon Morell. I am President of The Weston
20 A. Price Foundation.

21 The proposed Guidelines perpetuate
22 the mistakes of previous guidelines in

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1 demonizing saturated fats and animal foods
2 rich in saturated fatty acids such as egg
3 yolks, butter, whole milk, cheese, fatty meats
4 like bacon and animal fats for cooking. The
5 current obesity epidemic emerged as vegetable
6 oils and refined carbohydrates replaced these
7 healthy nutrient-dense traditional fats.

8 Animal fats supply many essential
9 nutrients that are difficult to obtain from
10 other sources. Furthermore, basic
11 biochemistry shows that the human body has a
12 very high requirement for saturated fats and
13 cholesterol in all cell membranes and if we do
14 not eat saturated fats, the body will simply
15 make them from carbohydrates but excess
16 carbohydrates increases triglycerides, small
17 dense LDL, and compromises small blood vessel
18 function.

19 Furthermore, high carbohydrate
20 diets fail to satisfy the appetite as well as
21 diets rich in traditional fats, leading to
22 higher caloric intakes, binging and splurging

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1 on empty foods, and rapid weight gain.

2 The proposed Guidelines will
3 perpetuate severe existing nutrient
4 deficiencies such as A and D found in animal
5 fats, vitamins B12 and B6 found in meat and
6 seafood, and minerals like iron and zinc.

7 Low intakes of vitamin K2 are
8 associated with increases in risk of
9 osteoporosis, heart disease and cancer, and
10 the main sources of K2 to Americans are egg
11 yolks and full fat cheeses. And the full fat
12 cheeses have been specifically demonized in
13 the current Guidelines.

14 By restricting healthy animal fats
15 in school lunches and diets for pregnant women
16 and growing children, the Guidelines will
17 perpetuate the tragic epidemic of learning and
18 behavior disorders. The nutrients found most
19 abundantly and in some cases exclusively in
20 animal fats, including choline, cholesterol
21 and arachidonic acid are critical for the
22 development of the brain and the function of

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1 receptors that modulate thinking and behavior.

2 The Guidelines lump *trans* fats
3 together with saturated fats, calling them
4 solid fats, thereby hiding the difference
5 between unhealthy industrial *trans* fats and
6 healthy traditional saturated fats. The
7 vitamins and fatty acids uniquely carried in
8 saturated animal fats are critical to
9 reproduction. The 2010 Guidelines will
10 increase infertility in this country, already
11 at tragically high rates.

12 These Guidelines represent a
13 national scandal, the triumph of industry
14 clout over good science and common sense.

15 What we recommend is scrapping the
16 pyramid and going back to simple guidelines
17 that emphasize real foods from the following
18 four food groups: 1) animal foods, and that
19 includes dairy foods and fish and meat; 2)
20 grains, legumes and nuts; 3) fruits and
21 vegetables; and 4) healthy fats and oils and
22 that includes butter, lard, tallow and other

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1 animal fats, olive oil and coconut oil.

2 Thank you for this opportunity to
3 testify before the Committee.

4 By the way, I do have a very
5 pretty chart of our guidelines. Thank you.

6 MS. HOWES: Speaker 14, you may
7 begin.

8 MS. MATTO: Good morning. I am
9 Michelle Matto, a registered dietitian here on
10 behalf of the International Dairy Foods
11 Association. IDFA is based in Washington,
12 D.C. and represents the nation's dairy
13 manufacturers and their suppliers.

14 IDFA is composed of three
15 constituent organizations, the Milk Industry
16 Foundation, the National Cheese Institute and
17 the International Ice Cream Association.
18 IDFA's members range from large multinational
19 organizations to single plant operations.

20 We applaud the Committee's
21 continued recommendation that Americans over
22 the age of eight consume three servings of low

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1 fat and fat free dairy products per day.
2 Dairy products are the major contributors of
3 three of the four nutrients of concern with
4 public health implications that were
5 identified in the report, calcium, potassium,
6 and Vitamin D. Additionally, a number of
7 nutrients would be consumed at significantly
8 lower levels if dairy products were eliminated
9 from the diet, calcium, potassium, magnesium,
10 protein, vitamin D and vitamin A and even a
11 reduction in dairy would make a difference in
12 the wrong direction for all of these
13 nutrients.

14 We are especially pleased to see
15 the report identifying milk and milk products
16 as a category of food whose intake should be
17 increased. The data clearly show that the
18 current intake of dairy by nearly all
19 Americans is too low; 90 to 95 percent of
20 women and girls, 50 percent of boys, and 70 to
21 90 percent of men consume less than the
22 recommended amount of milk and milk products.

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1 Milk consumption has decreased by
2 33 percent since 1970, while the amount of
3 other drinks and beverages that are available
4 has increased from 1984 to 2008.

5 As the agencies now work toward
6 translating the technical report into a public
7 document, we ask that you take into account
8 the availability and variety of choices that
9 can help consumers meet the increased
10 recommendations of dairy products.

11 Tremendous advancement has been
12 made in the dairy industry to offer low fat
13 and lower calorie options, cheese, which is an
14 important source of both protein and calcium
15 has proven more challenging to meet consumer
16 expectations by lowering the fat content.

17 In 2009 only 1.2 percent of
18 natural cheese and 2.4 percent of processed
19 cheese sold in supermarkets was low fat or fat
20 free. While cheese makers are working toward
21 lower fat versions, low fat and fat-free
22 cheeses are not yet widely available.

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1 Milk and dairy products with
2 moderate amounts of added sugar should be
3 considered as options to help increase the
4 palatability and intake of dairy foods. In
5 fact, studies show that children who drink
6 flavored milk consume more milk, meet more of
7 their nutrient needs, do not have more added
8 sugars or fat in their diet and are not
9 heavier than non-milk drinkers. And on
10 average, the added sugars in flavored milk
11 account for less than two percent of the total
12 amount of added sugars in American teens'
13 diets, while sodas and fruit drinks provide
14 more than 50 percent.

15 In conclusion, we ask that you
16 consider providing consumers options to meet
17 the Dietary Guidelines with foods that can be
18 readily obtained and enjoyed. As the
19 marketplace continues to change, consumers
20 will be presented with even more healthy
21 choices. In the meantime, we know that if
22 consumers don't choose healthy foods because

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1 they aren't available or don't taste good,
2 they won't move toward the healthier lives we
3 are trying to achieve through the Dietary
4 Guidelines.

5 Thank you.

6 MS. HOWES: Speaker 15, you may
7 begin.

8 MR. SATIN: Thank you. My name is
9 Morton Satin and I am the ogre at the Salt
10 Institute.

11 The public record confirms that
12 previous Dietary Guidelines have not improved
13 the health of consumers but have resulted in
14 confusion and ushered in a national obesity
15 epidemic. The 2010 Guidelines are not
16 exception to this pattern.

17 The Guidelines have become a far
18 more reflection of ideology than of sound
19 science. The goal of the Guidelines review is
20 to objectively examine all new evidence before
21 making recommendations. Yet, before the 2010
22 process began, key members of the Advisory

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1 Committee were widely quoted in the press
2 giving their expectations of outcomes
3 regarding sodium chloride, compromising the
4 entire process and making the final
5 recommendations a foregone conclusion.

6 In the past, previous Guidelines
7 on fat were confidently portrayed as evidence-
8 based, yet had to be withdrawn when the actual
9 evidence proved them wrong. I believe that
10 this grim lesson is going to be repeated with
11 salt.

12 The recommendation of 1500
13 milligrams sodium amounts to less than four
14 grams of salt per day. There is not a single
15 modern society in the world that consumes so
16 little salt, making this proposal a trial on
17 300 million Americans.

18 Population-wide interventions to
19 reduce health risks will only work when there
20 are no negative health consequences. Clearly
21 not the case with salt reduction. Reduced
22 salt intakes inevitably lead to wide-spread

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1 elevation of renin-angiotensin-aldosterone
2 activity, which will drive the nation's
3 cardiovascular risk curve to higher levels.
4 Further suggests the possibility of cognitive
5 impairment, adverse neurodevelopment in
6 premature children and increased attention
7 deficits, unsteadiness and falls in the
8 elderly.

9 Low nicotine cigarettes, lite
10 beer, low fat and low sugar foods all
11 encouraged greater consumption. Reduced salt
12 in foods will follow suit and worsen the
13 obesity crisis as individuals consume more in
14 order to satisfy their sodium appetite and
15 their hunger for taste satisfaction. Children
16 and supertasters will make worst food choices
17 because the nutritionally superior but bitter
18 dark green vegetables will not benefit from
19 salt debittering.

20 The latest Nielson figures in the
21 United Kingdom indicate, just last week,
22 indicate that table salt sales have

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1 skyrocketed 18 percent in the last year,
2 completely countering all the claimed
3 reductions in processed foods and the notion
4 that people's tastes can be changed by some
5 bureaucratic fiat.

6 Healthy humans all around the
7 world consume salt within a relatively narrow
8 range controlled by our natural physiological
9 mechanisms. Trying to trump biology with a
10 flawed recommendation is sheer folly.

11 Thank you very much.

12 MS. HOWES: Thank you.

13 Speaker 16, you may begin.

14 MR. MACKIE: Great. Good morning.

15 My name is Rob Mackie. I am the president of
16 the American Bakers Association based here in
17 Washington, D.C. I am speaking on behalf of
18 Lee Sanders, who was originally on the
19 schedule.

20 Congratulations on reaching this
21 important milestone for the consumers in our
22 country. The American Bakers Association

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1 appreciates the opportunity to speak before
2 the committee today to review the important
3 health benefits of whole and enriched grain
4 foods.

5 Complex carbohydrates in grain-
6 based foods provide essential fuel the body
7 needs and are the foundation of a healthy
8 lifestyle. Grain foods are the leading source
9 of seven essential nutrients. Since 1941,
10 grains have been enriched with iron and D
11 vitamins, including riboflavin, niacin,
12 thiamine to maintain a healthy nervous system
13 and increase energy production.

14 Grain foods were selected for
15 enrichment because health officials recognized
16 that they were economical foods that provide
17 the perfect vehicle to eliminate crippling
18 nutrition deficiency diseases such as pellagra
19 and beriberi.

20 Grain foods are a major source of
21 iron critical to the production and release of
22 energy in the body and an essential component

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1 in oxygen transport. Iron deficiencies are
2 linked to fatigue in adults, as well as
3 decreased mental function and memory in teens.

4 One serving of cereal or bread provides a
5 healthy intake of iron on a daily basis.
6 Fortified cereal delivers 25 percent of the
7 recommended daily value for iron and one slice
8 of enriched bread delivers six percent. In a
9 vegetarian and a Mediterranean diet, the
10 presence of iron from enriched grain foods is
11 vital.

12 Enriched grains are the primary
13 source of folic acid in Americans' diet. The
14 average American diet contains 200 milligrams
15 of naturally occurring food folate. However,
16 it is less bioavailable than folic acid by as
17 much as 50 percent.

18 In 1996, the FDA mandated that
19 enriched cereal grain products be fortified
20 with 140 micrograms of folic acid per 100
21 grams of flour.

22 In 1998, the IOM recommended that

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1 women in child-bearing years consume 400
2 micrograms of synthetic folic acid daily to
3 reduce the risk of neural tube defects. AS a
4 result of this fortification, babies born with
5 neural tube defects have been lowered by 34
6 percent in the white population and 36 percent
7 in the Hispanic population. A significant
8 improvement.

9 Folic acid also has been linked to
10 decreased risk of coronary heart disease,
11 hypertension, Alzheimer's Disease, and some
12 cancers. Additionally in the U.S. and Canada,
13 folic acid has lowered stroke mortality.

14 Whole grains help decrease levels
15 of obesity, diabetes, blood pressure and
16 cholesterol, all risk factors for heart
17 disease and stroke. Consuming two and one-
18 half servings a day can lower cardiovascular
19 risk by 21 percent. Whole grains lowered the
20 risk of irritable bowel syndrome and
21 diverticular disease. They contain important
22 nutrients such as selenium, potassium, and

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1 magnesium, which may help boost obesity
2 immunity.

3 Let me thank you for the
4 opportunity. And we encourage you to maintain
5 the recommended servings of grains in the diet
6 as part of a healthy lifestyle.

7 MS. HOWES: Thank you. I would
8 like to make a note that presenter 16 was not
9 here and presenter Mr. Mackie was speaking on
10 behalf of presenter 17, Mr. Lee Sanders. We
11 will now move on to speaker number 18. You
12 may begin.

13 MR. MAGWIRE: Good morning. My
14 name is Howard Magwire. I am Vice President
15 of Government Relations at United Egg
16 Producers.

17 We are pleased that the
18 Committee's report reinforces the good news
19 about eggs. The report singles out eggs as a
20 nutrient-dense food with abundant nutrients in
21 relation to total calories. The report also
22 endorses a body of evidence that shows average

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1 consumption of an egg a day does not increase
2 blood cholesterol or raise heart disease risk.

3 The average American, by the way, consumes
4 less than an egg a day.

5 We do feel that the report places
6 a little more emphasis on dietary cholesterol
7 than is justified by the science, especially
8 considering that when the committee modeled a
9 diet very low in cholesterol, it found that
10 intakes of other nutrients such as choline and
11 vitamin D were inadequate.

12 I want to spend the rest of my
13 time, however, talking about how this report
14 is best translated into actual guidelines into
15 a form that is accessible to the American
16 public.

17 In doing this, USDA and HHS should
18 take into account not only the committee
19 report, but also what we know about compliance
20 with the current Dietary Guidelines. To say
21 the least, compliance is not high. One study
22 pegged it at around three percent and that was

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1 just for the best known guidelines, not the 40
2 some numbered guidelines that there are.

3 We believe that USDA and HHS
4 should try to develop a small number of
5 positive, easily understandable, readily
6 actionable messages that will help Americans
7 actually achieve the changes needed to develop
8 healthier diets. These messages, in our view,
9 need to center around the unified principal of
10 nutrient density. We think, and behavioral
11 science supports that people react better to
12 positive messages than they do to negative
13 messages. And we hope the Departments will
14 concentrate on keeping it simple and
15 actionable.

16 We do have concerns about the way
17 two concepts are described by the committee.
18 First, the report supports plant-based diets.
19 We worry that many Americans paying attention
20 only to media reports may think that their
21 government is telling them to be vegetarians.
22 Of course, that is not the case. Plant-based

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1 diets in the report include dairy, meat, and
2 eggs but very few ordinary citizens will
3 actually read the entire report. We suggest
4 that the Department offer other phrasing or
5 other ways to get the concept across.

6 Second, the report says that
7 people should consume only moderate amounts of
8 meat and eggs. This language may also mislead
9 consumers into believing that they should
10 consume less eggs than they are now. But as I
11 noted earlier, per capita egg consumption in
12 the United States is less than one egg a day.

13 That is less than the level that the advisory
14 committee itself recommended and scientific
15 evidence as shown does not raise blood
16 cholesterol nor CVD risk.

17 The average American could
18 actually increase egg consumption and still be
19 within the committee's report. Again, we are
20 not advocating the immoderate consumption of
21 eggs or any other food but we think USDA and
22 HHS should look for alternative messages that

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1 will not mislead the American public. Thank
2 you very much.

3 MS. HOWES: Speaker 19, you may
4 begin.

5 MS. MEEHAN: Good morning. I am
6 Judy Meehan, CEO of National Healthy Mothers,
7 Healthy Babies Coalition based in Alexandria,
8 Virginia.

9 I thank you for the opportunity to
10 comment on these recommendations, particularly
11 as they relate to pregnant and breastfeeding
12 women's nutritional needs.

13 The National Healthy Mothers,
14 Healthy Babies Coalition has followed closely
15 the latest science that shows these women have
16 an increased need for nutrients in seafood
17 including omega-3s. Therefore, we
18 enthusiastically support the Committee's
19 conclusions that, for the best possible brain
20 and eye development among their babies,
21 pregnant and breastfeeding women should eat
22 seafood no fewer than two to three times a

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1 week. Communicating this will be your
2 challenge. The guidance women have been
3 hearing has been precautionary to the point of
4 increasing risks of omega-3 deficiency.

5 Therefore, it is supremely
6 important the draft conclusion statement about
7 the importance of eating fish two to three
8 times a week for pregnant and breastfeeding
9 women remain simple, affirmative, and clear.
10 Seafood intake among this population in the
11 U.S. is woefully low. In 2009, FDA released
12 data showing the average pregnant woman eats
13 1.89 ounces of seafood per week, less than
14 half of one serving. By eating less than two
15 servings a week, pregnant women and their
16 developing babies are missing out on a number
17 of benefits.

18 Two, please heed the
19 recommendation of the 2006 Institute of
20 Medicine "Seafood Choices" report to speak to
21 the overall or net effect of eating fish. The
22 IOM says and I quote, "Advice to consumers

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1 from the federal government and private
2 organizations on seafood choices has been
3 fragmented. Benefits have been addressed
4 separately from risks . . ." and "as a result,
5 multiple pieces of guidance, sometimes
6 conflicting, simultaneously exist for
7 seafood."

8 Pregnant and breastfeeding women
9 need advice that affirms the important
10 benefits of fish as a whole food and reassures
11 them a variety of cooked, commercial seafood
12 is safe as stated in the Committee's report.

13 Three, please heed the
14 recommendation of the 2010 Joint Food and
15 Agriculture Organization/World Health
16 Organization Expert Consultation on the Risks
17 and Benefits of Fish Consumption. They speak
18 to the overall benefits of eating fish, as
19 well as the overall risks of not eating fish.

20 The FAO/World Health Organization says, and I
21 quote, "Emphasize the benefits of fish
22 consumption on reducing CHD mortality and CHD

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1 mortality risks of not eating fish for the
2 general adult population and emphasize the
3 neurodevelopment benefits to offspring of fish
4 consumption by women of childbearing age,
5 particularly pregnant women and nursing
6 mothers, and the neurodevelopment risks to
7 offspring of such women not consuming fish."

8 Thank you again for your
9 consideration of this information.

10 MS. HOWES: Speaker 20, you may
11 begin.

12 MS. MUSIKER: Thank you and good
13 morning. I am Melissa Musiker, a registered
14 dietitian and director of science policy,
15 nutrition and health at the Grocery
16 Manufacturers Association in Washington, D.C.

17 GMA represents the world's leading
18 food, beverage and consumer product companies.

19 GMA congratulates the 2010 Dietary Guidelines
20 Advisory Committee on their achievement and we
21 thank both Departments for their support of
22 the process.

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1 GMA supports the Committee's
2 recommendation to focus on a flexible, total
3 diet approach to dietary guidance that helps
4 consumers make choices that contribute to
5 overall healthy diets and lifestyles. GMA
6 encourages those writing the 2010 policy
7 documents to remember that energy imbalance is
8 a key contributor to obesity. This nation
9 should not address the epidemic of obesity by
10 focusing on individual nutrients such as
11 sodium or saturated fat, ingredients such as
12 added sugar or foods one at a time. Changes
13 to the food supply alone are not sufficient to
14 reduce the incidence of obesity and chronic
15 disease in this country.

16 Improved energy balance, dietary
17 patterns, increased physical activity and
18 lifestyle change are the most effective means
19 of decreasing the prevalence of negative
20 outcomes of obesity.

21 GMA agrees with the committee that
22 Dietary Guidelines should provide Americans

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1 with clear, consistent actionable and positive
2 dietary and lifestyle advice. At the same
3 time, the 2010 Dietary Guidelines will also
4 establish the basis for federal nutrition
5 policy. It is, therefore, imperative that the
6 2010 Dietary Guidelines for Americans are
7 based upon the weight of scientific evidence,
8 combined with strong consensus science and
9 contain language that is specific, adaptable,
10 and consistent with existing regulations.

11 The 2010 Dietary Guidelines has
12 the opportunity to unify and coordinate
13 messages across programs, policies, and
14 agencies, in a way they can amplify the
15 overarching message to address obesity through
16 energy balance, improved dietary patterns and
17 increased physical activity. This
18 amplification and harmonization of meaningful
19 positive and actionable messages will be
20 necessary to help consumers make health
21 enhancing decisions that reflect the
22 recommendations of the 2010 Dietary

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1 Guidelines.

2 GMA recognizes the challenge of
3 helping the nation to make better food choices
4 and to build healthier diets but it is
5 misleading to suggest that processed foods are
6 inherently of poor nutritional quality.
7 Processing improves availability and variety
8 of otherwise seasonal items, extends shelf
9 life, enhances nutrient profiles, and
10 increases quality and food safety. These
11 characteristics encourages healthful food
12 choices, at the same time enabling products to
13 meet consumer expectations of taste,
14 convenience and affordability. It is
15 important that consumers learn to assess the
16 overall contribution of the food to the diet
17 and not to judge the nutritional value of the
18 food based on the level of processing or by
19 solely its content alone.

20 GMA recommends the 2010 Dietary
21 Guidelines for Americans make it clear to
22 policymakers and consumers that healthy diets

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1 can be built from all types of foods.

2 Thank you.

3 MS. HOWES: Speaker 21, you may
4 begin.

5 MR. FEINMAN: I am Richard
6 Feinman. I am professor of cell biology at
7 the State University of New York Downstate
8 Medical Center. I am speaking for myself and
9 for the Nutrition and Metabolism Society and I
10 think I am speaking for a lot of Americans who
11 feel that they are getting inadequate guidance
12 from the Dietary Guidelines and from other
13 private and public health agencies. I think
14 there is a substantial degree of confusion
15 reflected in not following the guidelines and,
16 in particular, Dr. Khosla indicated that the
17 recommendations on saturated fat are not
18 consistent with recent data. The recent data
19 and recent evaluation of old data suggest that
20 our condemnation of saturated fat was greatly
21 exaggerated.

22 I would point out, however, the

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1 CDC data is that saturated fat consumption,
2 the absolute amount from them went down during
3 the diabetes and obesity epidemic.

4 I would commend the USDA and the
5 committee for inviting comments from the
6 public. I have some concern whether these
7 comments are really being attended to. And I
8 would suggest that it not be considered that
9 the DGAC work is finished and that their
10 recommendations be taken at face value.

11 The Nutrition and Metabolism
12 Society would invite any or all members of the
13 DGAC Committee to a public debate on the
14 issues being raised. The society would
15 provide funding and would do all the
16 arrangements.

17 I think that the American public
18 has a right to ask that a committee that is
19 making such sweeping recommendations actually
20 confront its critics. Thank you.

21 MS. HOWES: Thank you.

22 Presenter 22, you may begin.

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1 MS. MEANS: Thank you for the
2 opportunity to address this group. I am Kathy
3 Means speaking for the Produce Marketing
4 Association in Newark, Delaware. We represent
5 3,000 companies throughout the supply chain
6 that market fresh fruits and vegetables. We
7 are funded primarily by event revenue and
8 membership dues.

9 We have a common goal of getting
10 consumers to eat more fruits and vegetables.
11 We fully support the committee's findings and
12 encourage robust actions by USDA and HHS to
13 communicate and implement the committee's
14 recommendations. Our written comments will
15 address the following themes in more depth.

16 Though the committee's
17 recommendations are not new, the public health
18 imperative of behavior change has never been
19 stronger. Years of communication about
20 dietary recommendations have not yet convinced
21 Americans to modify their diets. A stronger,
22 more vigorous effort through communication,

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1 social science, and policy changes, including
2 prompt action on the child nutrition
3 reauthorization are essential to having an
4 impact on the burgeoning, literally, American
5 public.

6 The committee's call to action
7 rings true. Increased consumption of fresh
8 produce is a key factor in three of the four
9 steps the committee recommends: reducing
10 calorie intake, shifting to a more plant-based
11 diet, and reducing consumption of certain
12 other foods. PMA supports the messaging of
13 Fruits and Veggies More Matters as a private-
14 public partnership through the Produce for
15 Better Health Foundation and the Centers for
16 Disease Control and Prevention.

17 The research shows that few
18 Americans eat enough fruit and vegetables, so
19 most Americans can benefit from more. Greater
20 support for these efforts is essential. We
21 applaud the Committee's new approach that
22 considers the total diet and integrating

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1 recommendations into practical terms that
2 encourage personal choice but result in a
3 nutrient-dense and calorie balanced eating
4 pattern.

5 A strong intuitive representation
6 is necessary in communications. Consumers
7 need phrases and images that make it obvious
8 and easy to meet the guidelines. A phrase or
9 image such as make half your plate fruit and
10 vegetables is simple and actionable for
11 consumers. Better access to fresh produce is
12 another productive recommendation. PMA is
13 working with its members to identify,
14 publicize, and encourage efforts to improve
15 such access through supermarkets, restaurants,
16 and alternative distribution outlets.

17 We also support the ongoing
18 efforts of this committee to address safe food
19 handling for consumers. The partnership for
20 food safety education educates consumers about
21 the four basic principles cited by the
22 committee: clean, separate, cook, and chill.

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1 Additional resources would help the
2 partnership extend its reach.

3 The committee noted a need for
4 improved practices around produce washing.
5 There are ready resources from the
6 partnership, as well as identical advice from
7 the U.S. Food and Drug Administration on safe
8 handling of fresh produce. Communication and
9 education about fresh produce handling should
10 be based on these science-based consumer-
11 tested resources.

12 Thank you for the opportunity to
13 comment on this proposal and please call on us
14 if we can be of assistance.

15 MS. HOWES: Speaker number 23, you
16 may begin.

17 MS. HITE: Adele Hite, Durham,
18 North Carolina. I am a nutrition and public
19 health student who has been following the
20 development of the 2010 Guidelines with
21 tremendous interest, wondering how the
22 committee would implement all of the emerging

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1 science in my field of study. However, as I
2 looked at the proposed guidelines and the
3 Evidence Library, it became very clear to me
4 that these guidelines are not about science.
5 They are about politics.

6 Maybe I am being naive but I was
7 truly upset to see nutritional science so
8 blatantly misrepresented. And I am
9 disappointed that the committee did not seize
10 this opportunity to make a real difference in
11 the health of Americans. Instead, the USDA,
12 through its proposed guidelines, continues to
13 send mixed messages about what healthy food
14 really is. Messages that support the food
15 industry, rather than the health of the
16 American public.

17 While the committee pays lip
18 service to evidence-based recommendations, it
19 continues to disregard science that does not
20 endorse a diet that is based on highly
21 processed grain, cereal, and dairy products.
22 The strain of trying to appease the food

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1 industry and address the obesity problem at
2 the same time shows in the self-contradictions
3 inherent in the committee's recommendations.

4 The committee's advice that
5 Americans should adopt a plant-based diet is
6 disingenuous at best. The American diet is
7 already plant-based. Those plants are corn,
8 wheat, and soy. The USDA's top three
9 commodity crops, plants that are low in
10 nutrition and barely edible, unless they are
11 transformed by chemicals, additives, and
12 preservatives into products that proudly bare
13 the labels whole grain and low fat, that the
14 food industry can then pass off as healthy
15 food choices.

16 The Institute of Medicine's 2005
17 macronutrient report states, "Compared to
18 higher fat diets, low fat, high carbohydrate
19 diets may modify the metabolic profile in ways
20 that are considered to be unfavorable with
21 respect to chronic diseases, such as coronary
22 heart disease and diabetes. This means that

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1 the diet low in fat and high in cereal and
2 grain carbohydrates that the committee is
3 recommending is a diet that creates a
4 metabolic picture that leads to heart disease
5 and diabetes. It is time for the committee to
6 stop expecting the American public to make
7 sense of the claims on food product labels and
8 start recommending that Americans base their
9 diet on whole foods that did not require a
10 label in the first place.

11 The effects of the past few
12 decades of low fat, whole grain food product
13 advice is readily apparent. Our outdated food
14 pyramid bottom heavy with processed foods is
15 supposed to illustrate a balanced diet. But
16 let's face it, there is nothing balanced about
17 a pyramid, wide at the bottom and shrunken at
18 the top, Americans have taken on its shape by
19 following its advice. It is time to dismantle
20 that structure and rebuild it with solid
21 science and real food.

22 Thank you.

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1 MS. HOWES: Speaker 25, you may
2 begin.

3 DR. JOHNSON: Thank you for the
4 opportunity to present the views of the
5 American Heart Association. I am Dr. Rachel
6 Johnson, Associate Provost and Professor of
7 Nutrition and Medicine at the University of
8 Vermont. I am the Vice Chair of AHA's
9 nutrition committee and was a member of the
10 2000 Dietary Guidelines Advisory Committee.

11 To begin, I would like to convey
12 AHA's support for the Dietary Guidelines
13 Advisory Committee's final report. The report
14 addresses the needs of today's Americans, the
15 majority of whom are overweight or obese,
16 undernourished and physically inactive. The
17 report outlines the need for policy and
18 environmental change that will help Americans
19 make healthier choices, fostering optimal
20 cardiovascular and overall health.

21 First, AHA is pleased with the
22 report's recommendation to reduce sodium

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1 intake to 1500 milligrams and to do so in a
2 stepwise fashion. Reducing sodium can prevent
3 hypertension and can facilitate hypertension
4 control. This is an important strategy for
5 cardiovascular disease risk reduction in the
6 general population. And by calling for this
7 reduction to occur over time, a process AHA
8 supports, food manufacturers and restaurants
9 will have time to reduce the sodium content of
10 their foods through reformulation and
11 consumers' tastes will have time to adjust.

12 Second, we applaud the committee's
13 recommendation to significantly reduce
14 consumption of added sugars and avoid sugar-
15 sweetened beverages. AHA recommends a
16 reduction in added sugars consumption and less
17 than a year ago published a scientific
18 statement providing specific guidance on
19 limiting added sugar's consumption and
20 identifying information about the relationship
21 between excess added sugars intake and
22 metabolic abnormalities, adverse health

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1 conditions and shortfalls in essential
2 nutrients.

3 However, to put this
4 recommendation into action, the public must
5 have a way to identify the added sugar's
6 content of foods. AHA submitted public
7 comments to the FDA, encouraging the agency to
8 revise the nutrition facts panel to include a
9 disclosure for added sugars. We encourage
10 USDA and HHS to work with FDA to find a way to
11 make this a reality for the benefit of public
12 health. The food label is an important
13 educational tool that can help consumers
14 select healthier foods.

15 Third, we are pleased the
16 committee tightened the recommendation for
17 saturated fat to less than seven percent of
18 energy. Scientific evidence has shown that
19 the current ten percent recommendation is too
20 high for heart health.

21 We are also pleased that the
22 committee continues to make recommendations to

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1 include fish in the diet to encourage
2 consumption of healthier fats, like omega-3s.

3 AHA has long recommended the consumption of
4 two servings of oily fish per week.

5 Finally in closing, I would like
6 to reiterate AHA's support for the advisory
7 committee report. We appreciate the direction
8 the committee took with the report, addressing
9 a population that is predominantly overweight
10 and obese and focusing on the need for
11 broader, system-wide changes to support
12 Americans' individual efforts to make better
13 food choices and adopt healthier lifestyles.
14 Thank you again for the opportunity to present
15 AHA's views this morning.

16 MS. HOWES: Speaker 25, you may
17 begin.

18 MR. VOLEK: I am Jeff Volek,
19 Professor and Nutrition Researcher at the
20 University of Connecticut. My comments
21 pertain to the safety and effectiveness of low
22 carbohydrate diets. First, to establish

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1 credibility, since there seems to be no
2 shortage of nutrition experts, I am a Ph.D.
3 trained researchers and registered dietitian.

4 And just on low carbohydrate diets alone, I
5 have authored and co-authored 23 peer review
6 papers, seven studies in animals, and 14
7 review papers.

8 The key statement I want to focus
9 on in the DGAC report is "Diets that are less
10 than 45 percent carbohydrate or more than 35
11 percent protein are difficult to adhere to,
12 are not more effective than other calorie
13 controlled diets for weight loss and weight
14 maintenance and may pose health risks and are,
15 therefore, not recommended for weight loss or
16 maintenance." In other words, the report is
17 telling all Americans to consume at least 45
18 percent of their calories as carbohydrate and
19 there is no benefit to consuming less than
20 that amount.

21 My first point on adherence,
22 reported rates of attrition in studies show

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1 similar, if not better adherence to diets
2 lower in carbohydrate. It also seems at odds
3 with the millions of adults currently
4 following a low carbohydrate diet.

5 Also just because a diet might be
6 difficult to adhere to does not mean that we
7 should abandon ship. It is also difficult to
8 quit smoking but that doesn't dissuade us from
9 promoting smoking cessation.

10 Second point on high protein
11 diets. I tend to agree with this position but
12 the report often and incorrectly uses the
13 terms low carbohydrate and high protein
14 interchangeably. Sustainable low carbohydrate
15 diets contain adequate but not excessive
16 protein.

17 The third point on weight loss.
18 In all comparisons of any duration, low
19 carbohydrate diets do at least as well and
20 usually better than low fat diets.

21 Fourth point on health risk. Many
22 research teams, including significant work

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1 from our work have repeatedly shown that low
2 carbohydrate diets are more likely than low
3 fat diets to affect global improvement in
4 markers of insulin resistance. Insulin
5 resistance, metabolic syndrome, pre-diabetes,
6 diabetes, and even many forms of obesity are
7 all forms of carbohydrate intolerance.
8 Therefore, carbohydrate restriction is a fully
9 rational approach to treat those conditions.
10 And considering that two in three adults are
11 overweight in this country and a good portion
12 of those people probably have some degree of
13 insulin resistance, it really makes sense that
14 several million Americans could benefit from
15 this type of diet that contains less than 45
16 percent carbohydrates.

17 The markers that are most
18 consistently improved are triglycerides, HDL
19 cholesterol, LDL particle size, and
20 inflammatory markers.

21 In summary, the recommendation to
22 consume roughly half the calories from

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1 carbohydrates is problematic for the growing
2 number of people with obesity and underlying
3 insulin resistance. I strongly encourage the
4 USDA to support a lower range of carbohydrate,
5 which will help many people better manage
6 their obesity and insulin resistance.

7 Thank you.

8 MS. HOWES: Presenter number 26,
9 you may begin.

10 MR. MOORE: Hi, my name is Jimmy
11 Moore and I am from Spartanburg, South
12 Carolina. I have a website called Livin' La
13 Vida Low-Carb. And in January of 2004, I
14 started on a low carb diet because after
15 years of frustration trying to follow the
16 Dietary Guidelines that you guys put out every
17 five years, I was failing. It was not working
18 for me. I was a 410 pound man, high
19 cholesterol, high blood pressure. I was in
20 really bad shape at the age of 32 and it
21 wasn't until I was able to think outside the
22 box and go beyond what my government was

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1 telling me was healthy, that I was finally
2 able to get my life back and my health back.
3 And today I stand here not just on my behalf,
4 but of the hundreds of thousands of people
5 that read my blog, listen to my radio show.
6 They are real people and I wanted you to see a
7 real person whose life has been changed by not
8 doing the things that you told them to do;
9 eating more fat, eating less carbs, not
10 worrying about cardiovascular exercise until I
11 fall out. Those things didn't work for me.
12 And it wasn't until I could find what did work
13 for me that I finally realized, you know, the
14 experts on this panel may not be the true
15 experts in this whole thing.

16 We really need to get away from
17 these one set of guidelines for all Americans.

18 I propose that you have multiple guidelines
19 that people can choose from, multiple options
20 because we don't all wear the same shoe size.

21 I wear 13s. Everybody wear 13s in here? No.

22 The same goes for our diet. We need to have

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1 a diet that will be catered to the metabolic
2 needs of the individual, whether they have
3 obesity, whether they have diabetes. Those
4 are the things that need to be considered.
5 And if we do those things, then I think we are
6 going to be better off.

7 Otherwise, we are going to be here
8 five years from now with the same people
9 testifying, everybody coming before you with
10 the exact same lobbying for all these things.

11 And what is going to change? I dare say
12 obesity is going to be worse, diabetes is
13 going to be worse, heart disease is going to
14 be worse, and I am going to ask you, "Why?"

15 MS. HOWES: Thank you.

16 Speaker number 27, you may begin.

17 DR. BARNARD: Good morning. I am
18 Neal Barnard, M.D., President of the
19 Physicians Committee for Responsible Medicine
20 here in Washington. And first I just want to
21 say thank you to the panel for your work,
22 which we appreciate. We know it is not easy.

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1 I have just four quick points and I won't use
2 all of my allotted time.

3 The first point is about
4 vegetarian diets. The committee draft
5 emphasized the value of vegetarian meals and
6 vegetarian diets and it is really important
7 that that make its way into the final
8 guidelines, that the advantages of vegetarian
9 meals and vegetarian diets are clearly laid
10 out and that we eliminate outdated text like
11 protein-complimenting, which the American
12 Dietetic Association set aside many years ago.

13 And it is really important that a
14 school lunch planner, for example, who reads
15 the guidelines, they should know that it is
16 not just safe but actually advantageous for
17 them to have a vegetarian meal, based on beans
18 and whole grains and vegetables that doesn't
19 have cheese or meat in it and that the more
20 that these are part of the rotation, the
21 better off the nutritional balance for those
22 children is going to be.

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1 Okay, second point, processed
2 meats. Processed meats are clearly linked to
3 colon cancer and they should not be consumed
4 at all and the Dietary Guidelines should be
5 clear about that.

6 Third regarding seafood. The
7 committee report in my view went way too far
8 on this. Most of the fat in fish is not
9 omega-3. Seventy percent or more is a mix of
10 saturated and especially unsaturated fats that
11 are not omega-3. And there are many types of
12 fish such as salmon that are very fatty and
13 they tend to increase calories without
14 increasing fiber at all, not to mention the
15 contaminants. And mobile shellfish such as
16 shrimp are often very, very high in
17 cholesterol, higher than steak ounce for
18 ounce.

19 And the last point. Low fat dairy
20 products don't merit promotion at all. The
21 Harvard Nurse's Trial showed that there isn't
22 any evidence that dairy intake reduces the

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1 risk of fractures and the body of well-
2 controlled studies shows the same.

3 So the foods to promote are
4 vegetables, fruits, whole grains, and legumes.

5 Thank you very much.

6 MS. HOWES: Speaker number 28, you
7 may begin.

8 MS. PIVONKA: Good morning. I am
9 Elizabeth Pivonka, President of Produce for
10 Better Health Foundation or PBH. We are based
11 in Hockessin, Delaware. We are a nonprofit
12 consumer education foundation whose purpose is
13 to motivate Americans to eat more fruits and
14 vegetables, including fresh, canned, frozen,
15 dried, or 100 percent juice, all to improve
16 public health.

17 PBH achieves success through
18 industry and government collaboration, first
19 with the Five-a-Day Program and now with the
20 Fruits and Veggies More Matters Health
21 Initiative.

22 First, thank you for your

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1 leadership throughout the development of the
2 2010 Advisory Report and for the commitment
3 from the 13 advisory committee members. PBH
4 supports the findings and recommendations made
5 throughout the report. We believe the
6 Nutrition Evidence Library serve the committee
7 well and commend you for using this systematic
8 review of the literature.

9 PBH also commends the committee
10 for providing guidance on how to integrate the
11 recommendations of the report into a total
12 diet approach, as this type of guidance is
13 critical to helping consumers better
14 understand and adopt healthy dietary
15 practices.

16 PBA strongly supports the emphasis
17 on plant-based food intake patterns,
18 particularly the emphasis on fruits,
19 vegetables, and beans. We urge USDA and HHS
20 to collaborate to aggressively promote
21 consistent fruit and vegetable messages and to
22 help demonstrate how fruits and vegetables fit

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1 into the total diet during the dissemination
2 of these guidelines.

3 For example, since the 2005
4 Dietary Guidelines provided a more complex
5 range of recommended amounts of fruits and
6 vegetables to consume, we moved away from
7 Five-a-Day and opted remind consumers that
8 more matters, with the goal that nearly half
9 of anyone's daily intake or half your plate be
10 compromised of fruits and vegetables.

11 As you disseminate the new
12 guidelines once they are complete, and if
13 there are plans to change the pyramid graph to
14 support the guidelines, we encourage you to
15 consider the opportunity to visually show
16 recommended proportions of food groups to eat.

17 Furthermore, should there be any
18 new graphic development, we hope that it
19 continues to be collaborative effort between
20 both USDA and HHS, including agencies like
21 CDC, similar to the successful Dietary
22 Guidelines process.

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1 PBH applauds the committee for
2 recognizing and highlighting the critical role
3 that environment plays on food choices. PBH
4 has long been an advocate of the need for an
5 integrated and multi-sectoral framework of
6 policy marketing and communication strategies,
7 much like that outlined in the report.

8 To that end, I would like to
9 highlight two areas identified by the
10 committee that would impact food choices.
11 First, the need to improve food and beverage
12 offerings in schools and second, the need to
13 increase comprehensive nutrition education
14 programs that promote nutrition literacy and
15 cooking skills. I call these areas out
16 because Congress has an opportunity this
17 summer to update school-based nutrition
18 standards and provide for a comprehensive
19 nutrition education and promotion initiative
20 through reauthorization through of the child
21 nutrition program. I urge you, as policy
22 leaders at HHS and USDA to urge lawmakers to

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1 act now to update these programs and do their
2 part in implementing some of the key report
3 recommendations.

4 Thank you for the opportunity to
5 share our thoughts and further detail will be
6 in our written comments. Please feel free to
7 contact us if you have any questions. Thank
8 you.

9 MS. HOWES: Speaker number 29 you
10 may begin.

11 MR. DALAL: Good morning. I am
12 Saurabh Dalal from Lanham, Maryland and I
13 thank you for the opportunity to offer oral
14 testimony. And we all appreciate the hard
15 work that you are doing in this vitally
16 important matter.

17 I served in the positions of
18 Deputy Chair at the International Vegetarian
19 Union and President of the Vegetarian Union of
20 North America. My work is strictly voluntary.

21 I receive no pay for the work in these
22 organizations. I like many people here today

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1 am here as a concerned citizen and firmly
2 believes in making Dietary Guidelines the best
3 they can possibly be.

4 I want to give you clear feedback
5 to encourage increased inclusion of low fat
6 nutrition plant foods in these important
7 guidelines.

8 As you all know, vegetarian and
9 particularly vegan foods, offer powerful
10 advantages over those including animal
11 products, while providing all the necessary
12 nutrients. Since many families refrain from
13 consuming animal products for reasons that
14 include ethics, religion, health, ecology,
15 global hunger and global resource concerns, it
16 is essential that the Dietary Guidelines
17 accommodate and support the range of diets
18 followed by people throughout the country.

19 Many studies have shown and many
20 experts agree that vegan foods are health
21 promoting. Numerous organizations like the
22 American Medical Association, the American

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1 Public Health Association already support
2 efforts to provide vegetables, fruits,
3 legumes, grains, vegetarian foods, and
4 nondairy beverages in federally funded
5 programs.

6 The American Dietetic Association
7 and dietitians of Canada clearly stated the
8 position that appropriately planned vegetarian
9 diets are helpful, nutritionally adequate,
10 provide health benefits in the prevention,
11 treatment, and even reversal of certain
12 diseases.

13 So in these few minutes, I would
14 like you to consider a few points. Firstly,
15 kudos for the strong advice that states shift
16 food intake patterns to a more plant-based
17 diet that emphasizes vegetables, cooked dried
18 beans and peas, fruits, whole grains, nuts and
19 seeds. But then you follow the
20 recommendations with increase an intake of
21 seafood and fat-free and low fat milk and milk
22 products. So, please reconsider this last

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1 statement in light of the amount of saturated
2 fat and cholesterol in animal foods and the
3 absence of fiber.

4 Non-dairy beverage alternatives
5 like rice and soy milks are health-promoting
6 and nutritious. Ones that are health-
7 promoting and nutritious should be encouraged,
8 since they reduce saturated fat consumption.

9 Seafood receives a positive nod in
10 this report and I humbly ask you to
11 acknowledge further and emphasize the benefits
12 of plant foods that meet the nutrient
13 requirements without the risks of not having
14 cholesterol and not likely contributing to
15 increased body weight.

16 The idea of combining plant
17 proteins to form complete proteins is
18 outdated. Please remove it. Also the
19 statement that requires animal proteins as the
20 highest quality proteins needs to be
21 challenged, especially since animal foods play
22 a strong role in diet-related diseases like

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1 heart disease, strokes, some cancers,
2 osteoporosis and more. Plant proteins provide
3 the nutrients as well as health-promoting
4 vital nutrients.

5 The report speaks to limiting
6 dietary cholesterol to 300 milligrams per day
7 or less than 200 milligrams for CVD and type 2
8 diabetes. Please note that an emphasis on a
9 fully vegan diet would bring dietary
10 cholesterol to zero and help substantially
11 reduce risks of these diseases.

12 The report states that plant milk
13 and milk products are the most bioavailable
14 sources of calcium. Please review and correct
15 this to emphasize dark leafy greens like kale
16 and others as being the most bioavailable
17 sources of calcium. These plant foods also
18 contain important other nutrients that
19 contribute to bone health.

20 It is our obligation and
21 responsibility to ensure that we are doing the
22 utmost to guide and make the lives of our

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1 citizens far better.

2 Thank you very much. Thank you
3 kindly for listening to these comments.

4 MS. HOWES: Speaker 30, you may
5 begin.

6 MS. BUSHWAY: Good morning. I am
7 Christine Bushway, CEO of the Organic Trade
8 Association in Washington, D.C. and I am
9 pleased to have the opportunity to provide
10 testimony on the Advisory Committee Report of
11 the Dietary Guidelines.

12 Since its founding in 1985, OTA
13 has been the leading voice for the organic
14 business community. OTA members include
15 organic farms, suppliers, processors,
16 certifiers, retailers, and local, regional,
17 and national farmer groups.

18 Having spent my career in
19 agriculture, I have personally been following
20 the Dietary Guidelines for almost 30 years and
21 appreciate their well-deserved reputation and
22 influence. For the first time since their

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1 inception, the Guidelines include a resource
2 document addressing the consumption of organic
3 foods. While the reasoning for this document
4 is left unexplained, the Organic Trade
5 Association has grave concerns about this
6 inclusion and we strongly dispute the
7 conclusions of Resource Three entitled
8 "Conventional and Organically Produced Food."

9 Our specific disputes with
10 Resource Three are as follows. Although the
11 Dietary Guidelines' statement on organic food
12 references only limited research on nutrient
13 density, it draws the broad conclusion that
14 "Our current understanding of conventional and
15 organically produced foods indicate that their
16 nutritional value and contributions to human
17 health are similar." These conclusions are
18 neither grounded in current science nor
19 relevant to the mandate of the Dietary
20 Guidelines.

21 Secondary, the conclusions of the
22 draft Dietary Guidelines are in direct

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1 conflict with the advice put forth by the
2 recent President's Cancer Panel Report
3 regarding ways to reduce environmental cancer
4 risk.

5 In its recent report, this
6 prestigious scientific panel recommended that
7 "Exposure to pesticides can be decreased by
8 choosing, to the extent possible, food grown
9 without pesticides or chemical fertilizers
10 ... Similarly, exposure to antibiotics, growth
11 hormones, and toxic run-off from livestock
12 feed lots can be minimized by eating free-
13 range meat raised without these medications."

14 These attributes are all certified
15 practices in organic agricultural production.

16 It is inconceivable and alarming that the
17 very document that is the underpinning of our
18 nation's policies regarding food and nutrition
19 would include a statement that directly
20 contradicts these recommendations and
21 certainly does not meet the stated goals of
22 your committee to speak with one nutrition

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1 voice.

2 The Dietary Guidelines should seek
3 to arm parents with information that helps
4 them reduce their children's pesticide intake.

5 Organic agriculture is the only system that
6 uses a USDA certification program to verify
7 that these chemicals are not used.

8 OTA applauds the new Dietary
9 Guidelines but admonishes USDA and HHS to
10 encourage those seeking to minimize their
11 exposure to these chemicals, to look for the
12 USDA organic label wherever they shop. As
13 released, the Guidelines confuse the consumer,
14 contradict the president's own cancer panel,
15 and do not enhance the dietary
16 recommendations.

17 MS. HOWES: Thank you very much.

18 Speaker number 31, you may begin.

19 DR. POST: We will now take a 15
20 minute break and convene again at 11:20.
21 Thank you.

22 (Whereupon, the foregoing meeting went off the

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1 record at 11:05 a.m. and went back
2 on the record at 11:23 a.m.)

3 DR. POST: All right. Thank you.
4 We are ready to reconvene. And could we have
5 the next speaker please? Thanks.

6 MS. PIRTLE: Hello, I am Kathryne
7 Pirtle. I am the author of the book
8 "Performance Without Pain."

9 The new USDA Dietary Guidelines
10 are really not new at all. They continue the
11 60-year experiment of moving people way from
12 nutrient-dense foods that were the foundation
13 of our country's rich farming history and that
14 supported our people's robust health. Yet
15 from all indications, from the record numbers
16 of adults and children who are chronically
17 ill, the ever-increasing percentages of
18 children with autism, ADD, ADHD, and mental
19 health disorders, the enormous statistics of
20 infertility, our Dietary Guidelines are a
21 complete failure.

22 I am a professional musician with

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1 a national career and I strictly followed the
2 low fat/high fiber dictates for many, many
3 years. I ate lots of whole grains, salads,
4 fruits and vegetables, a little meat, and low
5 fat dairy, and very little fat. However, I
6 suffered from 25 years of chronic pain and at
7 age 45, a life-threatening digestive disorder.

8 In order to not only save my career and also
9 save my life, I needed accurate information.
10 I found the truth about what really fuels the
11 human body, real food from animals eating
12 their natural diets; traditional fats, bone
13 broth soups, unprocessed full fat dairy,
14 cultured foods, fermented cod liver oil, foods
15 from small family farms, foods that have been
16 eaten for thousands of years, foods not
17 produced by an industrial farming industry.

18 By eating a diet rich in nutrient-
19 dense foods, I reversed my digestive disorder
20 and intestinal damage and provided my body
21 with the nutritional elements necessary for
22 building health and at age 53, I am now

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1 recovered and vibrantly healthy. In addition,
2 after 25 years of chronic pain, I have had no
3 pain or inflammation in my body for eight
4 years, even with a full performing,
5 practicing, and teaching schedule.

6 Children and adults throughout our
7 country suffer from health problems that stem
8 from following the very same Dietary
9 Guidelines that made me ill. Good digestion,
10 nutrient absorption, growth and development of
11 children, brain chemistry, and hormone
12 regulation depend on adequate traditional fats
13 and fat soluble vitamins that are richly
14 available in nutrient-dense foods like butter,
15 cream, coconut oil, full fat dairy, cheese,
16 meat with the fat, eggs, and organ meats, yet
17 these foods continue to be demonized, even
18 though they were a very important part of
19 diets of healthy people world-wide for
20 thousands of years.

21 Since 2004 I have given over 70
22 seminars across the country, speaking about

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1 building health with nutrient-dense foods. I
2 have spoken to the general public, performing
3 artists and families with children who have
4 autism. And in all cases, it is nutrient-
5 dense diets with adequate traditional fats
6 that are providing to be successful in helping
7 to reverse chronic health problems of all
8 kinds, including brain disorders.

9 You can't fool --

10 MS. HOWES: Speaker number 32, you
11 may begin.

12 MS. PIRELLO: Hi. I'm Christina
13 Pirello. I am the host of the national public
14 television series "Christina Cooks" and a
15 professor of nutrition and culinary arts at
16 Walnut Hill College in Philadelphia.

17 I think that the proposed
18 guidelines have gone further than ever before
19 in guiding the country to a plant-based style
20 of eating but there are a couple of things, if
21 you don't mind, that I would like to talk
22 about.

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1 While it would be utopian to think
2 that we would get rid of all meat and
3 processed foods, as a 30-year vegan, I really
4 think that it is important to make vegetarian
5 eating a little less scary and show it for the
6 nutritionally-balanced way of eating that it
7 is. With the exception of supplementing B12,
8 I am going to tell you, and you can see that I
9 am kind of nutritionally not deficient and I
10 live a very active life.

11 But an idea that really hit me in
12 the guidelines was that it said that there was
13 little conclusive evidence that existed to
14 support the idea that a plant-based diet can
15 better prevent disease than any other low fat
16 diet. In fact there is plenty of research to
17 support just such a thing. One is called the
18 China Study by T. Collin Campbell, the largest
19 epidemiological study of the effect of food on
20 human health in the history of human kind.
21 And the other is Dean Ornish, whose work with
22 vegetarian eating is so effective at reversing

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1 disease that his work was just approved for
2 coverage by Medicare.

3 So if we dig a little deeper, we
4 can find those answers. But let's face it,
5 Guidelines, pyramids, charts, it doesn't
6 matter, America is at the mercy of marketing
7 and food manufacturers. And until we free
8 them from that stranglehold, accessible
9 healthy food isn't where it is at for America.

10 If we continue down the path where
11 subsidies cause the ingredients for a salad to
12 cost more than buying your family a Happy
13 Meal, it doesn't matter how much research we
14 do. The goal of this Committee, the
15 government, and the experts in this room is to
16 make healthy foods, whole grains, vegetables,
17 beans, grains, nuts and seeds, really
18 available to every single American and not in
19 the form of Fruit Loops who now gets to put
20 the checkmark on there and say there is whole
21 grain. There is whole grain flour, sure. It
22 is cheap, sure but you are not giving your

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1 kids whole grains. So until the draft comes
2 to the place where we can do that, where
3 progressive thinking really steps up and puts
4 America back to being a place of fitness, it
5 will fail us as it has continued to do for 60
6 years. And I thank you for your time.

7 MS. HOWES: Speaker 33, you may
8 begin.

9 MS. MAC ELHERN: Committee
10 members, thank you for your time for holding
11 this meeting. I am Lauray MacElhern, Managing
12 Director of the Cancer Project, a national
13 nonprofit organization dedicated to cancer
14 prevention and survival through nutrition
15 education and research. Our population Food
16 for Life program developed by physicians and
17 dietitians reaches about 150 cities across the
18 U.S. with nutrition and cooking classes. And
19 I am here today to talk about the growing
20 consensus on dietary recommendations for
21 cancer prevention and survival, information
22 that doesn't appear to play a large enough

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1 role in the current draft of the Dietary
2 Guidelines. And although there was a modest
3 mention of processed meats as they relate to
4 high sodium content, the dietary
5 recommendation don't go far enough to reflect
6 the consensus among cancer organizations.

7 The 2009 Institute of Medicine
8 Report on School Meals states the consumption
9 of processed meats, especially processed red
10 meats, have been linked with an increased risk
11 of colorectal cancer in adults, less frequent
12 use of even low-fat versions of these meats
13 may be advisable.

14 Likewise, the 2007 President's
15 Cancer Panel Report confirmed the health risks
16 of processed and red meat consumption, quoting
17 the 2006 American Cancer Society or ACS
18 nutrition guidelines, and highlighting another
19 major cancer organization that concurs with
20 the recommendation to limit or eliminate
21 processed and red meat consumption.

22 In addition, the American

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1 Institute for Cancer Research, AICR and the
2 World Cancer Research Fund, WCRF, published in
3 2007 a comprehensive summary of the evidence
4 on cancer prevention and dietary factors.
5 This reports summarized evidence on processed
6 meats and cancer risks and concluded that
7 processed meat is a convincing cause of
8 colorectal cancer. This conclusion was based
9 on a review of 44 case control studies and 14
10 cohort studies. And these studies showed that
11 individuals who consumed processed meats are
12 at significantly increased risk of developing
13 colorectal cancer later in life, compared with
14 those who avoid these products. And the risk
15 does increase with increasing consumption.

16 According to this same report,
17 risk of colorectal cancer increases on average
18 by 21 percent for every 50 grams of processed
19 meat consumed daily. And for reference 50
20 grams is about the size of a typical hot dog.

21 Some studies have also suggested
22 that processed meats may contribute to the

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1 risk of cancer of the esophagus, lungs,
2 stomach and prostate, but the evidence is more
3 limited in those cancers than for colorectal
4 cancer.

5 So ultimately, from a scientific
6 standpoint, the situation is very much like
7 tobacco and lung cancer. There are hundreds
8 of chemicals in cigarette or tobacco smoke and
9 exactly which ones present the greatest risk
10 has never been entirely clear. And processed
11 meats contain fat, especially saturated fat as
12 well as plenty of cholesterol and salt as we
13 know. The nitrates that are often used as a
14 preservative or as a coloring and flavoring
15 agent can produce N-nitroso compounds which
16 are suspected carcinogens. In addition, meats
17 cooked at high temperatures may contain
18 carcinogens, including heterocyclic amines and
19 polycyclic aromatic hydrocarbons.

20 Heme iron is also plentiful in red
21 and processed meats. Heme promotes the
22 production of carcinogens, and its iron

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1 content also leads to the production of free
2 radicals.

3 AICR states, "Based on convincing
4 evidence, the panel recommends avoiding
5 processed meats such as bacon, ham, sausage
6 and lunchmeat. After carefully examining all
7 of the evidence, the panel was not able to
8 find a level at which consumption of processed
9 meat could be reliably considered safe.

10 MS. HOWES: Thank you very much.

11 MS. MAC ELHERN: Thank you for
12 your time.

13 MS. HOWES: Speaker number 34, you
14 may begin.

15 MS. LANOU: Hello. Amy Lanou. I
16 am an Associate Professor of Nutrition at the
17 University of North Carolina, Asheville.

18 As a nutrition professional and
19 university and community educator who studies
20 and teaches about nutrition policy
21 enthusiastically support the two new forward-
22 thinking chapters in this DGAC report. A

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1 focus on foods and whole diets rather than
2 nutrients, in the language of the 2010 Dietary
3 Guidelines will help individuals trying to put
4 these into practice in daily life.

5 The statement "Shift food intake
6 patterns to a more plant-based diet that
7 emphasizes vegetables, cooked dried beans,
8 peas, fruits, whole grains, nuts, and seeds"
9 is helpful to consumers and is consistent with
10 research showing the health value of
11 vegetarian and other plant-based eating
12 styles.

13 I recommend that the statement
14 following it be revised to read, "In addition,
15 if you consume animal products, increase the
16 intake of seafood and fat free, low fat milk,
17 blah, blah, blah." This clarification is
18 necessary to be consistent with the
19 literature. Because among omnivores,
20 replacing meat with seafood and higher fat
21 dairy with lower fat dairy are strategies
22 supported by the research studies. However,

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1 there is no evidence that adding seafood to a
2 vegetarian diet or low fat cow's milk to a
3 dairy-free diet provides any health or weight
4 management benefit to individuals or
5 populations.

6 Given the potential health risks
7 of consuming seafood polluted with mercury and
8 other environmental toxins and dairy products
9 linked with some types of cancer, heart
10 disease, allergies, and GI distress,
11 recommendations for these foods should be
12 offered with some caution.

13 In addition, just as the foods to
14 be increased are to be named in these
15 recommendations, the new guidelines should
16 also name the foods that contain the dietary
17 components to be limited. A good place to
18 start is the list of top contributors to solid
19 fats and added sugars noted in Section B(2).
20 The language would read something like,
21 "Significantly reduced intake of foods
22 containing added sugars and solid fats, such

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1 as sweets, ice cream, cakes, donuts, and
2 candy, sweet drinks, soda and fruit drinks,
3 fatty meats, sausage, franks, and ribs,
4 cheese, pizza and fried foods."

5 In addition, the importance of a
6 total diet approach to bone health throughout
7 life should be highlighted by promoting plant-
8 based dietary patterns rich in fruits and
9 vegetables and moderate in protein, rather
10 than a single nutrient calcium or a single
11 food source cow's milk approach. And
12 recommendations for the consumption of dairy
13 products should only be made in the context of
14 the broader family of calcium-rich foods,
15 including the beans and greens to meet the
16 needs for calcium of those who are vegan,
17 lactose intolerant, or avoiding cow's milk for
18 health reasons.

19 The call to action recommendations
20 for using public health approach is the focus
21 on health parity and the needs of children are
22 excellent. In particular, the recommendations

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1 for improving food environments in the U.S.
2 are much needed and should be translated into
3 the new guidelines. However, I recommend that
4 the statement "increase environmentally
5 sustainable production of vegetables, fruits,
6 and fiber-rich whole grain" be strengthened by
7 adding "and reduced environmentally
8 unsustainable production of meat and dairy
9 products."

10 In summary, I urge you to
11 translate and strengthen the language of the
12 DGAC reporting regarding the use of vegetarian
13 diets and healthy food environments into the
14 2010 Dietary Guidelines for Americans.

15 Thank you.

16 MS. HOWES: Presenter 35, you may
17 begin.

18 MS. MCGINLEY-GIESER: Good
19 morning. I am Deirdre McGinley-Gieser, Vice
20 President for Programs at the American
21 Institute for Cancer Research, AICR here in
22 Washington, D.C. Founded in 1982, AICR is the

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1 leading U.S. independent cancer charity
2 exclusively devoted to food and nutrition,
3 body weight and physical activity in cancer
4 prevention and survivorship. We fund and
5 interpret research and inform and educate
6 policymakers and the public.

7 AICR and our sister global
8 organization, The World Cancer Research Fund,
9 are gratified that the committee has, on a
10 number of occasions, relied on our own
11 comprehensive 2007 Expert Report and has cited
12 it repeatedly. Our work also emphasizes the
13 importance of the energy-density concept and
14 of the foods based and whole diet approach to
15 prevention. We are also pleased to see how
16 closely the committee's major conclusions line
17 up with our own Recommendations for Cancer
18 Prevention. The best advice to prevent cancer
19 is indeed the best advice to improve public
20 health.

21 We now know that approximately
22 350,000 fewer cancers would occur in the U.S.

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1 each year if everyone ate a healthier diet,
2 was more physically active, and maintained a
3 lean and healthy weight. We also know that
4 following that same advice would reduce heart
5 disease, stroke, diabetes and, of course,
6 obesity, which our report shows is
7 convincingly linked to six different kinds of
8 cancer. These are the stakes that the USDA
9 and DHHS face in translating this report into
10 effective Dietary Guidelines for the nation
11 and we stand ready to support you in this
12 vital work.

13 One reservation is on the issue of
14 the relationship between red meat, processed
15 meat and colorectal cancer. You have just
16 heard from another speaker about the details
17 in our own expert report but I would like to
18 add analysis that we have conducted since 2007
19 continue to support our conclusion that both
20 are convincing causes of this cancer. Given
21 the public health implications, we request
22 that the Committee to revisit this discussion

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1 and we will give more details in our written
2 submission.

3 AICR congratulates USDA and DHHS
4 for a very strong process and for the approach
5 taken by the scientific advisory committee on
6 this report and thank you for the opportunity
7 to comment.

8 MS. HOWES: Presenter number 36,
9 you may begin.

10 MS. CHAN: Hi. I am Jasmine Chan
11 with the Soyfoods Association of North
12 America, SANA, a trade association of soy
13 farmers, processors, and manufacturers of
14 soyfoods. We appreciate the opportunity to
15 raise some key points before DHHS and USDA in
16 encouraging Americans to consume a more
17 healthful plant-based diet.

18 SANA recognizes the boldness of this
19 report in making strong recommendations that
20 improve the public's health and provide
21 constructive dietary patterns that assist
22 consumers in incorporating the guidelines into

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1 every day life. SANA suggests that the final
2 Dietary Guidelines be consistent with existing
3 federal policies and in its consumer
4 messaging.

5 First, we are concerned that the
6 Committee report has under-recognized the
7 protein value in soy, which is the only plant
8 protein that meets the essential amino acid
9 requirements for children and adults. The
10 Protein Digestibility Correct Amino Acid
11 Score, PDCASS, is the methodology utilized
12 consistently by the FDA, USDA, FAO/WHO and IOM
13 as the most accurate way to evaluate protein
14 quality. PDCAAS scored soy protein isolates
15 and soy protein concentrates equally with
16 animal-based protein sources, such as egg
17 whites and casein.

18 As USDA and DHHS develop policy
19 and consumer documents, the agencies need to
20 revise the language and recognize that soy is
21 a high-quality plant protein equivalent to
22 animal-based proteins but with the added

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1 benefits of no cholesterol and very little
2 saturated fat.

3 Secondly, SANA noticed that within
4 many summary statements, the Advisory
5 Committee Report occasionally grouped high-
6 protein quality plant protein soyfoods with
7 the lower quality of plant protein group
8 "cooked dry beans and peas." To avoid policy
9 misinterpretation and consumer confusion, SANA
10 recommends that soyfoods be consistently
11 distinguished from the "cooked dry beans and
12 peas" group in every occasion. Therefore,
13 when recommending a shift to a more plant-
14 based diet, soyfoods should be listed as a
15 separate food category, just as vegetables,
16 nuts, seeds, and dried peas are.

17 We also encourage that the
18 agencies develop an educational visual that
19 captivates, motivates, and displays to
20 consumers how to incorporate plant foods into
21 their daily diets. Overall, SANA strongly
22 recommends that DHHS and USDA acknowledge and

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1 document the high quality protein value of
2 soy.

3 Consistently applied, the
4 university-recognized protein quality
5 assessment method PDCASS distinguished soy
6 foods separately from cooked dried beans and
7 peas and lists soyfoods as a separate
8 category, just as vegetables, nuts, seeds, and
9 dried peas are. Thank you for your
10 time and dedication, to this critical and
11 relevant public health report.

12 MS. HOWES: Thank you.

13 Presenter 37, you may begin.

14 MS. TAHERI: Hello. My name is
15 Houra Taheri. I am a research nutritionist
16 and I am here on behalf of the Center for
17 Nutrition Diet and Health from the Cooperative
18 Extension Service from the University of the
19 District of Columbia.

20 As part of research, we do a lot
21 of research on different crops to emphasize
22 the importance of taking fruits and vegetables

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1 and to increase the public's knowledge about
2 nutrition, diet, and health.

3 As part of nutrition education at
4 the Center, we provide community nutrition
5 education, food demonstration, and cooking
6 classes to preschool children at public
7 schools and their caregivers in D.C. area.

8 Since childhood obesity and the
9 diseases of the adults like cardiovascular
10 disease and diabetes are becoming more
11 predominant among young children as a result
12 of not eating appropriately, we need to
13 encourage the healthy eating and importance of
14 taking fruits and vegetables as healthy snacks
15 to kids and their caregivers.

16 We also need to provide cooking
17 classes to show how to make healthy foods to
18 kids and adults, to show them how to
19 substitute junk with healthy foods and high
20 calorie snacks with healthy nutritious snacks
21 and to encourage them to take fruits and
22 vegetables for better health and growth.

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1 Also, we need to encourage the
2 physical activity to prevent obesity and the
3 premature diseases among children. Dietary
4 Guidelines should urge and encourage taking
5 fruits and vegetables of healthy snacks and to
6 increase physical activity among kids to
7 increase lifelong health among children.

8 Thank you so much.

9 MS. HOWES: Presenter 38, you may
10 begin.

11 DR. STRONG: Hi. I am Katherine
12 Strong. I am presenting comments by Dr. Hans
13 Diehl, who is the founder of the Coronary
14 Health Improvement Project, better known as
15 CHIP from Loma Linda, California.

16 With over 50,000 participants and
17 21 published journal articles, the CHIP
18 program has shown that plant-based diets can
19 bring about dramatic changes to the health of
20 people world-wide.

21 Dr. Diehl asks that the USDA and
22 HHS focus on the following three key points

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1 when drafting the Dietary Guidelines.

2 Number one, please maintain the
3 goal of have Americans shift to a more plant-
4 based diet. Decreasing all animal products
5 intake is the cornerstone to success in the
6 CHIP program, as well as other successful
7 programs, including Dr. Dean Ornish's program
8 for reversing heart disease.

9 Animal products are void of fiber
10 and protective phytochemicals that have been
11 proven to protect common chronic diseases,
12 including heart disease and type 2 diabetes.

13 Number two, reducing sodium intake
14 to a maximum of 1500 milligrams is also a
15 recommendation that falls in line with the
16 scientific research. Our Dietary Guidelines
17 should improve the health of Americans, not
18 just the minority of the population who has
19 ideal blood pressure, ideal body weight, and
20 no risk factors for coronary heart disease.

21 And finally point number three,
22 while humans do not need to consume any

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1 dietary cholesterol, the proposal to consume a
2 maximum of 2,000 milligrams per day as opposed
3 to -- sorry -- 200 milligrams per day as
4 opposed to 300 milligrams per day is an
5 improvement. The Dietary Guidelines should
6 clearly emphasize the better of the two
7 options.

8 In short, we need big changes in
9 our dietary advice as evidenced by our
10 overweight and sick population. This could be
11 a revolutionary opportunity for the USDA and
12 HHS to turn an epidemic around with real
13 evidence-based advice. Thank you very much.

14 MS. HOWES: Thank you.

15 Presenter 39, you may begin.

16 MS. WINDERS: Thank you. My name
17 is Delcianna Winders. I am with the PETA
18 Foundation here in Washington, D.C. and I am
19 giving comments today on behalf of PETA,
20 People for the Ethical Treatment of Animals.

21 I would first like to note that
22 PETA is happy with much of the report and

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1 commends the committee, particularly happy
2 with the emphasis on fresh fruits and
3 vegetables and the acknowledgment of the many
4 benefits of plant-based diets.

5 Despite these strengths, PETA
6 believes that the report's repeated emphasis
7 of milk and milk products is problematic. The
8 main reasons for this is the concern that the
9 report ignores extensive scientific evidence
10 about the health risks associated with the
11 consumption of milk and it also turns a blind
12 eye to evidence about the environmental
13 impacts the dairy industry has.

14 With regard to health, the report
15 ignores an entire body of evidence regarding
16 the health risks associated with dairy
17 consumption and questioning its health
18 benefits. Dairy consumption has been linked
19 to both prostate and breast cancer, as well as
20 type 1 diabetes. There are also indications
21 that it may be linked to ovarian cancer.

22 The report also fails to

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1 acknowledge that scientific research shows
2 that it has little to no benefit to bone
3 health and also cannot be relied on to prevent
4 osteoporosis.

5 With respect to the environment,
6 dairy products are a major contributor to
7 climate change. In fact just last month the
8 United Nations issued a report urging that
9 dairy products be reduced, the consumption be
10 reduced just for this reason. The methane
11 that cattle produce is 20 times as powerful as
12 carbon dioxide, trapping heat in the
13 atmosphere and dairy cows produce even more
14 methane than beef cattle do. Yet, the
15 Committee's report encourages Americans to
16 increase their milk consumption, even though
17 it acknowledges global warming concerns and
18 their impact on access to healthy foods.

19 The report also registers concerns
20 about the availability of fresh water and
21 arable land, which is also impacted by dairy.

22 According to the California Farm Bureau

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1 Federation, it takes approximately 50 gallons
2 of water for a dairy cow to produce one cup of
3 milk. And a dairy cow produces about 120
4 pounds of waste every day, which is the
5 equivalent of about two dozen people but with
6 no toilets, no sewers, not treatment plants.
7 Much of this waste finds its way into our
8 water supply and in some areas, dairy
9 facilities are the number one threat to ground
10 water.

11 And none of these concerns would
12 exist if the emphasis on milk in the report
13 meant nondairy plant-based milks, of course.
14 And the report does acknowledge that fortified
15 soymilks can provide the same benefits as
16 dairy milk. In addition, they don't have the
17 same risks that we have just discussed. It is
18 also a much more realistic option for the
19 many, many Americans, particularly minorities
20 who are lactose intolerant. It is also more
21 environmentally friendly.

22 So, PETA urges the Committee to

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1 amend the recommendation to specifically
2 recommend nondairy plant-based milk and milk
3 products. At the very least, the report
4 should make clear that the recommendation for
5 milk and milk products includes these items.

6 Thank you.

7 MS. HOWES: Thank you.

8 Presenter number 40, you may
9 begin.

10 MS. WATSON: Hi, I am Lisa Watson.

11 I am speaking on behalf of the National Milk
12 Producers Federation, based in Arlington,
13 Virginia.

14 (Laughter.)

15 MS. WATSON: The National Milk
16 Producers Federation develops and carries out
17 policies that advance the well-being of dairy
18 producers and the cooperatives they own. The
19 members of NMPF's 30 cooperatives produce the
20 majority of the U.S.'s milk supply, making
21 NMPF the voice of more than 40,000 dairy
22 producers on Capitol Hill and with government

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1 agencies.

2 We welcome and agree with the
3 Dietary Guidelines Committee's conclusions
4 that milk and dairy products offer a unique
5 nutrient package. It is important to the
6 health of both children and adults alike.
7 Given the challenges our society faces in
8 dealing with the obesity epidemic, we also
9 recognize the goal of encouraging that empty
10 calories be minimized.

11 Milk and dairy products are
12 important sources of three of the four
13 nutrients of concern in the American diet,
14 calcium, potassium, and vitamin D. As noted
15 in the committee's report, Americans consume
16 less than 60 percent of the recommended intake
17 for dairy foods. There is little practical
18 guidance in the report, however, to help
19 individuals bridge the gap between recommended
20 and actual dairy consumption.

21 Given this, we urge that the
22 agencies recognize, as did the previous 2005

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1 Dietary Guidelines Committee that research
2 supports the fact that moderate amounts of
3 sugars added to nutrient dense foods, such as
4 breakfast cereals, and reduced fat milk
5 products, may increase a person's intake of
6 such foods unless improved nutrient intake
7 without contributing excessive calories.

8 Consumption of flavored milk is
9 not associated with adiposity but it is
10 associated with improved nutrient adequacy.
11 From a policy perspective, it is important
12 that this be stated for the benefit of those
13 unfamiliar with the scientific literature and
14 from a practical guidance perspective, it is
15 important that these facts are clear as the
16 report of the current committee is translated
17 into action steps for individual consumers.

18 A similar philosophy applies to
19 reduced fat cheeses. Adding small amounts of
20 these foods to other nutrient dense foods,
21 such as vegetables and whole grains, can
22 substantially enhance palatability, without

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1 compromising guidance to reduce solid fats and
2 with a positive overall effect on the nutrient
3 composition of the diet.

4 Finally, NMPF has been frustrated
5 by what we consider to be a lack of public
6 access to and transparency of the Nutrition
7 Evidence Library. As of Monday of this week,
8 critical information related to the
9 Committee's conclusions about dairy product
10 consumption was unavailable on the NEL
11 website, effectively allowing only seven
12 business days for review prior to the written
13 comments submission deadline. We don't
14 believe this allows adequate time for
15 development of substantive science-based
16 comments on an issue of high importance to the
17 dairy industry and critical to the health of
18 all Americans. We therefore request that the
19 written comment period be extended
20 accordingly.

21 Thank you.

22 MS. HOWES: Presenter 41, you may

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1 begin.

2 MS. DiSOGRA: Good morning. I am
3 Lorelei DiSogra. I am the Vice President for
4 Nutrition and Health at United Fresh Produce
5 Association. We are a Washington, D.C.-based
6 trade association representing the produce
7 industry across the country and
8 internationally.

9 Thank you for listening to all of
10 us today. I am going to hit on some of the
11 same points that have been made by others.
12 First, United Fresh really commends the
13 Dietary Guidelines Advisory Committee on this
14 really excellent report. And we think it
15 really breaks ground in so many ways.

16 First, it establishes that
17 Americans are not eating a healthy diet. We
18 are not healthy. We have a huge obesity
19 epidemic in this country, both for adults and
20 kids. And then if we throw in hypertension
21 and at-risk for hypertension, it really shifts
22 the paradigm upon which Dietary Guidelines

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1 have always been written before. They have
2 always been addressed to healthy Americans.
3 We don't have healthy Americans anymore and
4 that is going to create a challenge for all of
5 you as you take this report going forward.
6 And we are hoping that you will take this and
7 look at this really differently.

8 Secondly, we commend the committee
9 for strongly recommending increased fruit and
10 vegetable consumption. Fruits and vegetables
11 seem to be the solution for three out of the
12 four major findings that are highlighted.

13 Thirdly, we really strongly
14 commend the committee for talking about
15 systems-wide policy and environmental changes
16 that need to take place so that Americans
17 really have a chance of eating a healthier
18 diet. We need to create those healthy food
19 environments. That goes beyond what your
20 organizations have typically done, your place
21 in your agencies. It really takes it up to
22 the secretarial level and we really hope that

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1 you will communicate that back, that many of
2 us are strongly recommending that you take a
3 serious look at environmental changes.

4 And also the call to action and
5 starting with kids. Urgency with children.
6 We share the committee's frustration that
7 several of the recommendations have been
8 repeatedly made in the past by prior reports.
9 Every report has said increase fruit and
10 vegetable consumption. The last Dietary
11 Guidelines recommended five to thirteen
12 servings a day. However, consumption patterns
13 are not changing.

14 So our question to all of you and
15 the challenge is what are you going to do
16 differently this time? Because you can't just
17 keep doing the same thing.

18 Fruit and vegetable consumption
19 needs to double. There are many other changes
20 that need to be made as well. We believe that
21 it is time for USDA and HHS to take a
22 different approach to creating the 2010

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1 Dietary Guidelines and also your agencies to
2 take a coordinated action to transform the
3 food environment where Americans live, work,
4 and play.

5 Our recommendations, and we will
6 be submitting longer written recommendations
7 but our recommendations to you are, one to
8 provide clear, strong and compelling Dietary
9 Guidelines recommendations and consumer
10 messages that will more effectively motivate
11 behavior change to increase fruit and
12 vegetable consumption, that is our concern,
13 but also for many of the other changes you are
14 going to be recommending.

15 We are really beyond vague
16 messages. I feel like every time I come here,
17 I say the same thing. Vague messages didn't
18 work in the past. They are not going to work
19 now. Give up. Do something that is strong,
20 clear and compelling. Our recommendation --

21 MS. HOWES: I'm sorry, your time is
22 up, unfortunately.

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1 MS. DiSOGRA: Thank you.

2 MS. HOWES: Presenter 42, you may
3 begin.

4 MS. PRICE: Good morning. My name
5 is Suzanne Price and I am here on behalf of
6 the American Society for Nutrition in
7 Bethesda, Maryland. With a membership of
8 nearly 4,000 scientists, ASN is the premiere
9 research society dedicated to improving the
10 quality of life through the science of
11 nutrition. We are proud of our members who
12 served on the 2010 Dietary Guidelines Advisory
13 Committee and those who have served on past
14 committees.

15 ASN supports the following
16 recommendations made by the 2010 Committee.
17 First, the coordinated strategy which includes
18 all sectors of society is an important
19 component to instilling a better understanding
20 of the guidelines among all groups and
21 stakeholders.

22 Second, we are pleased to see that

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1 the contribution of sodium in the diet
2 received a rigorous discussion and we support
3 a stepwise approach to a sodium reduction.
4 However, we want to emphasize that the
5 economic implications of sodium reduction must
6 be taken into account as we as a society move
7 toward 1500 milligrams per day.

8 The safety of foods which depend
9 on salt as a preservative is a competing
10 priority that deserves consideration and
11 strategic planning for reducing salt intake.

12 Third, the conclusion that
13 Americans over-consume foods high in solid
14 fats and added sugars and should replace them
15 with vegetables, fruits and whole grains, is
16 an effective and understandable message for
17 consumers.

18 Fourth, the supplemental
19 information pieces on children's dietary
20 intake, implications of foods allergens and
21 safe food supply and organically produced
22 foods are valuable and welcomed additions.

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1 Finally, we would like to make the
2 following suggestions as implementation moves
3 forward. To encourage increased activity
4 levels, we recommend adding a brief summary of
5 what the 2008 physical activity guidelines
6 recommend, such as how many minutes per day
7 for various age groups.

8 Second, the definition of
9 processed food in the glossary is vague and
10 could be misleading. Moreover, it casts a
11 negative light on foods that are washed,
12 frozen, or dried. We recommend leaving this
13 term out of the consumer literature to prevent
14 confusion.

15 Third, in 2009, we recommended
16 creation of a focus group of Dietary
17 Guidelines users from the food industry,
18 medical and public health communities, and the
19 general public to review the guidelines and
20 provide input on how to implement the
21 recommendations. We urge that this focus
22 group be convened now.

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1 Next, we applaud the call to
2 create greater financial incentives to
3 purchase and consume vegetables, fruit, whole
4 grains, milk products and seafood and we urge
5 the focus group to outline what those
6 potential incentives could include.

7 Finally, looking ahead to 2015, we
8 recommend increasing the number of behavior
9 specialists who serve on the committee to help
10 with translating and implementing the changes,
11 which the Guidelines promote.

12 We appreciate the opportunity to
13 present these comments and we thank the
14 committee for giving their time and effort to
15 creation of these guidelines.

16 MS. HOWES: Presenter number 43,
17 you may begin.

18 DR. McNEILL: Good morning. I am
19 Shalene McNeill, Ph.D. and registered
20 dietitian here on behalf of The BeefCheckoff.

21 The committee's report concludes
22 that good health and vitality is achievable

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1 through a total diet approach that is energy
2 balanced, nutrient-dense, and very low in
3 SoFAS.

4 Yet, in a departure from the
5 evidence-base, the committee translates these
6 findings into recommendations to one, shift
7 food intake patterns to a more plant-based
8 diet; and two, further advises consumption of
9 only moderate amounts of lean meat, poultry
10 and eggs.

11 I will start with plant-based.
12 The reality is that Americans are already
13 consuming 70 percent of their calories from
14 plant foods and the report notes that over
15 consumption of refined grains is a major
16 source of extra calories in the diet.

17 Clearly, Americans needs to be
18 consuming more fruits, vegetables, and whole
19 grains, but they need specific guidance on
20 choosing high-quality plant foods rather than
21 general advice to consume more.

22 The committee's definition of

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1 plant-based is arbitrary and not supported by
2 science. It implies a philosophical approach
3 and limits pattern flexibility. In addition,
4 consumer research shows that implies
5 vegetarian. Even the consumer definition in
6 Wikipedia states, a plant-based diet refers to
7 veganism and vegetarianism. While we fully
8 support the inclusion of lean meat over higher
9 fat options, our second concern is the
10 recommendation for only moderate consumption
11 of lean meat, poultry and eggs, suggests that
12 Americans need to limit these nutrient-dense
13 high quality protein sources. The evidence-
14 based review does not support this
15 recommendation. Given the finding that animal
16 proteins provide better quantity and quality
17 of protein than plant proteins, a relationship
18 between consumption of animal proteins and
19 negative health outcomes was not found and the
20 review found no unique benefits of plant
21 proteins.

22 Government data shows that

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1 Americans are already consuming meat well
2 within recommended intake. Average beef
3 intake from NHANES is only 1.7 ounces per day
4 and red meat solid fat contribution is less
5 than seven percent, while grains contribute 37
6 to 42 percent of solid fats.

7 The emphasis on only moderate
8 downplays the important contributions lean
9 meat can make to healthy dietary patterns.
10 Lean beef is now widely available and low in
11 calories, with an average of us just 154
12 calories, lean beef is a good to excellent
13 source of ten essential nutrients.

14 We agree with the committee's
15 vision that a healthier lifestyle is
16 achievable with a nutrient-rich total diet but
17 advice must be evidence-based. And the
18 committee's review of the evidence does not
19 warrant language that implies a further need
20 to limit meat intake. We all know that in
21 order for the dietary guidelines to be
22 effective, consumers must follow them.

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1 As important as it is to tell
2 Americans to choose more fruits, vegetables,
3 and whole grains over refined, it is also
4 essential that you give specific guidance to
5 the 96 percent of Americans who enjoy meat
6 about including lean cuts most often in
7 moderate portions and how to identify those
8 cuts by name.

9 Thank you.

10 MS. HOWES: Presenter 44, you may
11 begin.

12 MS. ECKHARDT: Good morning. I am
13 Linda Eckhardt. I am the cofounder with Dr.
14 John Salerno of the Silver Cloud Diet and I
15 come representing his and my views.

16 We would like to present you with
17 a kind of counterintuitive look at what is
18 going on. And you might think of this as a
19 report from the front lines because this is
20 based on our New York City medical practice.

21 We see in our practice every day
22 people who come in sick who have been doing

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1 what they have been told to do and yet they
2 have these lifestyle ailments.

3 So it is our belief that an
4 informed public policy using the latest in
5 scientific data could go far to improve the
6 health of American citizens. However we
7 believe upon review that the proposed Dietary
8 Guidelines for 2010 are based on outdated
9 science, colored by powerful lobbies and
10 continue a misguided approach to nutrition
11 that has sickened this nation.

12 From the viewpoint of a practicing
13 physician, I can tell you that our industrial
14 food complex, in concert with big pharma have
15 colluded to create a society where people
16 continue to eat nutrient-empty processed foods
17 and are then given an even larger regimen of
18 pharmaceuticals to try and turn back the
19 inevitable health that follows.

20 In my practice, I see children as
21 young as eight years old with type 2 diabetes.

22 Now, this was unheard of even 25 years ago.

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1 But by feeding children low fat milk, fruit
2 juice, sugary drinks, and overly processed
3 carbohydrates, beginning with breakfast
4 cereals, we are dooming this generation to ill
5 health and a shorter life span.

6 Type 2 diabetes, which is just a
7 completely terrible thing in our country at
8 this moment, occurs in patients of all ages
9 and it can be stopped in its tracks just by
10 diet. You can just give a radical shift in
11 the diet and stop type 2 diabetes. You remove
12 processed foods that include sugar and sugar-
13 laced products. You eat a diet with plenty of
14 high quality protein and natural animal fats,
15 as well as plenty of fruits and vegetables and
16 type 2 diabetes just evaporates.

17 At the Silver Cloud Diet, we
18 particularly recognize the need for saturated
19 fats for health, long life, and weight loss.
20 Saturated fats fight inflammation, support the
21 immune system, support hormone production, and
22 protect against cancer and heart disease,

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1 which leads to the most heartbreaking problem
2 that presents in my office: A rising tide of
3 infertility in a generation of women who have
4 grown up eating a low fat diet. The simple
5 truth is that vitamins carried in saturated
6 animal fats are critical to reproduction. The
7 2010 Guidelines proposed by the USDA will
8 increase infertility in this country.

9 Finally, in my practice I have
10 seen a dramatic success in weight loss from my
11 patients who can be taught to ignore the
12 conventional dictates which recommend a low
13 fat diet and who instead begin eating whole,
14 unprocessed foods, including plenty of meats
15 and fish, dairy, raw milk, cheeses, fruits and
16 vegetables. We recommend butter, cream,
17 natural meat. We just recommend the kind of
18 diet our grandparents ate. You know, eat like
19 your grandparents and you will be healthy.

20 Thank you.

21 MS. HOWES: Thank you.

22 Presenter 45, you may begin.

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1 MS. OHLHORST: Hi, I am Sarah
2 Ohlhorst, a registered dietitian and staff
3 scientist with the Institute of Food
4 Technologists located in Chicago and
5 Washington, D.C.

6 IFT is a nonprofit scientific
7 society with over 18,000 individual members
8 working in food science and technology. We
9 appreciate the opportunity to provide comments
10 pertinent to the Dietary Guidelines Advisory
11 Committee Report and we commend the members of
12 the DGAC on their report, which is a thought-
13 provoking call-to-action to address obesity.

14 Food science and technology must
15 play an integral role in making more healthy
16 food choices available to consumers, if the
17 2010 Dietary Guidelines are to be implemented.

18 The DGAC report highlights many opportunities
19 for foods scientists and technologists to
20 provide support to an evolving food
21 environment.

22 Reduced intake of sodium, added

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1 sugars, and solid fats in the food system
2 often require technological adaptation that
3 only food scientists and technologists can
4 contribute. Food scientists and technologists
5 can help consumers more effectively meet the
6 Dietary Guidelines through food processing
7 such as product reformulation, fortification,
8 enrichments and other means for more effective
9 nutrient delivery.

10 To ensure that the Dietary
11 Guidelines are practical and achievable, food
12 scientists and technologists can provide
13 insight on the food industry's capabilities to
14 add, reduce, or remove nutrients in foods, and
15 highlight resulting impacts on food
16 manufacturing and food safety, including
17 technological limitations and cost
18 constraints. An integrated approach to health
19 is necessary, as expertise from food
20 scientists, nutritionists, and many other
21 disciplines will lead to effective dietary
22 guidance and more nutrient-dense food choices.

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1 IFT and IFT members are ready and
2 able to provide expertise on food science and
3 technology that is critical to the
4 implementation of the 2010 Dietary Guidelines
5 for Americans and other DGAC Report
6 recommendations. Working together, food
7 scientists and technologists can help achieve
8 the food and nutrition targets set in the
9 Dietary Guidelines and can help the government
10 more effectively enable consumers to meet the
11 Guidelines.

12 IFT offers our scientific support
13 to assist with the implementation of the 2010
14 Dietary Guidelines for Americans and urges
15 that food scientists and technologists be
16 engaged in implementation. We look forward to
17 working together to develop public/private
18 projects and programs to successfully permit
19 broad scale implementation of the
20 recommendations of this report. Our members
21 are committed to assisting with the process,
22 and we believe our technological and

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1 scientific capabilities can be part of the
2 solution to address recommendations for
3 improved food choices and healthy eating for
4 all Americans.

5 Thank you.

6 MS. HOWES: Speaker 46 is not
7 present. We will move on to speaker 47. You
8 may begin.

9 DR. POPPER: My name is Dr. Pam
10 Popper. I am here today on behalf of the
11 Wellness Forum in Columbus, Ohio. I provided
12 a fully referenced paper but will briefly
13 address some of the issues that I am concerned
14 about in the report.

15 Although the report recommends
16 eating more plant foods, the recommendations
17 should go further and stress the advisability
18 of a plant-based diet because it is superior
19 for weight loss and also for preventing and
20 even reversing degenerative diseases.

21 It is true that in order to
22 address our obesity issues, people will need

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1 to eat fewer calories but the advice to
2 calorie count is simply ineffective. For
3 example, assuming that it takes 2000 calories
4 a day for a person to maintain her current
5 normal weight being off by only five percent
6 during a five year period of time, results in
7 a 52 pound weight gain or a 52 pound weight
8 loss and possible death, depending upon which
9 direction the calculations are off. Consuming
10 a low fat plant-based diet resolves this issue
11 because the fiber content of the food prevents
12 overeating.

13 I disagree with the continued
14 emphasis on the consumption of dairy products.

15 Consuming dairy does not build strong bones
16 and studies show that as the consumption of
17 dairy products increases in various countries,
18 the incidence of fractures increases, too.

19 There are other hazards of
20 consuming cow's milk. The risk for a child
21 consuming cow's milk of developing type 1
22 diabetes is actually higher than the risk of a

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1 smoker developing lung cancer. Cow's milk is
2 also linked to many other conditions ranging
3 from asthma to breast and prostate cancer and
4 protein is the causative link. So the advice
5 to drink lower fat dairy products and consume
6 lower fat dairy products is even riskier.

7 Fat recommendations are too high
8 and oils should be discouraged. Oils are not
9 health promoting. They are fattening. One
10 tablespoon of any type of oil has 130 calories
11 and 14 grams of fat. A person can gain 36
12 pounds in one year by adding one serving of
13 oil-based salad dressing to their diet just
14 once a day. Oils are cancer promoting. They
15 contribute to heart disease.

16 The emphasis on protein is
17 unnecessary because protein needs are very
18 small. It is impossible to structure a diet
19 with enough calories that does not include
20 enough protein. And the myth of needing to
21 consume certain vegetarian foods in
22 combination in order to consume all of the

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1 essential amino acids really was discredited a
2 long time ago and needs to be removed.

3 The report lists several barriers
4 to change and I am going to add one more and
5 that is that people are not being given
6 accurate or specific enough information about
7 the detrimental effects of their current
8 dietary habits or the benefits that they can
9 expect to gain by converting to a plant-based
10 diet.

11 I really think we need to be very
12 direct with the public, give them specific
13 information and let them make their own
14 choices based on informed consent.

15 The report suggests the committee
16 should be formed to design plans for
17 implementation and I would suggest that these
18 committees include those of us who have a
19 successful track record in convincing people
20 to adopt a health-promoting diet and stick
21 with it. I personally would be willing to
22 work on this issue and share the expertise

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1 that we have developed during the last 14
2 years while working with tens of thousands of
3 people in many different countries to improve
4 their health with diet.

5 I hope to have an opportunity to
6 be of further service in helping to improve
7 the diet and health of Americans. I thank you
8 very much for your consideration.

9 MS. HOWES: Presenter 48, you may
10 begin.

11 MS. ORTUZAR: My name is Alyce
12 Otuzar. I am a medical and social science
13 researcher and writer and I run a holistic
14 medicine information clearinghouse that
15 focuses on environmental and nutritional
16 influences on mental and physical well-being.

17 Since the first published Dietary
18 Guidelines for Americans in 1980, epidemics of
19 disorders such as diabetes, asthma, cancer,
20 and obesity have characterized Americans today
21 as our sickest generation.

22 The Dietary Guidelines that you

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1 are promoting fail to acknowledge manmade
2 products and processes that are highly
3 processed, nutrient-deficient, adulterated
4 foods that have been approved under the so-
5 called science-based paradigm that you
6 applied. The very processed products that you
7 recommend have destroyed the nutrients that
8 make whole foods so healthy and bioavailable
9 and in turn make us healthy.

10 The Guidelines also treat animal
11 fats and sugar as equally harmful without
12 acknowledging the vitally important nutrients
13 in animals in pasture and sunlight that are
14 very difficult to find in other food groups.
15 The Guidelines ignore the link between
16 obesity, diabetes, and refined sugar, refined
17 carbohydrates, and endocrine-disrupting
18 chemicals and pesticides, especially those in
19 conventional animals raised in confined animal
20 feeding operations, which the American Public
21 Health Association said should be shut down.

22 The Guidelines confused nutrients

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1 with calories, and real food devoid of
2 chemicals, and fruits and vegetables devoid of
3 neurotoxic and carcinogenic chemicals. To
4 say that ecologically or organically produced
5 foods are no different from chemicals parading
6 as food or food grown with endocrine
7 disrupting chemicals, neurotoxic chemicals and
8 carcinogens is contradicted by a wealth of
9 literature. Evidence even links Parkinson's
10 to organophosphates.

11 There is almost an obsession with
12 adiposity. And these epidemics have occurred
13 under the USDA's watch, with people adhering
14 to the USDA guidelines that fail to
15 distinguish between real food and nutrient-
16 deficient chemicals and other toxins parading
17 as food. History shows that when most
18 Americans ate mostly full fat animal products
19 raised in sunlight and pasture and chemical-
20 free fruits and vegetables all locally raised,
21 these epidemics did not exist and people lived
22 long lives.

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1 Eating patterns established during
2 childhood often are carried into adulthood you
3 say and you are right. But hopefully, for the
4 next generation the recommended Guidelines
5 will not be their diet because they will
6 suffer from a lack of beneficial fats and
7 other important nutrients.

8 Where have these experts been when
9 schools were inundated with vending machines,
10 sodas, junk food and schools were eliminating
11 kitchens and wholesome food? I visited the
12 central kitchen for Montgomery County Schools
13 and I would not put those artificial chemicals
14 parading as food in my compost pile.

15 I am not a fan of the highly
16 flawed, double-blind paradigm where one size
17 fits all but there is a group that really
18 refutes the products and foods you are
19 recommending and that is the Amish.

20 MS. HOWES: Thank you very much.
21 Your time is up.

22 MS. ORTUZAR: Thank you.

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1 MS. HOWES: Presenter 49, you may
2 begin.

3 MS. REDALEN: Good morning and
4 thank you for this opportunity. My name is
5 Chelsie Redalen, and I am speaking on behalf
6 of America's 67,000 pork producers.

7 We applaud the nearly two years of
8 hard work that has gone into creating the
9 report of the Dietary Guidelines Advisory
10 Committee. We are deeply concerned, however,
11 that the report explicitly states Americans
12 consume "only moderate" amounts of lean meat.

13 Lean meat is a vital source of high-quality
14 protein and certainly should not be framed as
15 a food to limit in the American diet.

16 I think we can all agree that
17 obesity is public health enemy number one,
18 which is why we need to encourage foods low in
19 calories and high in nutrients, regardless of
20 whether they are plant- or animal-based. Lean
21 meat is a model food in this regard. A three-
22 ounce serving of lean pork provides about the

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1 same amount of protein as a cup and a half of
2 black beans but with 20 percent fewer
3 calories. As the draft report states, "plant
4 products can be combined to improve protein
5 quality but the number of calories that must
6 be consumed to get adequate intakes must be
7 considered."

8 Just as important, the data that
9 you reviewed clearly showed that Americans are
10 not over-consuming meat. Based on government
11 consumption data, Americans on an average
12 2,000-calorie a day diet are consuming 5.3
13 ounces of meat or meat equivalents. Meat and
14 beans are the only group consumed as
15 recommended.

16 As the report correctly
17 identifies, the problem is Americans are over-
18 consuming added sugars and solid fats. The
19 problem is not over consumption of lean meat.

20 Urging Americans to shift to a
21 more plant-based diet and consume only
22 moderate amounts of lean meat implies they

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1 should decrease consumption of this vital,
2 complete protein.

3 Lean meat also offers heme iron, a
4 type of iron only found in meat and that is
5 more easily absorbed and used by the body than
6 iron from plant sources. In fact, the draft
7 report points out that "efforts are warranted
8 to promote increased intakes of lean, heme
9 iron-rich meat" among adult women and girls in
10 particular. It also states that "the
11 estimated bioavailable iron in vegan patterns
12 was less than the RDA for some children and
13 women."

14 Lean meat is also an important
15 source of vitamin B12, a micronutrient not
16 found in plant-based foods. Finally, lean
17 meat is affordable, accessible, and familiar
18 to virtually all Americans. The same cannot
19 be said for some types of protein, such as
20 tofu.

21 In conclusion, we agree that
22 Americans need a fundamental shift in their

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1 diets from highly processed, nutrient-poor
2 foods that are high in added sugars and solid
3 fats to a nutrient-rich diet that emphasizes
4 consumption of lean meat, along with other
5 nutrient-rich foods such as vegetables,
6 fruits, nuts, and beans.

7 Dietary Guidelines that fail to
8 emphasize this dietary pattern shift from
9 nutrient-poor foods to nutrient-rich ones,
10 regardless of plant or animal source, would be
11 a disservice to Americans and could
12 inadvertently add to the obesity epidemic in
13 our country.

14 Thank you.

15 MS. HOWES: Presenter 50, you may
16 begin.

17 MR. GORDON: Good morning. My
18 objective is to champion the need for more
19 dietary fiber in the diet. I am Dennis
20 Gordon, Professor Emeritus and former chair of
21 the Department of Cereal Science at North
22 Dakota State University. My career has

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1 focused on researching the physiological
2 aspects of all sources of dietary fiber,
3 methods for their analysis, and I continue to
4 work on trying to find a national and
5 international definition for dietary fiber.

6 I support the Committee's findings
7 that dietary fiber is an under-consumed
8 essential nutrient of public health concern.
9 In fact, Americans are severely lacking in
10 their fiber intake, more so than any other
11 nutrient. For this reason, it is really
12 important for Dietary Guidance to maximize
13 opportunities for Americans to choose foods
14 that provide at a minimum a good source of
15 fiber.

16 In their report, the committee
17 suggests meeting fiber recommendations by
18 increasing the proportion of whole foods,
19 including whole grains in the diet. Whole
20 grains were especially recommended in part for
21 their dietary fiber content. I commend the
22 committee for that important recommendation,

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1 but unfortunately, not all foods in these
2 categories are a good source of fiber and not
3 all foods making whole grain label claims
4 provide a substantial amount of fiber.

5 This is important. Current
6 recommendations for you, us as men and women:
7 men, 38 grams a day and women, 25 grams of
8 fiber per day. Whole plant foods are
9 providing only approximately 60 to 70 percent
10 of our current fiber intakes, which are about
11 15 to 18 grams a day. Foods with added fiber
12 provide that difference, 30 to 40 percent of
13 our current fiber intakes. Whole foods alone
14 are not providing for dietary fiber needs.
15 Foods enriched with fiber are encouraged.

16 In addition, the committee placed
17 great importance on reducing obesity and
18 emphasizing getting the most nutrients from
19 the fewest calories. Modeling data shows that
20 calorie levels increase if whole foods alone
21 are the means for meeting dietary fiber needs.

22 Therefore, the importance of other sources of

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1 fiber should be considered when you finalize
2 the Dietary Guidelines for Americans.

3 Recommendations should encourage
4 Americans to make grain choices, either
5 enriched or whole grains that provide at a
6 minimum a good source of fiber. That means
7 ten percent of your daily value. Bran
8 products, grain products with added fiber and
9 whole grain products can all be important
10 vehicles for helping Americans meet dietary
11 fiber recommendations.

12 As you finalize the Guidelines for
13 Americans, I encourage you to provide
14 realistic and achievable guidance for
15 consumers. For example, to achieve these
16 fiber recommendations, I recommend Americans
17 should be encouraged to choose foods -- oh, I
18 am tight -- either enriched or whole grains
19 that provide at a minimum a good source.

20 MS. HOWES: Thank you very much.

21 MR. GORDON: Thank you.

22 MS. HOWES: We have one last

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1 presentation that is not listed. Speaker
2 number 51 met the submission requirements that
3 were specified in the Federal Register but due
4 to an electronic glitch was not listed on your
5 sheet.

6 Speaker 51, you may begin.

7 DR. BOOREN: I am Betsy Booren,
8 Ph.D., Director of Scientific Affairs for the
9 American Meat Institute Foundation based here
10 in Washington, D.C. AMI appreciates the
11 effort of the committee and is pleased that
12 the technical report accurately characterized
13 meat and poultry as containing "high quality
14 protein."

15 Unfortunately, while the report
16 affirms meat's nutritional value, it
17 simultaneously advises consumers to moderate
18 their consumption of meat.

19 Meat and poultry is allocated a
20 relatively small part of the pyramid, yet the
21 benefits from its share of the pyramid are
22 significant. Consuming meat provides

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1 Americans a simple, direct, and balanced
2 dietary source of all essential amino acids.
3 Depending only upon plant proteins requires,
4 as the Committee acknowledged, "thorough
5 planning." The careful balancing of plant
6 proteins requires advance planning that is not
7 consistent with the lifestyle of Americans.
8 They look for simplicity and conveniences, not
9 complexity in making dietary choices, a
10 critical point that the committee discussed
11 during its deliberations.

12 In addition to protein, meat and
13 poultry also are important and rich sources of
14 micronutrients such as iron, selenium,
15 vitamins A, B12, and folic acid. These
16 nutrients are not present in plant foods or,
17 if they are, they have relatively low
18 bioavailability. Supplementation, while
19 useful, does not completely address the issues
20 of bioavailability.

21 Also significant was the
22 discussion during the May 2010 meeting of the

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1 committee that meat, poultry, fish, eggs, nuts
2 food group is currently consumed at or less
3 than the current recommended amount. This
4 conclusion likely is a surprise to many who
5 are under the mistaken impression that
6 Americans over-eat meat and poultry products.

7 As you develop the Dietary
8 Guidelines, we urge you to word the
9 recommendation in such a way that does not
10 lead consumers to reduce their meat, poultry,
11 and beans consumption. Language in the
12 technical report recommending that consumers
13 "moderate" their meat and poultry consumption
14 may be perceived as advice to "reduce" their
15 consumption, which could have unintended
16 consequences by creating nutritional
17 deficiencies.

18 Concerns about unintended
19 consequences are not a new concept to the
20 committee. At the April 2010 meeting,
21 committee member Dr. Eric Rimm discussed his
22 concern that a recommendation to eat a low fat

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1 diet in the 1970s led in part to over-
2 consumption of simple carbohydrates and this
3 change in diet contributed to the Americans'
4 current obesity epidemic. AMI encourages the
5 agencies to consider this with respect to meat
6 and poultry guidelines and not create a
7 similar mistake.

8 Unfortunately, while sections of
9 the report reveal a strong bias against
10 processed meats, we realize that this is
11 largely due to concerns about sodium levels in
12 some of the products.

13 Although sodium certainly offers
14 flavor in meat and poultry, it also affects
15 the texture and sensory attributes of the
16 product and has a tremendous food safety
17 benefit because it prevents spoilage and
18 reduces risks from pathogens. Reducing sodium
19 is not as simple as adding less and sending
20 the product to market. We must ensure that
21 there are no unintended food safety
22 consequences to product reformulation.

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1 Still, in response to the public
2 health concerns the industry is actively
3 involved in efforts to reduce sodium in our
4 products with over 50 percent of the processed
5 meat and poultry market undergoing recent
6 sodium reduction reformulation. Some
7 companies are promoting their efforts through
8 labeling "reduced sodium." Others are
9 handling it more quietly, fearing that such
10 labeling is an adverse marketing equivalent of
11 a "Mr. Yuck" sticker on a package.

12 I thank you for your time and
13 consideration. AMI looks forward to providing
14 a more detailed response in our written
15 comments.

16 MS. HOWES: Thank you.

17 DR. POST: Well, thank you to all
18 that provided comments today. This concludes
19 the public oral testimony and we value the
20 comments that were provided today. We
21 strongly urge you to submit written comments
22 as well within the time period that is

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1 designated in the Federal Register notice.
2 USDA and HHS will take your comments into
3 consideration as we move forward with the
4 application of the 2010 Dietary Guidelines
5 Advisory Committee Report in the development
6 of the 2010 Dietary Guidelines for Americans
7 policy document, which as I mentioned before,
8 will be released in December of this year.

9 I would like to remind you and the
10 public that the written comment period remains
11 open through July 15th, 2010. Written
12 comments are submitted at
13 www.dietaryguidelines.gov. There, I gave my
14 fifth time of mentioning that.

15 And with that, Penny, would you
16 like to give some closing remarks?

17 RADM SLADE-SAWYER: I only want to
18 reiterate Rob's thanks to all of you for the
19 effort that has brought you here today. We
20 appreciate your comments and I promise they
21 are being considered, will be considered. We
22 certainly can't please all of the people all

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1 of the time. As you all have heard today, we
2 have lots of conflicting opinions out there
3 but we do listen to everyone and we consider
4 all that you have said to us as we move
5 forward now to develop the Dietary Guidelines.

6 Thanks again.

7 DR. POST: And with that, thank
8 you. This meeting is adjourned.

9 (Whereupon, at 12:29 p.m., the foregoing
10 meeting was adjourned.)

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