2020 DIETARY GUIDELINES ADVISORY COMMITTEE

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PUBLIC MEETING

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THURSDAY
JULY 11, 2019
DAY 2 OF 2

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The Dietary Guidelines Advisory Committee met in the Jefferson Auditorium, at the headquarter of the U.S. Department of Agriculture, 1400 Independence Avenue, S.W., Washington, D.C., at 9:00 a.m., Barbara Schneeman, Chair, presiding. The meeting allowed for public viewing, both in-person and by Web.

MEMBERS PRESENT

DR. BARBARA SCHNEEMAN, PhD, Chair
DR. RONALD KLEINMAN, MD, Vice Chair
DR. JAMY ARD, MD, Member
DR. REGAN BAILEY, PhD, MPH, RD, Member
DR. LYDIA BAZZANO, MD, PhD, Member
DR. CAROL BOUSHEY, PhD, MPH, RDN, Member
DR. SHARON DONOVAN, PhD, RD, Member
DR. HEATHER LEIDY, PhD, Member
DR. RICHARD MATTES, PhD, MPH, RD, Member

DR. TIMOTHY NAIMI, MD, MPH, Member

DR. RACHEL NOVOTNY, PhD, RDN, LD, Member

DR. JOAN SABATE, MD, DrPH, Member

DR. LINDA SNETSELAAR, PhD, RD, Member

DR. LINDA VAN HORN, PhD, RDN, LD, Member

PUBLIC ORAL COMMENTERS

ALBERT LEAR, International Bottled Water
        Association
ALEXANDRA LEWIN-ZWERDLING, International Food
        Information Council
ALISON WEBSTER, National Potato Council
AMIE HAMLIN, Coalition for Healthy School Food
AMY LANOU, University of North Carolina Asheville
ASHA SUBRAMANIAN, Community Family Physician
AUDREY LAWSON-SANCHEZ, Balanced
BECKY DOMOKOS-BAYS, School Nutrition Association
BECKY GARRISON, American Pulse Association
CAROLINE TRAPP, University of Michigan School of
        Nursing
CHRISTIE DEL CASTILLO-HEGYI, Fed is Best
        Foundation
CASEY GALLIMORE, North American Meat Institute
CATHERINE SHANAHAN, Family Physician
CHRISTINE NAJJAR, Pounds Transformation
CLARA LAU, National Cattlemen's Beef Association
COLLEN MARSH, University of North Carolina,
        Gillings School of Global Public Health
DARLENA BIRCH, National WIC Association
DARREN SCHMIDT, The Nutritional Healing Center of
        Ann Arbor
DAYLE HAYES, Nutrition for the Future, Inc.
DIANE WELLAND, Juice Products Association
DOTSIE BAUSCH, Switch4Good
ERIC ADAMS, Brooklyn Borough Hall
ERIC O'GREY, Private Citizen
ERIC SODICOFF, PMA Medical Specialists
FARIDA MOHAMEDSHAH, Institute of Food

        Technologists

GALE FERRANTO, Buona Foods and Bella Mushroom

        Farms

GARTH DAVIS, Mission Weight Management Center

GEORGIA EDE, Practicing Psychiatrist

GUY JOHNSON, McCormick Science Institute
HAIUYEN NGUYEN, Council for Responsible Nutrition
JAMES BAILES JR., Cabell Huntington Hospital
JAMIE KANE, Zucker School of Medicine at
        Hofstra/Northwell
JASMINE WESTBROOKS, EatWell Exchange
JENNIFER LUTZ, True Health Initiative
JESSICA HIXSON, SNAC International
JESSI SILVERMAN, Center for Science in the Public
        Interest
JILL NICHOLLS, National Dairy Council
JILLIAN JOHNSON, Private Citizen
JOHN COX, Soyfoods Association of North America
JOHN KELLY, American College of Lifestyle
        Medicine
JOY DUBOST, Unilever
KAREN SEALANDER, American Dental Hygienists'
        Association
KATHY WEIMER, Grain Chain
KERRY FOLEY, Private Citizen
LAURA ABSHIRE, National Restaurant Association
LUCY SULLIVAN, 1,000 Days
MARIE CAUDILL, Cornell University
MAUREEN TERNUS, International Tree Nut Council
        Nutrition Research and Education Foundation
MELISSA MAITIN-SHEPARD, American Institute for
        Cancer Research
MEREDITH WHITMIRE, Defeat Malnutrition Today
Coalition
MICHAEL DODDS, Mars Wrigley
MICHAEL GREGER, NutritionFacts.org
MICKEY RUBIN, Egg Nutrition Center
MIQUELA HANSELMAN, National Milk Producers
        Federation
MILTON MILLS, Gilead Medical Group, Inc.
MOLLIE VAN LIEU, United Fresh Produce Association
NEIL COOPER, The Southeast Permanente Medical

        Group

NICOLE MANU, The Good Food Institute

NINA TEICHOLZ, The Nutrition Coalition

PAMELA POPPER, Wellness Forum Health

PEPIN TUMA, Academy of Nutrition and Dietetics

PRIYANKA WALI, Private Practice Physician

RANDY PHILIPP, Private Citizen

SALLY GREENBERG, National Consumers League

SARAH GOLDMAN, Johns Hopkins Center for a Livable
        Future

SARAH HALLBERG, Indiana University

SARAH OHLHORST, American Society for Nutrition

SARAH REINHARDT, Union of Concerned Scientists

SEAN HENNESSY, The Humane Society of the United
        States

SHERENE CHOU, Plant Based Foods Association

SUSAN BORRA, Food Marketing Institute

SUSAN LEVIN, Physicians Committee for Responsible
        Medicine

SUSAN WOLVER, Virginia Commonwealth University

TAMARA HAZBUN, IU Health Arnett

TAYLOR WALLACE, Produce for Better Health
        Foundation

TED BARNETT, Rochester Lifestyle Medicine
        Institute

CONTENTS

1	P-R-O-C-E-E-D-I-N-G-S
2	8:31 a.m.
3	DR. STOODY: Okay. Good morning and
4	welcome to day 2 of meeting 2 of the 2020 Dietary
5	Guidelines Advisory Committee. I want to welcome
6	the committee and the public. Again, we had over
7	1,000 people who registered for this meeting,
8	around 200 to 300 to register to attend in person
9	and over 700 registered to attend online. And we
10	appreciate your engagement in the Dietary
11	Guidelines process.
12	I'm going to welcome Mr. Brandon Lipps
13	who is our Acting Deputy Under Secretary for the
14	Food, Nutrition and Consumer Services.
15	MR. LIPPS: Thanks, Eve. Good
16	morning, everybody.
17	(Chorus of good morning.)
18	MR. LIPPS: Let's try again. Good
19	morning, everybody.
20	(Chorus of good morning.)
21	MR. LIPPS: Very good. We're going to
22	have a lively bunch today. On behalf of

1   Secretary Perdue, my colleague Dr. Scott

2   Hutchins, and our partners at the Department of

3   Health and Human Services, I want to welcome

4   everybody to day 2 of the second meeting of the

5   Dietary Guidelines Advisory Committee.

6   As Eve said, my name is Brandon Lipps.

7   I serve as the Administrator of the Food and

8   Nutrition Service and as Acting Deputy Under

9   Secretary of the Food, Nutrition and Consumer

10   Services mission area at USDA.

11   We're focused today on giving the

12   public an opportunity to provide oral comments

13   here directly face to face with the advisory

14   committee. While your comments are to the

15   committee, I want you to know that we will have

16   representatives from HHS and USDA here all day as

17   well.

18   This morning is dedicated to hearing

19   from each of you. Your voice matters in this

20   process. We believe this open dialogue is

21   critical to the success of the 2020-2025 Dietary

22   Guidelines. We are so pleased that so many of

1   you chose to participate today and we thank you

2   for the time that you took out of your busy

3   schedules to communicate directly with the

4   committee.

5   We know more people wanted to provide

6   comments today than we had time for, and we wish

7   that we could fit everyone in. The good news is

8   that this round we have a second opportunity.

9   For the first time in the Dietary

10   Guidelines advisory process, there are two

11   opportunities to provide oral comments to the

12   advisory committee. Today, which is the first

13   opportunity to hear from the public early in the

14   committee's work has happened in previous

15   processes.

16   There's now a second opportunity at a

17   later meeting before the committee writes and

18   presents its draft report at its final meeting.

19   That second opportunity to provide oral comments

20   to the committee will be at meeting 4 which will

21   be on January 23rd and 24th in Houston, Texas.

22   It's important to us that we hear from

1 stakeholders across the country. So we thought

2 it was important to get outside the D.C. bubble

3 and speak with the people whose lives could be

4 impacted by these guidelines.

5   In December, be on the lookout for our

6 announcement for the registration for that

7 meeting to provide oral comments. If you haven't

8 signed up at DietaryGuidelines.gov to get our

9 updates, please do that. Our email updates are

10 our primary means to get word to you with

11 announcements as soon as we have them.

12   I would also like to quickly remind

13 you about our ongoing call for public comments to

14 the advisory committee. We opened this call last

15 March, and it will remain open for you to submit

16 your comments to the committee throughout the

17 course of their work into 2020. You can find

18 more information and find that link again at

19 DietaryGuidelines.gov.

20   We do review each and every one of

21 these comments, and we will consider them as we

22 draft the 2020-2025 Dietary Guidelines. So

1   please do visit our website and ensure that your

2   voice is heard in this process.

3   Again, I want to thank everybody for

4   joining us here today in person and for those who

5   are joining us via live webcast for staying

6   engaged in our process to develop the next

7   edition of the Dietary Guidelines for Americans.

8   I want to pause for a moment and thank

9   our committee members who have spent much time

10   working on this process since the last meeting

11   and are here today to hear directly from you.

12   Let's give them a round of applause.

13   (Applause.)

14   MR. LIPPS: And I want to thank the

15   committee specifically who's volunteering their

16   time for this process for agreeing to take time

17   out of their busy schedules, not only to do all

18   of the work of this committee, but very

19   importantly, to hear directly from the public on

20   two occasions this round. So thank you for that.

21   Also thank you to the HHS and USDA

22   staff who put so much time to ensuring that the

1 process for the Dietary Guidelines for America is

2 open and transparent process for the public to

3 participate in.

4   With that, let's get started. We have

5 a very important process today. Somebody is

6 going to lay that out for you. If you're

7 planning to present comments, you need to listen

8 carefully. I would like to welcome Janet de

9 Jesus from our partner at HHS, Office of Disease

10 Prevention and Health Promotion, who will provide

11 more information on today's oral process.

12   Thank you all very much.

13   (Applause.)

14   MS. DE JESUS: Good morning.

15   (Chorus of good morning.)

16   MS. DE JESUS: I'm going to give brief

17 instructions for the oral comment session, and

18 then we can get started. So individuals that are

19 registered to provide oral comments to the

20 committee will be able to provide three minutes

21 total of comments. There are 72 speakers

22 registered to provide comments and another 9

1   individuals on the standby list, that if time

2   permits, will be able to provide their comments.

3   We will move swiftly through the

4   commenters in hopes that everyone will be able to

5   participate. Individuals providing comments are

6   on both sides of the auditorium in their assigned

7   seats with odd numbers on the left and even

8   numbers on the right. We will start with number

9   one on the left, move to number two on the right,

10   and go back and forth.

11   Staff are situated in the auditorium

12   to help with the process. And we have an

13   announcer, Kellie Casavale, that will call your

14   number. Once your number is called, please step

15   forward to the microphone. State your name and

16   affiliation, and proceed with your remarks.

17   A timekeeper seated at the front of

18   the stage will start the three-minute timer.

19   Okay. And when your allotted time is finished,

20   please conclude your remarks. We're really

21   appreciative of that.

22   To keep the process moving

1   efficiently, staff on each side of the auditorium

2   will have three people line up at the tape on

3   each side. So when your number is called, you

4   can step forward to the microphone. Once you are

5   finished, feel free to return to your seat or any

6   other seat designated for the public. Or you can

7   also leave if you wish.

8   On a final note, this is being

9   recorded. The video of this morning's public

10   comment session will be posted on the website at

11   DietaryGuidelines.gov. So thank you for your

12   participation and we can now have the first

13   groups line up and get started.

14   Thank you.

15   DR. CASAVALE: Commenter number 1.

16   MR. WALLACE: Hello. My name is

17   Taylor Wallace with Think Healthy Group in George

18   Mason University, and I'm providing comment on

19   behalf of the Produce for Better Health

20   Foundation, a nonprofit organization focused on

21   fostering an environment where people can enjoy

22   more fruits and vegetables in all forms and

1   varieties at every eating occasion.

2   Fruits and vegetables have

3   traditionally solidified their place in Dietary

4   Guidelines due to their dense micronutrient

5   content and low energy density. However, over

6   the last decade, significant scientific evidence

7   suggest that fruits and vegetables have benefits

8   beyond helping to provide basic nutrient

9   requirements in humans.

10   Therefore, the PBH Foundation

11   commissioned a comprehensive umbrella review to

12   summarize the current clinical and observational

13   evidence on the potential health effects of

14   fruits and vegetables in all forms to inform

15   public research priorities and to offer public

16   health messaging strategies that are reflective

17   of the current science.

18   The expert review authored by myself

19   and 12 other nutrition scientists which just

20   published in Critical Reviews in Food Science and

21   Nutrition this last week has been submitted to

22   the USDA evidence analysis library and examines

1   more than 100 systematic reviews on the topic.

2   Today, I'll briefly address a few of the key

3   findings.

4   The science is clear. Public health

5   recommendations including the Dietary Guidelines

6   should continue to advocate for at least five

7   servings of fruits and vegetables in all forms

8   each day to reduce disease risk.

9   Fruits and vegetables do more than

10   just help people meet basic nutrient

11   requirements. There is strong evidence that

12   shows consuming up to five servings each day as

13   fresh, frozen, canned, dried, and 100 percent

14   juice can help reduce disease risk, particularly

15   cardiovascular disease, the number one killer of

16   Americans.

17   Data from the systematic reviews also

18   support intake of certain types of fruits and

19   vegetables, particularly cruciferous vegetables,

20   dark green leafy vegetables, citrus fruits, and

21   dark colored berries which have superior effects

22   on biomarkers, surrogate endpoints, and chronic

1 disease outcomes. And this is likely due to

2 their bioactive contents. And colleagues, it is

3 really critical that we start to look at

4 bioactives such as flavonoids in our Dietary

5 Guidelines.

6 All forms of fruits and vegetables

7 play a role in health, and there's strong

8 evidence that supports the need for more

9 practical, realistic advice to help people enjoy

10 five or more servings more often. At a time when

11 people are increasingly told what not to consume

12 for a healthy diet, let's encourage them to focus

13 on what could be one of the most important things

14 they can do for their health. Enjoy more fruits

15 and vegetables in all forms for healthier happier

16 lives. Have a plant.

17 DR. CASAVALE: Commenter number 2.

18 MS. REINHARDT: Good morning. My name

19 is Sarah Reinhardt. I'm a public health

20 dietician. I'm the lead analyst of food systems

21 and health at the Union of Concerned Scientists

22 in Washington, D.C.

1   I want to thank the members of the

2   committee for lending your time and your

3   expertise to this process. Thank you to the

4   staff at USDA and HHS for the work that you do to

5   make this process transparent and accessible to

6   the public.

7   There is vast untapped potential to

8   save lives and health care dollars through better

9   nutrition in this country. Last month, the Union

10   of Concerned Scientists released a report finding

11   that if adults were able to meet current dietary

12   recommendations for fruits and vegetables, we

13   could prevent 110,000 deaths from cardiovascular

14   disease and decrease medical costs by 32 billion

15   in a single year.

16   If adults were drinking one less sugar

17   sweetened beverage per day, we could prevent

18   19,000 deaths from type 2 diabetes and cut 16

19   billion in health care costs each year. And if

20   adults were following science-based

21   recommendations to eat little to no processed

22   meat, we could prevent nearly 4,000 deaths from

1   colorectal cancer and save 1.5 billion in health

2   care spending.

3   Based on these findings, the Union of

4   Concerned Scientists has several key

5   recommendations. One, the USDA and HHS must

6   ensure effective implementation of the Dietary

7   Guidelines to translate science-based

8   recommendations to meaningful results in

9   communities across the country.

10   Currently, there's insufficient

11   investment and enforcement to integrate the

12   Guidelines across all federal agencies carrying

13   out food nutrition programs as required by the

14   National Nutrition Monitoring and Related

15   Research Act.

16   Two, recommendations contained in the

17   committee's scientific report and the resulting

18   Dietary Guidelines must be consistent with the

19   best available nutrition research to protect

20   public health. For example, the current

21   literature supports recommendations to consume

22   little to no processed meat and to limit added

1   sugar to, on average, no more than six percent of

2   total daily calories.

3   Number three, to make decisions based

4   on the best available research, the committee

5   must have access to the best available research.

6   We urge the USDA and HHS Secretaries to allow the

7   committee as in previous cycles to include high

8   quality external systematic reviews and meta

9   analyses in its evidence review process.

10   Lastly, I'll leave you with a

11   recommendation that we plan on addressing in

12   forthcoming research. There is now overwhelming

13   scientific evidence of the link between our diets

14   and our changing climate. And for many, the

15   consequences of climate change are already being

16   felt.

17   It is irresponsible for the Dietary

18   Guidelines to continue to ignore the

19   preponderance of evidence surrounding

20   sustainability and diet. Doing so will threaten

21   public health for generations to come. We urge

22   the committee to carefully review this body of

1 literature and include relating findings in your

2 final report.

3   Thank you.

4   DR. CASAVALE: Thank you. Commenter

5 number 3.

6   MS. HIXSON: Hi. My name is Jessica

7 Hixson, and I'm the Director of Government

8 Affairs for SNAC International. Founded in 1937,

9 SNAC International is the leading international

10 trade association for the snack industry. SNAC

11 represents over 400 companies worldwide,

12 including snack industry suppliers, marketers,

13 and manufacturers in both the traditional and

14 emerging snack categories. SNAC greatly

15 appreciates the opportunity to provide comment to

16 the DGAC.

17   As the leading trade association for

18 the snack industry, we closely monitor snacking

19 trends. According to the Hartman Group, 90

20 percent of consumers snack multiple times per day

21 and seven percent only snack, not consuming any

22 meals at all.

1   According to IRI data, the average

2   consumer snacks more than two and a half times

3   per day. Snacking is even more prevalent in

4   younger generations with 92 percent of

5   Millennials and Generation Z replacing at least

6   one meal per week with a snack with the majority

7   reporting they snack three or more times per day.

8   According to a recently released

9   Nielsen Survey, while satisfying hunger between

10   meals continues to be the top reason to snack,

11   nutritional reasons are a close second. We

12   understand work is underway to review frequency

13   of eating which raises questions about snacking.

14   Given that NHANES studies consider any

15   food or beverage consumed outside a meal to be

16   characterized as a snack and because snacking is

17   an undefined term in the literature. And without

18   a government definition, comparison across

19   studies is very challenging. This sentiment was

20   reiterated in the subcommittee's conversations

21   around key definitions yesterday.

22   While there is research that snacking

1   can increase intake of calories generally, we

2   want to note to the committee that our

3   forthcoming written comments will identify a

4   large number of studies that found snacking or

5   more frequent eating is beneficial to health

6   throughout the life stages as well as a positive

7   contributor to appetite, mood and cognition, and

8   nutrient contribution.

9   A 2017 national study found that due

10   to the driving force of Millenials, better for

11   you snack options are more mainstream and have

12   become widely available nationwide. While 20

13   years ago, it may have been challenging for snack

14   producers to make healthier options taste as good

15   as indulgent options, the snack industry is

16   constantly evolving. And with new technology and

17   flavor profiles, our members are able to provide

18   consumers with nutritious options that taste

19   good.

20   Consumer preferences are changing and

21   health trends are increasingly evident. The

22   increase in snacking occasions can be an

1 opportunity to promote food groups to encourage

2 given that nearly 60 percent of consumers are

3 either highly likely or likely to purchase better

4 for you on the go snacks.

5   Our industry is working to meet new

6 demands for natural minimally processed foods

7 that incorporate real fruits, vegetables, nuts,

8 seeds, pulses, and more. We look forward to

9 providing you with more information of snacks and

10 snacking over the next few months. Again, we

11 want to thank the committee for their important

12 work and we look forward to working with you.

13   DR. CASAVALE: Commenter number 4.

14   MS. MAITIN-SHEPARD: Good morning. My

15 name is Melissa Maitin-Shepard. And on behalf of

16 the American Institute for Cancer Research, thank

17 you for the opportunity to provide comments

18 today. AICR is the leading U.S. authority on the

19 link between diet, weight, physical activity, and

20 cancer prevention and survival.

21   As part of the World Cancer Research

22 Fund International Network, AICR funds, gathers,

1   and comprehensively analyzes global scientific

2   research on the roles of diet, weight, and

3   physical activity and cancer risk and publishes

4   expert reports that are trusted authoritative

5   scientific resources that underpin current cancer

6   prevention recommendations and policy priorities.

7   AICR strongly recommends that the DGAC

8   make full use of existing high quality systematic

9   reviews and meta analysis conducted by

10   researchers and organizations outside of the

11   federal government. We believe that a

12   determination to explicitly exclude the use of

13   scientifically sound external research will

14   reduce the efficiency and effectiveness of the

15   DGAC process.

16   Several of the DGAC's research

17   questions have been addressed by existing high

18   quality reviews and meta analyses and these

19   reports provide particularly important

20   information concerning the relevant dose response

21   relationships.

22   For example, the DGAC's research

1   question on the connection between alcohol

2   consumption and cancer risk can be addressed by

3   meta analyses on the relationship between alcohol

4   consumption and six types of cancer which show

5   that the level of consumption associated with

6   increased risk differs substantially by cancer

7   type. This conclusion may not be reached using a

8   systematic literature review alone.

9   Excluding the use of high quality

10   systematic reviews and meta analyses is an

11   unnecessary and inefficient departure from the

12   evidence review process used by the 2015 DGAC

13   which utilized existing systematic reviews, meta

14   analyses, or reports to answer 45 percent of its

15   research questions.

16   The National Academies' committee that

17   reviewed the process to update the Dietary

18   Guidelines recommended the use of existing

19   research that is relevant, timely, and high

20   quality. Instead of unnecessarily duplicating

21   existing research, we recommend that NESR more

22   efficiently focus its time on updating existing

1 high quality systematic reviews and develop new

2 ones only where they do not already exist.

3 We will be submitting a letter to the

4 docket with this recommendation that has been

5 signed by more than 25 national organizations,

6 including the American Society for Nutrition, the

7 Academy of Nutrition and Dietetics, the American

8 Heart Association, and the American Diabetes

9 Association.

10 And in addition, AICR will provide

11 detailed written comments with recommendations

12 regarding methodology, research conclusions, and

13 their implications for each of the DGAC's

14 scientific questions related to the risk of

15 cancer or excess weight.

16 Thank you for considering our

17 comments.

18 DR. CASAVALE: Commenter number five.

19 DR. DUBOST: Good morning. I'm Dr.

20 Joy Dubost, head of nutrition at Unilever and

21 appreciate the opportunity to provide oral

22 comments.

1   Americans do not always consider

2   beverage intake part of their total caloric

3   intake or dietary pattern. However, we know that

4   beverage consumption has a direct impact on

5   health and we would like to highlight two major

6   points related to beverages.

7   First, we believe there's a gap in the

8   current Dietary Guidelines in providing clear

9   overarching guidance and more specific

10   recommendations on beverage consumption. The

11   current Guidelines are limited by not fully

12   detailing specific types and amounts that should

13   be consumed as part of a healthy dietary pattern.

14   With this, we encourage the committee

15   to include a comprehensive analysis of types and

16   amounts of beverages within dietary patterns and

17   their impact on specific health outcomes based on

18   clinical consequences. This would include

19   beverages that not only achieve nutrient and food

20   group recommendations but also bioactives such as

21   flavonoids which have demonstrated clinical

22   significance. We recommend that USDA and HHS

1 provide healthy beverage guidelines including

2 those that deliver bioactive components

3 associated with optimal health.

4 Second, we know beverages have an

5 important role in optimizing health. An example

6 of this would be unsweetened tea which is the

7 second most commonly consumed beverage in the

8 world. The current preponderance of evidence

9 suggests that long-term consumption of tea

10 flavonoids may provide health benefits with the

11 strongest associations being the promotion of

12 cardiovascular health which is important as

13 cardiovascular disease is the leading cause of

14 death in the U.S.

15 Of the many dietary sources, tea is

16 the major flavonoid source in the American diet.

17 A new systematic review and meta analysis

18 recently accepted with edits into the Annals of

19 Internal Medicine indicates a linear dose

20 response relationship between tea flavonoid

21 intake levels and risk of all-cause mortality.

22 The linear meta regression model

1   showed that with each up of daily green or black

2   tea consumption, there was a two percent reduced

3   risk for all-cause mortality. There was also a

4   linear dose response relationship between tea

5   flavonoid intake levels and risk of

6   cardiovascular mortality. The linear meta

7   regression models showed that with each cup of

8   daily green or black tea consumption, there was a

9   three to four percent reduced risk for

10 cardiovascular mortality.

11   Overall, the preponderance of

12 scientific evidence supporting the role of

13 unsweetened tea in a healthy dietary pattern is

14 strong based on clinical evidence. This data is

15 robust and supports a case that unsweetened tea

16 can be included as a beverage to encourage as

17 part of a healthy dietary pattern.

18   We recommend that USDA and HHS help

19 shape Americans' beverage consumption by

20 recommending unsweetened tea as a primary

21 beverage option. We look forward to engagement

22 in the Dietary Guidelines process.

1   Thank you.

2   DR. CASAVALE: Commenter 6.

3   MS. GARRISON: Good morning. My name

4   is Becky Garrison, and I'm a registered dietician

5   speaking on behalf of the American Pulse

6   Association and our U.S. pulse industry

7   affiliates. We appreciate the hard work that

8   goes into developing the Dietary Guidelines and

9   welcome this opportunity to comment today.

10   The U.S. pulse industry implores all

11   parts of the U.S. government who are responsible

12   for initiatives, programs, policies, and dietary

13   guidance to use the correct terminology when it

14   comes to pulses.

15   By definition, the term pulse refers

16   to the dry edible seed of a legume pod. Pulses

17   include lentils, chickpeas, dried peas, and dried

18   beans. Pulses are nutritionally unique in that

19   they are an excellent source of folate and

20   dietary fiber as well as a good source of

21   potassium, iron, protein, magnesium, and zinc.

22   Compared to other legumes, pulses

1   often have a higher protein and fiber content

2   while maintaining a lower fat content.

3   Additionally, pulses are harvested dry which

4   makes them economically accessible and contribute

5   to food security at all levels.

6   Despite the clear and distinct

7   definitions for the terms, legumes and pulses,

8   the DGA have referred to the legumes category in

9   a variety of ways over the past 15 years. The

10   most recent edition in 2015 uses the category

11   nomenclature legumes with beans and peas in

12   parentheses. And with the exception of soy

13   beans, all foods listed in this current category

14   are more specifically pulses.

15   Additionally, the current category

16   does not include foods such peanuts and fresh

17   beans that the broader name of legumes would

18   denote. Therefore, pulses or pulses and soy

19   beans would be the correct terminology being

20   referred to by the language currently used in the

21   DGA.

22   Along with multiple terminology

1   changes over the last 15 years, the consumption

2   amounts recommended for pulses have consistently

3   decreased also. Based on a review of the

4   literature, we struggle to understand the

5   scientific basis for the DGA decreasing

6   consumption of this category.

7   In 2005, the DGA recommendation for

8   this category was set at three cups a week for a

9   2,000 calorie diet. In 2010, it dropped to 1.5

10   cups a week for a 2,000 calorie diet and three

11   cups a week for a 3,000 calorie diet. Then in

12   2015, the recommendation continued at 1.5 cups a

13   week for a 2,000 calorie diet, but no

14   recommendation for the higher calorie category

15   was made.

16   In summary, we ask that the DGAC

17   correct and standardize the food category

18   terminology in its upcoming report from legumes

19   with beans and peas in parentheses to pulses and

20   soy beans. And in the interest of the public, we

21   strongly recommend the DGAC clearly defines

22   pulses and recognizes the benefits of pulses

1   within the report.

2   Lastly, we recommend that DGAC update

3   its dietary pattern recommendation to include

4   three cups of pulses per week for all Americans

5   as it was in 2005.

6   Again, the American Pulse Association

7   and our affiliate groups greatly appreciate the

8   opportunity to comment and strongly support this

9   forthcoming initiative.

10   Thank you.

11   DR. CASAVALE: Commenter 7.

12   MS. MANU: Good morning, committee

13 members. And thank you for the opportunity to

14 speak today. My name is Nicole Manu, and I'm

15 from The Good Food Institute. GFI is a

16 Washington, D.C. based nonprofit organization

17 supporting the market of plant-based and cell-

18 based meat, eggs, and dairy.

19   The health benefits of a diet rich in

20 plant-based food are supported by overwhelming

21 scientific and medical evidence. Therefore, the

22 committee should recommend a stronger emphasis on

1 plant-based foods in the 2020 Dietary Guidelines

2 for Americans.

3 In particular, a range of new and

4 innovative plant-based foods are now in the

5 market that can make it easier for the public to

6 make healthy food choices. Additionally, the

7 Guidelines should encourage a consumption of

8 nonanimal-based proteins to all Americans rather

9 than only highlighting them in the healthy

10 vegetarian eating pattern.

11 Plant-based meats present one

12 opportunity for the committee to recommend a

13 greater variety of plant-based foods in the

14 upcoming Guidelines. Plant-based meats provide a

15 direct replacement for animal meat. They include

16 both products that seek to replicate the taste

17 and texture of animal meat as well as plant

18 products that serve as functional meat

19 replacements.

20 Many plant-based meats have just as

21 much or more protein than animal meat while

22 containing less sodium and saturated fat. For

1   example, both wheat-based seitan and soy-based

2   tempeh have over 20 grams of protein per 100

3   grams and minimal or no saturated fat. USDA

4   recently credited tempeh in child nutrition

5   programs noting that the update will allow

6   program operators to diversify menus.

7   Several brands of plant-based meat

8   that closely mimic the taste and texture of

9   animal meat also contain high amounts of protein

10 and even significant amounts of dietary fiber

11 which is not present in animal meats.

12   Plant-based milks present another

13 opportunity for the committee to recommend a

14 greater variety of plant-based foods in the

15 upcoming Guidelines. There are many more widely

16 available plant-based milks today than there were

17 five years ago.

18   For example, hemp milk, oat milk, and

19 pea milk are typically fortified with calcium and

20 vitamin D to levels comparable to cow's milk.

21 Pea milk also contains more potassium than cow's

22 milk with the same amount of protein.

1   And in addition to these, water lentil

2   milk, an emerging plant-based milk option, is

3   expected to have considerable amounts of

4   naturally occurring calcium and iron. Including

5   a broader range of plant-based foods in the

6   Dietary Guidelines will be beneficial to all

7   Americans, but especially to groups who do not

8   eat animal projects because of health concerns or

9   ethical or religious beliefs. And many of people

10   of color who commonly cannot consume conventional

11   dairy because of lactose intolerance.

12   We urge the committee to be guided by

13   the plentiful scientific and medical evidence

14   highlighting the health benefits of plant-based

15   foods to strengthen the Guideline's emphasis on

16   these foods.

17   Thank you again for the opportunity to

18   speak today, and we look forward to participating

19   in the future as the 2020 Dietary Guidelines for

20   Americans continue to be developed.

21   Thank you.

22   DR. CASAVALE: Commenter 8.

1   DR. WOLVER: Good morning. My name is

2   Dr. Susan Wolver, and I'm a general internist

3   practicing primary care and obesity medicine at

4   Virginia Commonwealth University in Richmond

5   speaking on my own behalf. Thank you for

6   allowing me the opportunity to speak, and thank

7   you for your commitment to improving the health

8   of our nation.

9   I am here to implore you to consider

10   the mounting evidence in support of a low

11   carbohydrate diet as a viable and necessary

12   approach in the new Dietary Guidelines. I've

13   been practicing medicine for 30 years.

14   The first 24 were a cycle of seeing

15   patients with their uncontrolled chronic

16   conditions, tweaking medications while watching

17   them gain weight and their diseases worsening.

18   That was in spite of my continually recommending

19   exercise and a diet of whole grains, fruits,

20   vegetables, lean meats, and low fat dairy. But

21   it never worked, and I mean never.

22   In those 24 years, two people lost

1   weight and one gained it back. And then when I

2   got to be middle aged and that same advice no

3   longer worked for me, I realized that my advice

4   might be wrong. I tried a low carb ketogenic

5   diet, lost weight effortlessly, and tried it with

6   my patients who were desperate for help.

7   Patients like a young woman with newly

8   diagnosed out of control diabetes. She ate

9   perfectly according to the Guidelines, and

10   standard advice would have been to eat less, move

11   more, and start insulin. She would have been

12   relegated to a lifetime of needles, weight gain,

13   and the psychological impact of living with a

14   chronic disease. Instead, I taught her a low

15   carb diet. And in just three months, she was

16   barely in the pre-diabetic range, lost 25 pounds

17   and was overjoyed.

18   More than 90 percent of the patients

19   who come to me on insulin are able to discontinue

20   it. In April, the American Diabetes Association

21   said, and I quote, reducing overall carbohydrate

22   intake for individuals with diabetes has

1   demonstrated the most evidence for improving

2   glycemia.

3   But a low carb diet is beneficial not

4   just for patients with established disease. A

5   recent study by the University of North Carolina

6   showed that a full 88 percent of the nation has

7   at least one of the five components of the

8   metabolic syndrome. Results from my patients and

9   studies like the A to Z Trial prove that a low

10   carbohydrate diet not only has better weight loss

11   than standard dietary advice but better

12   improvement in every component of the metabolic

13   syndrome.

14   Nearly 1,500 people have come through

15   my weight loss clinic over the past six years

16   with an average weight loss of 12 percent at nine

17   months and have kept it off for at least 18

18   months with a reduction in medication burden,

19   improvement in blood pressure, fatty liver

20   disease, sleep apnea, arthritis, and enhancement

21   in quality of life.

22   I was so burned out from doing the

1   same thing over and over and not getting results.

2   I am now excited about practicing medicine again

3   knowing I can help my patients improve their

4   health. But we are tired of having to defend a

5   low carbohydrate diet as a valid dietary choice.

6   It is working for us, is supported by irrefutable

7   medical evidence, and demands a place in the

8   Guidelines.

9   Thank you.

10   DR. CASAVALE: Commenter 9.

11   MR. HENNESSY: Morning. My name is

12   Sean Hennessy. I'm here today representing The

13   Humane Society of the United States, the nation's

14   most effective animal charity.

15   Humane Society represents cats and

16   dogs, but we also help all other animals,

17   including farm animals. One of our major goals

18   is to create a more humane food system. So The

19   Humane Society promotes the three Rs, reduce the

20   amount of animal products you eat, replace those

21   animal products with plant-based foods, and

22   refine any remaining animal foods to pick more

1 humane options like cage free and free range

2 eggs.

3 Today, I'd like to give you three

4 reasons to promote a high fiber healthful diet to

5 fuel Americans. First, as a former USDA staff

6 member, I'm proud to applaud the USDA for their

7 recent decision to credit tempeh as a meat

8 alternative in the child nutrition programs.

9 I also commend USDA for naming the

10 protein section in MyPlate as a protein section

11 rather than a meat section as well as including

12 plant-based milk as an option in the dairy

13 section. The 2015 to 2020 Guidelines include a

14 healthy vegetarian eating pattern and specify it

15 can be vegan too.

16 But given our staggering obesity rate,

17 a plant-based diet should be the default option

18 with animal products as an alternative, not the

19 other way around. Further, nutrition experts at

20 the Harvard School of Public Health recommend

21 that USDA adopt Harvard's version of MyPlate by

22 replacing the dairy section with a water section.

1   Second, The Guardian reported China is

2   working on reducing meat consumption 50 percent

3   by 2030 through Dietary Guidelines to improve

4   public health. And my colleagues at Humane

5   Society International just praised Canada for,

6   quote, letting evidence, not industry, inform the

7   latest food guide, end quote. Canada is

8   encouraging their citizens to eat a higher

9   proportion of fruits, vegetables, grains, and

10 legumes. We should do the same.

11   And third, plant powered diets rich in

12 fiber are becoming very popular including for

13 athletes performing at the highest levels such as

14 tennis star Serena Williams and Olympic weight

15 lifter Kendrick Farris. We need to give our kids

16 a fighting chance at growing up to be just as

17 strong as them. And we need to stop telling

18 Americans to eat foods that will make them obese.

19 Please clearly recommend more plants and less

20 meat.

21   Thank you for your work in creating a

22 better future for all of us.

1   DR. CASAVALE: Commenter 10.

2   MS. SILVERMAN: My name is Jessi

3   Silverman. Thank you for the opportunity to

4   share comments on behalf of the Center for

5   Science in the Public Interest.

6   CSPI is a nonprofit consumer advocacy

7   organization that provides science-based food and

8   nutrition advice and led efforts to secure the

9   nutrition facts panel and added sugar disclosures

10 on that panel, calorie labeling on chain

11 restaurant menus, elimination of artificial trans

12 fat from food, improvements to school lunches,

13 and the removal of sugary drinks from schools

14 amongst other things.

15   CSPI will submit detailed written

16 comments on many of the questions that the DGAC

17 will address. Today I will briefly make five

18 points.

19   First, strong evidence supports the

20 dietary pattern recommended by the 2015 DGAC

21 which is a diet, quote, higher in vegetables,

22 fruits, whole grains, low or nonfat dairy,

1   seafood, legumes and nuts, moderate in alcohol

2   among adults, lower in red and processed meat,

3   and low in sugar sweetened foods and drinks and

4   refined grains. That dietary pattern is likely

5   to reduce the risk of heart attacks and strokes

6   as well as type 2 diabetes and some cancers.

7   Second, the strongest evidence

8   consistently has found that replacing saturated

9   fats with unsaturated fats reduces the risk of

10   heart disease and the best evidence does not

11   justify a switch from low fat to high fat dairy.

12   That evidence includes high quality observational

13   data and randomized controlled trials that

14   measure both heart disease outcomes and LDL

15   cholesterol, a well established cause of

16   cardiovascular disease.

17   Third, while every Dietary Guidelines

18   since 1980 recommended limiting sugar, the 2015

19   Guidelines set a target of no more than 10

20   percent of calories from added sugars. That

21   advice should continue because sugary drinks lead

22   to weight gain in children and adults in

1 randomized controlled trials and are linked to a

2 higher risk of heart disease, type 2 diabetes,

3 and tooth decay.

4   In addition, excessive consumption of

5 sugary foods and beverages make it difficult to

6 meet nutrient and food group recommendations

7 without exceeding calorie needs.

8   Fourth, a variety of diets, including

9 low carbohydrate, DASH, and Mediterranean, can

10 lead to weight loss. That conclusion is

11 supported by numerous trials and by health

12 authorities like the American Heart Association,

13 American College of Cardiology, and the Obesity

14 Society.

15   Finally, the obesity epidemic is not

16 a result of the wrong dietary advice as some

17 assert. Rather, poor public health is largely

18 due to our toxic food environment which surrounds

19 us 24-7 with super size burgers, fries, shakes,

20 pizzas, nachos, cookies, and sodas. Not just at

21 restaurants but at movie theaters, shopping

22 malls, gas stations, convenience stores, and

1 elsewhere.

2 As it has in previous editions, the

3 committee should provide recommendations for

4 policies and food system changes to support the

5 ability of families and individuals to eat

6 according to its recommendations.

7 Thank you.

8 DR. CASAVALE: Commenter 11.

9 MS. HAMLIN: Good morning. Thank you

10 for your work and this opportunity. I am Amie

11 Hamlin, Executive Director of the Coalition for

12 Healthy School Food. We help schools around the

13 country introduce plant-based foods to cafeteria

14 menus and provide nutrition education. We are

15 proud to have a formal partnership with New York

16 City, the nation's largest school district.

17 The USDA school meal programs are

18 based on the U.S. Dietary Guidelines. Thus,

19 positive changes to the Guidelines will influence

20 the 30 million meals served each day in our

21 nation's schools.

22 First, I want to emphasize the

1 importance of meat alternatives, especially

2 beans, lentils, tofu, and tempeh and request that

3 the Guidelines place more emphasis on plant-based

4 main dishes.

5 Plant-based entrees are a healthy

6 choice for all children, but most schools are not

7 offering any other than PB&J. What is common on

8 school menus is processed meat such as deli

9 slices, pepperoni, sausage, and hot dogs. But

10 processed meats are classified as Group A

11 carcinogens by the World Health Organization.

12 They have no place in our diet.

13 Since many children count on school

14 meals for their nourishment and children are more

15 susceptible to carcinogens than adults, we ask

16 the committee to discourage the consumption of

17 processed meats and plainly state that they cause

18 cancer.

19 Second, we urge you to remove dairy as

20 a food group. Schools are required to offer

21 milk, but research shows that milk does not build

22 strong bones. What's more, people of color have

1 high rates of lactose intolerance. Humans simply

2 have no need for milk past the age of weaning,

3 much less milk from another species. For our

4 Guidelines to be encouraging consumption by

5 people whose normal biology does not tolerate it

6 is frankly a form of racial bias.

7 Another common problem is chronic

8 constipation in children from undiagnosed dairy

9 allergies. So we encourage you to remove the

10 dairy as a food group and add a calcium group and

11 encourage greens, beans, and other high calcium

12 plant foods as well as exercise for bone

13 strength. At the very least, the Guidelines

14 should promote the inclusion of nondairy milks

15 wherever cow's milk is offered.

16 Third, we recommend the Guidelines

17 address the issue of processed foods because

18 unfortunately limits on calories, sodium, and fat

19 still leave too much room for artificial and

20 fiber deficient ingredients. Virtually all foods

21 displayed at school food expos are processed.

22 At a recent conference where we served

1   main dishes made from scratch, one employee of a

2   food company said to me, I don't mean to be a

3   wise guy, but you're actually cooking food. What

4   are you selling? I told him we're selling good

5   health.

6   Finally, I want to urge the committee

7   to consider the role of animal agriculture on the

8   climate crisis in your recommendations.

9   Thank you for your attention to these

10   important matters which could make a huge

11   difference for all people in United States,

12   especially our nation's children.

13   DR. CASAVALE: Commenter 12.

14   MS. LEVIN: My name is Susan Levin.

15   I'm a registered dietician at the nonprofit

16   Physicians Committee for Responsible Medicine and

17   the nonprofit primary care clinic, Barnard

18   Medical Center.

19   I am here today to ask the committee

20   and ultimately the USDA to follow the path of

21   evidence-based guidelines that have been improved

22   upon, but not perfected by recent iterations of

1   the committee's report. More diligence for facts

2   and scrutiny against the pressures of industry is

3   needed.

4   One of the most outdated

5   recommendations by the Dietary Guidelines is its

6   commercially-oriented push for Americans to

7   consume dairy. What may have started as an

8   attempt to stabilize dairy prices has become a

9   serious health problem for many and has

10   justifiably been criticized as racist practice

11   for two reasons.

12   First, dairy products are not well

13   digested, if digested at all by most people who

14   are not white. And further, as the leading

15   source of saturated fat in the diet, dairy

16   products contribute to chronic diseases including

17   heart disease and prostate cancer that

18   disproportionately harm or kill people of color.

19   In later childhood or early adulthood,

20   the majority of Black, Asian, and Native American

21   people lose the lactase enzymes that digest the

22   lactose sugar in milk and other dairy products.

1   Commonly referred to as lactose intolerance, this

2   is not a disease but is rather the normal human

3   condition.

4   Due to the prevalence of lactose

5   intolerance and the symptoms it causes, milk

6   consumption should not be recommended. Americans

7   are well past accepting northern European centric

8   dietary recommendations that do not work well for

9   most people. The Dietary Guidelines need to

10   reflect and respect that change.

11   The American Medical Association's

12   official policy is that the USDA should, quote,

13   include culturally effective guidelines and

14   recognize that lactose intolerance is a common

15   and normal condition among many Americans. And

16   then go on to say that the Dietary Guidelines for

17   Americans should clearly indicate that dairy

18   products are optional.

19   As a dietician who has repeatedly

20   corrected ailing patients' misconceptions about

21   the necessity of milk in the diet, I ask you to

22   make that information available to all as soon as

1   possible. This should not be suppressed

2   information that protects industry while harming

3   people.

4   Let us look to our neighbors to the

5   north. Canada's decision to remove milk from a

6   prominent position in the Canadian food guide is

7   a testament to that nation's ability to support

8   and respect science and its multi-cultural

9   population. America should be no less aware and

10   no less accountable to all of its people.

11   Thank you.

12   DR. CASAVALE: Commenter 13.

13   DR. WALI: Good morning to everyone in

14   the committee and thank you for this opportunity

15   to speak. I'm Dr. Priyanka Wali. I'm a

16   practicing physician from California who

17   specializes in obesity medicine. I have treated

18   thousands of patients who suffer from obesity and

19   obesity related complications such as diabetes

20   and metabolic syndrome.

21   I work on the front lines, and I use

22   nutritional plans as a therapeutic tool for my

1   practice every day. I'm here because I'm very

2   concerned that the current nutritional guidelines

3   do not reflect the current health status of our

4   nation.

5   If laughter was the best medicine,

6   then the nutritional guidelines are best practice

7   because they're a joke. A joke that's fallen

8   flat. And I believe that's because the committee

9   has forgotten the number one rule when it comes

10   to joke writing, know your audience.

11   Well, let me tell you about your

12   audience. One in five Americans has diabetes.

13   One in three has pre-diabetes. This is a disease

14   that will kill you slowly by eating away at your

15   brain, your vision, your vital organs. We

16   suspect that 50 percent of Americans right now

17   have pre-diabetes. They just don't even know it.

18   These are diseases caused by high

19   insulin levels which is caused by eating

20   carbohydrates. And I doesn't matter if it comes

21   from whole grain or cane sugar or 100 percent

22   fruit juice. A carb is a carb is a carb.

1   If you have pre-diabetes or diabetes,

2   you are essentially carbohydrate intolerant.

3   Meaning when you put carbs in your body, it

4   becomes affecting your hormones. You become

5   hormonally imbalanced and you become sick. These

6   are the medical facts.

7   The current Guidelines advise that

8   consuming no more than 10 percent of calories

9   from excess sugar. How can we make this

10   recommendation if we know that half the country

11   is carbohydrate intolerant. It's like if you

12   know someone had a life threatening food

13   allergen, you wouldn't tell them, well, avoid the

14   food allergen but you can eat up to 10 percent of

15   your calories of that allergen.

16   You would tell them no. Avoid this

17   allergen at all costs. So why would it be any

18   different with sugar if there are people in this

19   country who are carbohydrate intolerant and

20   that's half the country?

21   Please change the excess sugar limit

22   recommendation from 10 percent to zero percent.

1   Please reduce the recommended carbohydrate intake

2   by half to reflect the current health status of

3   our nation.

4   The Guidelines are a joke now, but

5   they don't have to be. The Guidelines should be

6   medicine because food is medicine. I've seen it

7   in my practice with my patients. And right now,

8   we are prescribing the wrong medicine for our

9   country.

10   Thank you.

11   DR. CASAVALE: Commenter 14.

12   MS. GALLIMORE: Good morning. I'm

13   Casey Gallimore, Director of Regulatory and

14   Scientific Affairs at the North American Meat

15   Institute whose members produce the vast majority

16   of beef, pork, lamb, and poultry in the United

17   States.

18   Consumer health and safety are the

19   driving forces in the production of meat and

20   poultry products. Our industry is committed to

21   offering nutrient dense protein food products

22   while working continuously to produce safe and

1   wholesome food. The Meat Institute appreciates

2   the opportunity to provide comment in the 2020

3   Dietary Guidelines Advisory Committee.

4   Protein is an essential nutrient and

5   is critical for development. Meat and poultry

6   products provide consumers with a convenient,

7   direct, and balanced dietary source of all

8   essential amino acids. Per serving, meat,

9   poultry, and fish provide more protein than

10   dairy, eggs, legumes, cereals, vegetables, or

11   nuts.

12   Protein is critical for developing,

13   maintaining, and repairing strong muscles, is

14   vital for growth in brain development in

15   children, and is essential to prevent muscle loss

16   in the aged.

17   Meat and poultry products are

18   important sources of micronutrients such as iron,

19   zinc, selenium, vitamins B12, B6, thiamine,

20   riboflavin, niacin, and potassium, nutrients

21   essential in all life stages including the first

22   critical 1,000 days growth and development

1 periods like childhood and adolescence,

2 throughout adulthood, and older years to maintain

3 physical function, enhancing quality of life.

4 The iron and zinc in beef, pork, lamb,

5 poultry, and fish are more bioavailable than from

6 other sources, meaning they are more easily

7 absorbed and utilized by the body. The high iron

8 content in meat and poultry products is important

9 to certain subpopulations including teenage girls

10 and pregnant women who are at higher risk for

11 anemia. Although iron supplements may be an

12 option, the heme iron in meat is the most

13 absorbable form.

14 It is clear meat and poultry play in

15 an integral role in ensuring adequate vitamin and

16 mineral intake. The superior nutrient

17 contributions in meat and poultry products must

18 be recognized relative to plant-based protein

19 sources. It is inappropriate and a disservice to

20 the public to consider beans or tofu as

21 equivalent to meat and poultry products from a

22 nutrition and health perspective because they're

1   not.

2   Americans would need to consume many

3   more calories to reach the level of nutrients

4   found in meat and poultry products define the

5   responsible portion size notion. Nutrient dense

6   foods like lean meats and poultry contribute to

7   meeting food group recommendations within calorie

8   and sodium limits and enable consumers to more

9   easily meet their macronutrient needs.

10   Although the Meat Institute supports

11   including meat and poultry in the diet, it's

12   understood that those products can be a part of

13   the diet, not the entire diet. Balance, variety,

14   and moderation in the dietary pattern in

15   combination with an active lifestyle are the keys

16   to positive health outcomes.

17   The Dietary Guidelines are the

18   foundation for nutritional policies and are

19   intended to measurably improve the health of

20   Americans. The Meat Institute supports dietary

21   guidance that is practical, achievable, and

22   affordable. The Meat Institute looks forward to

1   submitting more detailed comments through the

2   committee's deliberations.

3   Thank you.

4   DR. CASAVALE: Commenter 15.

5   DR. LAU: Good morning. I'm Clara Lau

6   -- Dr. Clara Lau, Director of Human Nutrition

7   Research for the National Cattlemen's Beef

8   Association, a contractor to the Beef Checkoff

9   which oversees research funded by beef farmers,

10 ranchers, and importers to understand beef's role

11 in healthy lifestyles.

12   Beef is a foundational food that

13 nourishes and optimizes health at every life

14 stage. Beef is a nutrient rich high quality

15 protein food Americans enjoy eating as part of a

16 healthy diet. While the RDA for protein which

17 was developed to meet minimum requirements,

18 evidence suggests that protein intake higher than

19 the RDA but within the AMDR may help adults

20 achieve and maintain a healthy weight, muscle

21 mass, and reduce the risk of sarcopenia.

22   During pregnancy and the early years

1   of life, beef delivers the necessary protein,

2   zinc, choline, B vitamins, and iron which leading

3   health organizations such as AAP recognize for

4   supporting physical growth and neurocognitive

5   development in infants and children.

6   Americans eat beef within Dietary

7   Guidelines. In fact, Americans eat an average of

8   1.7 ounces of beef per day. And beef is leaner

9   than ever before with more than 38 cuts meeting

10   USDA's definition for lean.

11   As more Americans are overweight and

12   obese, we need every calorie to count. Americans

13   are getting fewer calories and less fat from

14   nutrient rich beef which contributes five percent

15   of total calories and 15 percent of total protein

16   to daily diets. No other protein food delivers

17   the same package of 10 essential nutrients at 10

18   percent or higher than their respective daily

19   values per serving.

20   Beef can be the principle protein food

21   in heart healthy diets such as DASH and the

22   Mediterranean style pattern. Over 20 gold

1 standard studies have shown that beef contributes

2 favorably to heart health and other positive

3 health outcomes.

4 There is a need to systematically

5 review the totality of evidence using best

6 practices that are thorough, transparent, and

7 relevant. Reliance on dietary patterns have

8 limited ability to discern individual food

9 recommendations. And in 2015 resulted in the

10 exclusion of randomized clinical trials or RCTs

11 of beef and heart healthy diets. On the other

12 hand, data from well designed RCTs where beef is

13 included in healthy diets can balance this

14 challenge.

15 People follow dietary guidance that

16 recognizes personal preferences, habits, and

17 cultural beliefs. Americans have enjoyed beef

18 for centuries, and it's part of most Americans'

19 diets, traditions, and celebrations.

20 To close, beef is a foundational food

21 that nourishes at every life stage. Calorie for

22 calorie, no other protein food delivers the same

1   package of essential nutrients. Beef is the top

2   protein choice for most Americans, yet they are

3   not overconsuming, but rather eating within

4   Guidelines.

5   High quality evidence shows there's an

6   opportunity to help Americans enjoy more beef and

7   healthy dietary patterns. Thank you.

8   DR. CASAVALE: Commenter 16.

9   MS. SANCHEZ: Good morning. My name

10   is Audrey Lawson-Sanchez, and I'm here on behalf

11   of the public health and nutrition advocacy

12   organization I run called Balanced. But there

13   are a few things I could say as a professional

14   that many of my colleagues will say later or have

15   already said.

16   So I stand here in my most important

17   role and that's as a mother. I don't think it's

18   an overstatement to say it is exceptionally

19   difficult to parent in 2019. And I'm sure many

20   of you understand the challenges. And in no

21   places are those challenges more pronounced than

22   at the kitchen table or the lunchroom.

1   And I know you all know how hard it is

2   to teach children what to eat, how to eat, and

3   how to develop those lifelong healthy skills.

4   And arguably it is harder now than it has ever

5   been or than it has been in recent history

6   because as our diets have become -- as our food

7   system and our diets have become increasingly

8   imbalanced, our children and our families have

9   grown increasingly less healthy.

10   Our children and our families are

11   overconsuming ultra processed foods, foods high

12   in cholesterol, saturated fat, sodium, sugar in

13   excess but empty calories. And I don't have to

14   tell you that our families are experiencing

15   unprecedented rates of diet related disease and

16   they're affecting our children younger and

17   younger with this generation of children being

18   the first in over 200 years to have a predicted

19   life span shorter than that of their parents.

20   And listen, I'm a realist. I

21   understand the limitations that the Dietary

22   Guideline recommendations have on the behavior of

1   everyday Americans. But I also understand the

2   profound impact the Dietary Guidelines have in

3   places that matter so much like schools and

4   hospitals when we're talking about what our most

5   vulnerable populations eat or have access to on a

6   regular basis.

7   And so now is not the time to settle

8   for the status quo or to build a consensus around

9   minimally good enough. It's certainly not the

10   time to allow any part of the food industry to

11   influence Dietary Guidelines. Now is a time for

12   bold evidence based Dietary Guidelines that put

13   the health of our children and our families

14   first.

15   And so I ask you today as you develop

16   and build these Guidelines to think about your

17   own families, to think about your own children,

18   and build the Guidelines that you would want for

19   them, the guidelines that you live by, the

20   guidelines that dictate the sort of food that you

21   eat. Because I promise you this. What you want

22   for your families, everyone wants for their

1   family. And that is a long, healthy, nourished

2   lives.

3   Thank you.

4   DR. CASAVALE: Commenter 17.

5   MS. VAN LIEU: Good morning. My name

6   is Mollie Van Lieu, and I'm with the United Fresh

7   Produce Association. Thanks to each of you on

8   the committee as well as the staff at USDA and

9   HHS for your dedication to this process.

10   First, I will of course emphasize the

11   evidence continues to support dietary patterns

12   recommended by earlier Guidelines around eating a

13   diet higher in fruits and vegetables.

14   Unfortunately, we know that the fact is that most

15   Americans struggle to meet the Dietary

16   Guideline's recommendations. Nevertheless, they

17   are important.

18   The good news is there is evidence

19   showing success when the Guidelines are followed.

20   Recent data shows that two to four year olds

21   participating in the WIC program since 2010

22   showed declining rates of obesity after a steady

1   rise in earlier decades.

2   In 2009, WIC updated its food package

3   to align with the Dietary Guidelines including a

4   voucher enabling recipients to purchase a wide

5   variety of fruits and vegetables. Further data

6   shows that these families are maintaining their

7   healthy shopping habits when their families age

8   out of the WIC food package.

9   Beyond WIC, CDC data indicates that

10   there has been a 67 percent increase in

11   children's consumption of fruits in forms that

12   are consistent with the DGA recommendations. And

13   in the national school meals program with its

14   updates to nutrition standards in 2012 to align

15   with the DGA, evaluation data shows that children

16   are eating more fruits and vegetables in the

17   program than they were pre-standards. The

18   Federal Fresh Fruit and Vegetable Program also

19   has proven to increase consumption in children.

20   So we know that change is possible,

21   particularly institutionally. But there is still

22   more we need to understand and appreciate the

1   broad range of questions being considered. One

2   in particular that is being asked by the data

3   analysis in food pattern modeling cross cutting

4   working group is around how dietary intake and

5   patterns track across life stages.

6   For fruits and vegetables in

7   particular, we know that in the early years of a

8   child's life, they meet or are closer to meeting

9   intake recommendations than older youth and

10   certainly more than adults. Understanding which

11   foods are instead being consumed throughout these

12   transition and life stages and why could help us

13   implement systems changes needed to increase

14   consumption and better assure alignment with

15   recommendations.

16   We strongly encourage the committee to

17   consider these needs. Thank you.

18   DR. CASAVALE: Commenter 18.

19   MS. LANOU: Good morning. My name is

20   Amy Lanou. I am the Executive Director of the

21   North Carolina Center for Health and Wellness at

22   University of North Carolina Asheville. I'm here

1   on behalf of myself.

2   As a nutrition professional and a

3   university professor, I've been giving oral

4   comments to this esteemed body for 20 years. And

5   each time I have urged the committee to focus on

6   foods rather than nutrients, to improve the

7   usability of the Guidelines, to emphasize plant-

8   based and vegan dietary patterns for prevention

9   of chronic disease, and to reduce the emphasis on

10   milk and to warn about dangers of recommending

11   high protein and carbohydrate restricted diets.

12   I am delighted to hear the committee

13   addressing questions about dietary patterns and

14   considering foods as well as nutrients. In

15   keeping with tradition, here are my

16   recommendations for 2020.

17   The 2020 Guidelines should make a

18   clear distinction between whole foods that

19   contain healthy carbohydrates, fruits,

20   vegetables, beans or pulses, and whole grains,

21   and those that contain highly processed

22   carbohydrates, the added sugars, white flour, and

1   foods made from them.

2   Perhaps we need two different words to

3   describe these categories of carbohydrates.

4   Consumers clearly need help distinguishing

5   between disease promoting diets that are built

6   from processed white bread topped with cancer

7   causing processed meats covered with highly

8   salted fatty dairy slices served with sugar laden

9   water, and those that are health promoting and

10 built from fruits, vegetables, legumes and

11 pulses, and whole grains.

12   These latter diets, vegetarian, vegan,

13 and whole food plant-based dietary patterns are

14 high in carbohydrates, fiber, and are nutrient

15 dense. They also contain appropriate amounts of

16 protein, and as you will be reminded by your

17 systematic review, are health supporting.

18   Second, avoid recommending low

19 carbohydrate diets. Traditional dietary patterns

20 of China, Japan, Hawaii, and Native Americans

21 have been shown to reduce chronic disease risk.

22 Traditional diets are typically centered around a

1   grain or a starchy vegetable. However, the idea

2   that a return to the diet of a paleolithic man

3   would somehow be helpful to recommend to the

4   general public to try to keep their bodies in a

5   ketogenic state to burn fat is irresponsible.

6   A focus on whole or minimally

7   processed foods is well substantiated. But the

8   avoidance of all or most grains, starchy

9   vegetables, and legumes is a recipe for disaster.

10 While low carb diets may have specific

11 applications for certain adult groups, they are

12 contraindicated for children and for the general

13 population.

14   And finally, dairy products should be

15 replaced by a healthful beverages group because

16 cow's milk is not necessary in the human diet. I

17 was pleased to learn yesterday that studies on

18 beverages will be systematically reviewed

19 together, hopefully lumping, quote, lacteal

20 secretions of bovine mammals together with water,

21 alcohol, soda, coffee, tea, and other fluids will

22 decrease cow's milk's stronghold on U.S.

1 nutrition policy.

2 Thank you very much for this

3 opportunity to give expert oral testimony to this

4 esteemed body.

5 DR. CASAVALE: Commenter 19.

6 MS. SULLIVAN: Good morning. My name

7 is Lucy Sullivan and I'm the Executive Director

8 of 1,000 Days, the leading nonprofit organization

9 working to ensure that women and children

10 everywhere have the healthiest first 1,000 days.

11 As you know, the first 1,000 days

12 between a woman's pregnancy and her child's

13 second birthday are a window of opportunity to

14 set the trajectory for a person's lifelong health

15 and to build the foundation of a baby's brain and

16 their future potential.

17 The first 1,000 days are also a period

18 when food preferences and eating habits begin to

19 take shape. It's why we at 1,000 days believe

20 the B-24 Dietary Guidelines can play a critical

21 role in building a healthier future for America.

22 And not only are these the first ever set of

1   Dietary Guidelines for pregnant women and

2   children under two in the U.S., they are actually

3   the first ever set of Dietary Guidelines of these

4   kind anywhere in the world, so no pressure.

5   This is why the committee must ensure

6   that the Guidelines are based on the best

7   independent science and that these Guidelines are

8   protected from industry influence and

9   interference. There is simply too much at stake

10   for these particular guidelines to become a tool

11   of private profit over public health. The

12   integrity of these guidelines along with the

13   transparency in the process to develop them are

14   of paramount importance.

15   It's critical that the guidelines

16   cover the following three areas. First,

17   nutrition during pregnancy and lactation, and

18   this includes both foods to choose and foods to

19   avoid and a message around eating twice as

20   healthy, not twice as much. Expectant mothers

21   want to know what foods are best for their

22   health, not just the nutrients.

1   Second, consistent with the

2   longstanding recommendations from public health

3   authorities such as the World Health

4   Organization, the American College of

5   Obstetricians and Gynecologists, the American

6   Academy of Pediatrics.

7   The guidelines must reinforce that

8   breastfeeding is the best possible source of

9   nutrition for infants and that infants should be

10   breastfed exclusively for the first six months

11   followed by continued breastfeeding to at least

12   one year with the addition of appropriate

13   nutritious complementary food.

14   If breastfeeding is not available,

15   human donor milk is the next best alternative,

16   followed by infant formula if neither

17   breastfeeding nor human milk feeding are

18   available.

19   It's essential that the guidelines

20   also speak to the extraordinary health benefits

21   of breastfeeding to mothers, reducing the risk of

22   breast cancer, ovarian cancer, type 2 diabetes,

1   and high blood pressure. Breastfeeding also

2   plays a critical role in reducing this nation's

3   scandalous infant mortality rate as breastfeeding

4   reduces the rate of sudden infant death syndrome,

5   a leading cause of death among infants,

6   particularly black infants in the United States.

7   Third, clear guidance on introducing

8   a diverse diet of fruits, vegetables, meats, and

9   other complementary foods and the transition to

10   the family diet.

11   We know that the committee members

12   share our commitment to ensuring that every child

13   in America has a healthy first 1,000 days, and we

14   trust that the committee will carry out their

15   work with the upmost integrity and transparency.

16   Thank you to all of you for your service, and

17   thank you for the opportunity to provide comment.

18   DR. CASAVALE: Commenter 20.

19   DR. TRAPP: Hello. My name is Dr.

20   Caroline Trapp. I'm a nurse practitioner and

21   doctor of nursing practice who specializes in the

22   care of people with type 2 diabetes. And I'm an

1 adjunct faculty member of the University of

2 Michigan School of Nursing.

3   I've traveled here today from Michigan

4 to speak to you about underconsumption of a

5 nutrient of concern for public health, fiber. My

6 number one concern is number two. Yes, I want to

7 talk to you about constipation.

8   We nurses are knowledgeable and

9 practical clinicians, and our patients talk to us

10 about this medical issue. In underserved

11 populations with limited access to fresh fruits,

12 vegetables, and whole grains, it is common to

13 have patients report having a bowel movement only

14 once or twice a week.

15   These are the same people who are at

16 risk for obesity, colorectal cancers, heart

17 disease, and type 2 diabetes -- all diseases that

18 are linked to overconsumption of meat and highly

19 processed foods and underconsumption of pulses

20 and other plants.

21   Constipation is not limited to people

22 with food insecurity. The CDC estimated in 2017

1   that only one in 10 adults eat enough fruits and

2   vegetables. Walk into any pharmacy or large

3   grocery across the U.S. and you will see multiple

4   shelves filled with laxatives.

5   Constipation is not the only concern

6   of too little fiber. Foods are packaged and

7   foods high in fiber such as fruits, vegetables,

8   pulses, and whole grains also are high in other

9   critically important nutrients. Given the

10   nutrient density of plant foods, the only source

11   of dietary fiber, this committee could vast

12   improve the health of Americans in this way.

13   Summarize your 800-plus page report to

14   the USDA, HHS with just one sentence. All

15   Americans are advised to consume a fiber rich

16   diet, aiming for 30 to 40 grams of fiber per day

17   from whole foods. Studies have shown that the

18   more fiber the better. Less risk of developing

19   obesity, heart disease, type 2 diabetes,

20   depression, colorectal cancer, and even early

21   mortality.

22   Why are Americans eating too little

1   fiber? One reason is that industry has promoted

2   a fear of carbohydrates. We know that type 2

3   diabetes is not a result of eating too many

4   apples or sweet potatoes or even whole wheat

5   bread. But I have patients who have been led to

6   believe that all carbs are bad and that somehow a

7   greasy burger without a bun will save them.

8   I ask you to help reduce the nutrition

9   confusion and prioritize foods that are naturally

10   full of fiber. Replace the healthy vegetarian

11   pattern with a healthy whole food plant-based

12   pattern. Let's make America go again.

13   (Laughter.)

14   DR. CASAVALE: Commenter 21.

15   MS. BORRA: Thank you. Hard act to

16   follow. Well, good morning. My name is Sue

17   Borra. And as a registered dietician, I

18   appreciate the opportunity to provide comments to

19   you this morning on behalf of the Food Marketing

20   Institute.

21   We're the trade association

22   representing the entire retail food industry. We

1   have single-owner grocery stores and large

2   multi-chain stores along with online operators.

3   In total, our FMI member companies operate or

4   sell about $800 billion worth of groceries every

5   year as well as we have about 33,000 stores that

6   our consumers shop at.

7   For the 2020 Dietary Guidelines, FMI

8   does support both the focus of a life stages

9   approach as well as the continued focus on what

10 we eat and drink over time. While we know

11 dietary guidance must be science based and

12 practical but more importantly, they must be

13 practical for consumers to apply to their

14 lifestyles in order to really achieve these

15 recommendations.

16   As this process moves forward, an

17 important question must be asked. How will the

18 Dietary Guidelines encourage and support

19 adherence to dietary patterns that are identified

20 as being most helpful for Americans? This is a

21 topic very near and dear to FMI members.

22   As the supermarket industry has long

1 been committed to helping consumers achieve and

2 maintain a healthy balanced diet, retailers have

3 created a marketplace for nutrition and health

4 information. They continually strive to find new

5 and innovative ways to facilitate healthy choices

6 in their stores, and this will help improve

7 eating behaviors among our shoppers.

8   In fact, 95 percent of supermarkets

9 currently employ registered dieticians who assist

10 in identifying healthful choices at point of

11 purchase. They support the preparation of

12 nutritious meals through demonstrations, meal

13 kits, and much more.

14   All this positions food retailers in

15 a unique situation to really help consumers

16 achieve their health goals. However, we all know

17 adherence to the recommended patterns is as

18 important as the patterns themselves, which makes

19 it necessary for us to explore how and where

20 foods and meals that comprise dietary patterns

21 are consumed.

22   With that in mind, to improve the

1   health of Americans, policy must include guidance

2   related to building healthy habits which starts

3   at the breakfast, lunch, and dinner table.

4   Existing research including FMI research

5   indicates that those who eat and cook at home eat

6   more fruits and vegetables and consume fewer

7   calories, fats, and sugars.

8   Furthermore, emerging research

9   indicates that children and adolescents that

10   share family meals at home are more likely to be

11   in a normal weight range and have healthier

12   dietary eating patterns as well as emotional

13   health benefits.

14   Two, previous additions of the Dietary

15   Guidelines provide suggestions to eat at home as

16   a way to lower calories. And FMI strongly

17   encourages this for the future. The committee

18   could also consider the importance of consuming

19   family meals at home based on existing and

20   emerging research.

21   In conclusion, the next frontier to

22   benefit public health is truly identifying

1   science-based approaches to increase adherence to

2   dietary guidance and encouraging family meals

3   consumed at home through guidance as a logical

4   approach to consider when developing guidance

5   that facilitates healthy lifestyles.

6   Thank you.

7   DR. CASAVALE: Commenter 22.

8   MS. HAYES: Thank you for the

9   opportunity to address the future Dietary

10   Guidelines for Americans. My name is Dayle

11   Hayes. I'm a registered dietician and president

12   for Nutrition for the Future, based in Montana.

13   As a consultant, I work with USDA

14   programs for pregnant women, infants, childcare,

15   and school-based nutrition programs as well as

16   agricultural commodity groups. In 2018, I was

17   the lead author for the Academy of Nutrition and

18   Dietetics position and practice papers on school

19   nutrition services.

20   My comments today specifically address

21   the work of the dietary pattern subcommittee and

22   the food pattern modeling working group, focused

1   on accepted solutions and marketplace

2   implementation strategies that have shown success

3   helping to increase vegetable consumption.

4   We know that across all age groups,

5   consumers fail to meet the recommended minimum

6   daily servings of vegetables. Vegetable

7   consumption relative to recommendations is lowest

8   among boys 9 to 13 and girls 14 to 18. We also

9   know that there has been little significant

10   change in consumption over the past decade.

11   However, school nutrition programs are

12   collaborating with food manufacturers and USDA

13   foods to increase student consumption of

14   vegetables and pulses while reducing sodium.

15   School meals based on the Dietary Guidelines are

16   served to more than 30 million students at lunch

17   daily and to another 14 million students at

18   breakfast.

19   School meal planners have learned how

20   to balance student acceptance with enhanced

21   nutrition, lowering fat, cholesterol, and sodium

22   by serving cost effective, flavorful entrees that

1 blend meat proteins with vegetables like

2 mushrooms, peppers, onions, and pulses.

3   This follows a strategy suggested in

4 the 2015 Dietary Guidelines. One realistic

5 option is to increase the vegetable content of

6 mixed dishes while decreasing the amounts of

7 other food components that are often over

8 consumed.

9   These efforts are influencing student

10 eating patterns at school and beyond. Blending

11 meat and vegetables also helps to reduce overall

12 food waste in schools and to establish an early

13 foundation for the healthy eating patterns that

14 are known to help reduce the burden of chronic

15 diseases.

16   A shining success story comes from

17 Cincinnati public schools, where Director Jessica

18 Shelly and her team serve nearly four million

19 school lunches yearly which includes over 178,000

20 blended beef and mushroom burger patties from an

21 Ohio-based food processor. All Cincinnati public

22 school lunches also include a salad bar with a

1   variety of fruits and vegetables, another Dietary

2   Guideline strategy allowing students to choose a

3   green salad or a vegetable as a side dish.

4   Thanks again for the opportunity to

5   illustrate how school districts are implementing

6   real world strategies to increase vegetable

7   intake by following dietary guidance.

8   DR. CASAVALE: Commenter 23.

9   MS. FERRANTO: Hi. Good morning. My

10 name is Gale Ferranto, and I am the President of

11 Buona Foods and Bella Mushroom Farms, a third

12 generation mushroom producer from Kennett Square,

13 Pennsylvania, the mushroom capital of the world.

14   The U.S. mushroom industry has spent

15 the past two decades investing in scientific

16 research to better understand the nutrient

17 composition and benefits of mushrooms. One

18 result of that research has been the creation of

19 a very practical culinary concept we call the

20 blend.

21   The idea that combining ground meat

22 with finely chopped mushrooms creates more

1   nutritious, delicious versions of iconic American

2   dishes such as burgers. A study published in the

3   Journal of Food Science explored the flavor

4   enhancing properties of mushrooms and found that

5   blending finely chopped mushrooms with ground

6   meat enhances flavor and nutrition.

7   For example, a traditional ground meat

8   recipe prepared with 50 percent mushroom and 50

9   percent meat can reduce calorie, saturated fat,

10   and sodium intake; add nutrients like vitamin D,

11   potassium, B vitamins, and antioxidants; and

12   enhance overall flavor thanks to mushrooms'

13   natural umami.

14   If the 2020 Dietary Guidelines once

15   again aimed to guide Americans to increase their

16   vegetable consumption while decreasing saturated

17   fat and sodium intake, I'd like to offer the

18   mushroom industry's blended concept as

19   inspiration.

20   It's a real life solution that now has

21   been adopted by hundreds of schools and colleges

22   and even embraced by fast food chains such as

1   Sonic Drive-ins, which is the first national

2   chain to adopt the blended burger to their menu.

3   Sonic is the nation's largest drive-in

4   restaurant, serving over three million customers

5   per day.

6   Americans want to enhance healthier

7   eating patterns, and simple ideas such as the

8   blend can make a positive impact by helping make

9   our favorite foods as nutritious as they are

10   delicious.

11   Thank you for your exploration and

12   consideration of solutions such as the blend and

13   mushrooms to guide Americans towards healthier

14   eating patterns.

15   DR. CASAVALE: Commenter 24.

16   MS. GOLDMAN: My name is Sarah

17   Goldman, and I am a researcher at the Johns

18   Hopkins Center for a Livable Future based at the

19   Bloomberg School of Public Health and the

20   Department of Environmental Health and

21   Engineering. The opinions expressed here today

22   are my own.

1   The Center for a Livable Future

2   investigates the interconnections among diet,

3   food production, public health, and the

4   environment. We recognize the important role

5   that the Dietary Guidelines for Americans plays

6   in promoting health, advising nutrition choices,

7   and informing policies and programs across the

8   United States.

9   Today I will discuss a few comments on

10   the questions included in the subsection

11   addressing dietary patterns and provide

12   additional recommendations related to the

13   integrity of the Dietary Guidelines development

14   process. More details and evidence related to

15   this comment will be submitted through our

16   written comments.

17   The Dietary Guidelines Advisory

18   Committee should explore the relationship between

19   dietary patterns high in red and/or processed

20   meats and chronic disease health outcomes,

21   particularly in comparison to dietary patterns

22   rich in fruits, vegetables, and plant-based

1   proteins.

2   The committee should publish

3   guidelines recommending limited consumption of

4   red and/or processed meats. There is strong

5   evidence from perspective studies and meta

6   analyses that moderate to high consumption of red

7   meat and/or processed meat is associated with

8   risk of stroke, diabetes, heart failure,

9   colorectal cancer, and hypertension. However,

10   dietary patterns high in plant-based foods and

11   lower in animal-based foods can help prevent

12   these chronic disease conditions and promote

13   health.

14   The Dietary Guidelines Advisory

15   Committee should also explore the other benefits

16   of diets higher in minimally processed

17   plant-based foods and lower in animal source

18   foods with a specific focus on the future of food

19   security and publish guidelines that incorporate

20   the role of sustainable diets in assuring that

21   all Americans have future access to healthy

22   nutritious foods.

1   In 2015, the Dietary Guidelines

2   Advisory Committee found that a dietary pattern

3   high in plant-based foods such as vegetables,

4   fruits, whole grains, legumes, nuts, seeds, and

5   lower in animal-based foods is more health

6   promoting and is associated with less

7   environmental impact than is the current average

8   U.S. diet. The Dietary Guidelines for Americans

9   should also incorporate the role of sustainable

10   diets and assuring future access to healthy foods

11   for all Americans.

12   Finally, the Dietary Guideline should

13   identify complementary programs and policies that

14   support healthy food access and address the root

15   causes of diet related health disparities.

16   Finally, the Dietary Guidelines

17   Advisory Committee, USDA, Department of Health

18   and Human Services, and the U.S. Congress should

19   take the necessary steps to ensure the integrity

20   of the Dietary Guidelines for all Americans.

21   Thank you.

22   DR. CASAVALE: Commenter 25.

1   MS. MARSH: My name is Colleen Marsh.

2   I'm here on behalf of myself and those less

3   informed. The topic of added sugar has brought

4   me here from North Carolina. As a retired

5   athlete and disabled veteran, I can attest to the

6   positive effects reducing dietary sugar has on

7   inflammation and chronic pain.

8   As a pharmaceutical rep, I've

9   witnessed the degenerative effects of diabetes.

10   And now as a public health master's student, I

11   have a voice to advocate. Literature reviews

12   from reputable sources show a correlation between

13   sugar intake and disease such as diabetes,

14   cardiovascular disease, and cancers.

15   It would be naive to single out sugar

16   as the only dietary contributor to poor health,

17   but it is a contributor to the development of

18   chronic disease --- a contributor Americans are

19   woefully uneducated about.

20   I'm here to ask that the 2020

21   Guidelines list the recommendation for sugar as

22   they do the other contributors to metabolic

1   disease by listing the grams allowed per day.

2   Page 15 of the Guidelines' key recommendations

3   state, sugars should be limited to 10 percent of

4   caloric intake.

5   Listing the recommendations in this

6   way requires a knowledge of a 2,000 calorie diet

7   to then begin a two-step math problem.

8   Calculating the 10 percent of a 2,000 calorie

9   diet gives you 200 calories from sugar a day.

10   But since the nutrition labels report sugar

11   content in grams, we now need to know how many

12   grams are equal to 200 calories.

13   After calculating that multiple step

14   math problem, we find the USDA recommendation is

15   no more than 50 grams of sugar per day. The

16   American Heart Association recommends 25 grams

17   for women and 36 for men. The average 20 ounce

18   soda contains well over the 50 grams of sugar

19   recommended by the USDA Guidelines.

20   Many people know sugar is not good for

21   them, but most will never be able to quantify

22   exactly how poor a decision a 20 ounce soda is

1   because the recommendations for sugar are

2   obscured by the manner in which the Dietary

3   Guidelines presents them.

4   The American Diabetes Association

5   states every 21 seconds another individual is

6   diagnosed with diabetes in the U.S. The Dietary

7   Guidelines should simplify the public's ability

8   to limit choices which develop chronic

9   preventable disease.

10   I'm asking the committee to be bold,

11   show leadership in the midst of external

12   pressures. I'm asking you to prioritize the

13   health of your fellow Americans and do it by

14   clearly listing the daily limit of sugar in grams

15   to demystify the key recommendations for healthy

16   eating patterns.

17   Thank you.

18   DR. CASAVALE: Commenter 26.

19   MR. ADAMS: Good morning. My name is

20   Eric Adams. I am not a dietician, not a doctor,

21   not a nutritionist. I'm a retired member of the

22   New York City Police Department.

1   For 22 years, I wore a bulletproof

2   vest and protected the children and families of

3   New York City. Three years ago I woke up and I

4   could not see the alarm clock. I found out later

5   that I was blind in one eye and I was going to

6   lose my sight in the other.

7   After visiting five doctors, I learned

8   the diagnosis was type 2 diabetes. I had what

9   was considered to be permanent nerve damage in my

10   hands and feet, and I was told I was going to

11   lose some limbs.

12   Not believing that and told that I was

13   going to be on medicine the rest of my life, I

14   decided to do research on my own. I had one

15   skill and that was knowing how to do

16   investigations, and I knew how to read. I

17   learned from organizations such as PCRM that

18   there was a way not only to live with chronic

19   disease but to reverse chronic disease.

20   After three weeks of going on a whole

21   food plant-based diet, my eyesight returned.

22   Three months after my A1C went from a 17 to a

1 5.7, the nerve damage in my hands and feet went

2 away. No medicine. No insulin. Only food.

3   My mother pursued and followed the

4 same whole food plant-based diet that I embraced.

5 Eighty years old, two months on it, 15 years

6 diabetic, seven years on insulin. Mother is now

7 off her insulin and has reversed her diabetes as

8 well. She was taking nine medicines during that

9 time, and she's now off those nine medicines.

10   The real drug dealers are not those

11 who are wearing baggy blue jeans on our corners.

12 I've learned that the pharmaceutical companies

13 that have our parents addicted to drugs.

14   Each time I try to reverse this

15 condition, I'm told about the guidelines that you

16 give. I represent 2.6 million people. New York

17 City has followed me, and now we no longer serve

18 processed meat in our schools. We have a program

19 at Bellevue Hospital which 600 people have signed

20 up for and starting the process of reversing

21 their condition.

22   It has never been my DNA. It was my

1   dinner. It's time to heal and not live with

2   disease but reverse disease. Let's make

3   Americans healthy again.

4   Thank you.

5   DR. CASAVALE: Commenter 27.

6   MS. OHLHORST: Good morning. I'm

7   Sarah Ohlhorst with the American Society for

8   Nutrition. ASN is a scientific professional

9   society with more than 6,500 members who enhance

10   scientific knowledge and quality of life through

11   excellence in nutrition research and practice.

12   ASN appreciates the life stage

13   approach and suggests that the evidence review

14   include the impact of diet on the metabolic and

15   physiological changes that occur over the life

16   course and during life stage transitions such as

17   with neurocognitive health.

18   ASN supports the continued use of a

19   strong evidence-based approach, emphasizing a

20   rigorous scientific process and transparency

21   throughout, including the systematic review of

22   all evidence considered on key topics.

1   ASN encourages the DGAC to include

2   existing high quality systematic reviews and meta

3   analyses outside of those conducted using NESR

4   and the evidence review if they meet standards

5   established by USDA and HHS.

6   ASN appreciates the subcommittee's

7   efforts to standardize and harmonize your work

8   and suggests that sleep and screen time be

9   considered along with the diet and health impact

10 of eating occasions, frequency, and timing.

11   ASN recommends broadening the dietary

12 patterns considered and going beyond providing

13 guidance solely for specific nutrients. ASN

14 recommends addressing multicultural dietary

15 patterns to better include our diverse society,

16 including the role acculturation has on diet and

17 health. The DGA should advise Americans not just

18 on what to eat but provide guidance to help

19 individuals understand how to change their eating

20 and food behaviors in order to improve their

21 health.

22   ASN sees opportunity for the 2020 DGAs

1   to continue to promote chronic disease prevention

2   and ensure nutritional sufficiency. ASN supports

3   the consideration of diet and nutritional

4   biomarkers for chronic disease endpoints when

5   developing guidance that addresses health and

6   disease.

7   However, the development of

8   recommendations should not be hindered or delayed

9   by the ongoing process of discovery and

10   validation of nutritional biomarkers for diet

11   related disease risk.

12   It's essential for the committee to

13   consider the role that dietary supplements play

14   and dietary intake of micronutrients and how

15   individuals may translate dietary guidance into

16   supplement usage, which could have both positive

17   and negative repercussions given that more than

18   50 percent of U.S. adults report using a dietary

19   supplement.

20   ASN appreciates your continued focus

21   on highlighting research needs. More

22   recommendations on how to implement the Dietary

1 Guidelines in order to move Americans toward

2 compliance are needed, and ASN is happy to be a

3 collaborator with the USDA and HHS on that

4 process.

5   Thank you.

6   DR. CASAVALE: Commenter 28.

7   MS. TEICHOLZ: My name is Nina

8 Teicholz. I'm a science journalist and author of

9 the book, The Big Fat Surprise, the culmination

10 of a nearly ten-year full-time investigation into

11 the scientific basis for U.S. nutrition policy.

12   The failures of science and

13 policymaking that I discovered through that

14 investigation compelled me to create The

15 Nutrition Coalition, a nonprofit group dedicated

16 to the public interest. It receives no industry

17 support and is committed to ensuring that

18 Americans' Dietary Guidelines are based on solid

19 rigorous evidence. In other words, that they are

20 evidence based and trustworthy.

21   I have two main points today. First,

22 the Dietary Guidelines issued by USDA and HHS are

1   not based on the most rigorous evidence since

2   this evidence has -- since the launch of the

3   guidelines -- been ignored and/or excluded.

4   This fact is validated by an article

5   I wrote in the BMJ which was peer reviewed more

6   than once. It established that the Dietary

7   Guidelines for the past 35 years have ignored

8   clinical trial evidence largely funded by our

9   government on more than 75,000 people tested in

10   experiments lasting up to 12 years.

11   This data from clinical trials is

12   considered the gold standard because it can

13   uniquely demonstrate causality. Unfortunately,

14   instead of informing our nation's nutrition

15   policy, this gold standard evidence has been

16   ignored.

17   Why? Once can only speculate. The

18   fact that none of these trials could confirm the

19   basic tenets of the Dietary Guidelines is indeed

20   a factor. Multiple trials did not confirm that a

21   diet restricted in fat or saturated fat could

22   protect against diet related diseases.

1   More recently, trials have shown that

2   the guidelines' high level of carbohydrates is

3   actually harmful for people with diet related

4   diseases. These bodies of evidence all imply

5   that the Guidelines needed to walk back some of

6   its basic advice. Yet the Guideline experts

7   ignore the evidence and carried on without

8   change.

9   During this time, rates of diet

10   related diseases have risen to epidemic

11   proportions, now afflicting at least 60 percent

12   of all Americans. Ignoring scientific evidence

13   is not okay.

14   In fact, the National Academies of

15   Science Engineering and Medicine did the first

16   ever outside peer review of the Dietary

17   Guidelines and said in 2017 that the process

18   established in the guidelines was not using the

19   best practices for conducting systematic reviews

20   and "lacked scientific rigor." The Academies

21   advise that the USDA adopt one of the

22   international standards for reviewing the

1   science.

2   USDA chose the Grade standard, and

3   this is my second point today. The cofounder of

4   Grade, distinguished professor Dr. Gordon Guyatt

5   who is one of the world's top experts in

6   evidence-based medicine recently submitted a

7   public comment to USDA.

8   His point was USDA are not following

9   the standards of Grade in fundamental ways. Most

10   importantly, you are not making important

11   distinctions between high and low quality

12   evidence. Guyatt urged USDA not even to use the

13   word, "Grade," because doing so would give the

14   appearance of rigor where it did not exist. It

15   would be illusory, he wrote.

16   Further, he cautioned that if USDA

17   were to continue without proper methods for

18   evaluating the evidence, this would result in

19   recommendations that are "unlikely to be

20   trustworthy."

21   In sum, our current Dietary Guidelines

22   are not trustworthy. They are based on weak

1   evidence and experts writing them have excluded

2   nearly all the rigorous evidence to the contrary.

3   USDA has been admonished by the National

4   Academies of Sciences and encouraged to improve.

5   And unfortunately, the Guidelines currently are

6   not on track --

7   DR. CASAVALE: Thank you. Commenter

8   29, please.

9   MS. TEICHOLZ: -- to repeat the same

10 mistakes of the past.

11   DR. SCHMIDT: Hi. My name is Dr.

12 Darren Schmidt. I have a practice in Ann Arbor,

13 Michigan called The Nutritional Healing Center of

14 Ann Arbor. I speak on my own behalf.

15   So I've been teaching low carb to my

16 patients since 1998 and ketosis in the last four

17 years. And I quit taking insurance in 2005. I

18 actually have to get my patients well or else

19 they won't come and see me because they're paying

20 cash out of their pocket.

21   So I sat with you guys all day

22 yesterday, and I understand the complexities that

1   you're dealing with and all the moving parts.

2   And I thought, what can I share with you to help

3   you out with your job? So Heather, you had some

4   good points yesterday about low carb and

5   intermittent fasting. And Lydia, you said some

6   good things too. So let me share this with you.

7   Maybe this will help you out.

8   So there's an equation that I learned

9   like 15 years ago and it's this. It's quantity

10 plus quality equals vitality. Or quantity plus

11 quality equals health.

12   So initially with my care, I tell

13 people, eat these foods and eat that food. And

14 they would say, what about bananas or what about

15 pork? And I stopped answering the questions and

16 I said, fit your macros into these guidelines so

17 you can be plant based, you can be meat based,

18 whatever.

19   And so the quantity comes first in

20 that equation. The quantity of the macro

21 nutrients. So then quality comes second. So

22 lowering the carbs is vital. When you look at

1   our current health situation, obesity and all

2   that. And then people have to match what they

3   need for protein to be adequate protein or maybe

4   more. And then their fat grams can go up and

5   down. Of course, it's going to be healthy fat.

6   So that's what I want to share with

7   you. Quantity comes first, then quality equals

8   vitality. So that way people can choose whatever

9   foods that they're going to -- what they want to

10   match their lifestyle with.

11   And then when you do that, you're not

12   liable to upsetting special interests and also

13   then you look at the macros in the research with

14   the randomized control trials, the clinical

15   trials as opposed to epidemiology. You get the

16   causes with the RCTs and you'll see, for example,

17   the Public Health Collaboration of the UK. They

18   have investigated all these RCTs regarding low

19   carb versus low fat. And they show that low carb

20   wins 32 to nothing.

21   So when you work with a low carb

22   ideology, it's easier just to talk with the

1 macronutrients. I hope this helps you out. And

2 if you want to discuss with me, I'm available to

3 you.

4 Thank you.

5 DR. CASAVALE: Commenter 30.

6 MS. WEBSTER: Good morning. And thank

7 you for the opportunity to comment as you work to

8 inform the next Dietary Guidelines for Americans.

9 My name is Alison Webster, and I'm a registered

10 dietician here today on behalf of the National

11 Potato Council which provides a unified voice for

12 U.S. potato growers and represents the interest

13 of the U.S. potato industry on national issues.

14 Potatoes are an important part of the

15 American diet at every life stage. As a

16 vegetable, they provide essential nutrition, have

17 the ability to be purchased in shelf stable forms

18 and can be prepared in a wide variety of ways for

19 consumption by the general population, including

20 those both young and old.

21 Although potatoes are a vegetable,

22 they have been historically stigmatized in past

1   editions of the Dietary Guidelines. In the 2015

2   DGAC report, white potatoes are specifically

3   classified as a starchy vegetable, which has

4   become a disparaging term with repercussions

5   across many federal feeding programs.

6   For example, the Special Supplemental

7   Nutrition Program for Women, Infants, and

8   Children, also known as WIC, as well as the

9   National School Lunch and School Breakfast

10   Programs have been quick to remove or disparage

11   white potatoes. This is discouraging given that

12   white potatoes are high in both fiber and

13   potassium, two nutrients of public health concern

14   due to underconsumption as outlined in the past

15   edition of the Dietary Guidelines.

16   Additionally, potatoes provide a

17   number of other nutrients that are important to

18   human health, including protein and

19   carbohydrates, minerals such as iron, calcium,

20   and magnesium, as well as vitamin C and B6.

21   We are pleased to see the committee is

22   taking a life stage approach for this edition, as

1 potatoes are helpful across all life stages. In

2 fact, it has been found that the consumption of

3 white potatoes improves potassium intake for both

4 women and children, which is important to note

5 because potassium continues to be an

6 underconsumed nutrient for nearly all WIC

7 demographics.

8 Further, an analysis of National

9 Health and Nutrition Examination Survey data

10 suggest that women between the ages 19 and 50

11 have less than optimal intake of vegetables,

12 which in turn leads to the lower than recommended

13 intakes of important nutrients. White potatoes

14 included as part of a healthy diet are noted as

15 one way to make up for these nutrient shortfalls,

16 especially in women of childbearing age.

17 Potatoes are a food enjoyed by the

18 American public, allowing them to serve as a

19 gateway vegetable and thereby having the ability

20 to increase overall vegetable consumption. The

21 Dietary Guidelines should represent

22 recommendations and promote dietary patterns that

1   can be achieved by the American public in order

2   to lead to a healthier nation. Further support

3   for potato's role in the Dietary Guidelines can

4   be found in the comments of the National Potato

5   Council.

6   Thank you for your consideration.

7   DR. CASAVALE: Commenter 31.

8   DR. DOMOKOS-BAYS: Good morning. I am

9   Dr. Becky Domokos-Bays, a registered dietician

10   nutritionist and recently retired director for

11   Loudoun County Public Schools in Virginia. As

12   the past president of the School Nutrition

13   Association, I am pleased to comment on behalf of

14   our 58,000 members.

15   We invite the committee to visit our

16   school cafes. They are the best places to see

17   how the DGAs are shaping children's current and

18   lifelong eating habits. School nutrition

19   professionals provide approximately 5 billion

20   lunches and 2.5 billion breakfasts as well as

21   dinner, snacks, and summer meals to students.

22   Federal rules require these meals to

1   be prepared in accordance with the DGAs.

2   Students select meals that expose them to a wide

3   variety of fruits, vegetables, whole grains, lean

4   protein, and dairy options they might not

5   otherwise experience.

6   The committee should know the

7   implementation of the DGAs the school nutrition

8   programs has presented some challenges. The 2015

9   edition of the DGA states, "The Guidelines embody

10   the idea that a healthy eating pattern is not a

11   rigid prescription but rather an adaptable frame

12   work in which individuals can enjoy foods that

13   meet their personal, cultural, and traditional

14   preferences and fit within their budget."

15   In practice, today's school nutrition

16   standards are extremely complex and have proven

17   to be overly prescriptive for schools.

18   Implementation of the DGAs has been challenged by

19   many factors including limited funding,

20   inadequate equipment or facilities, and

21   increasing labor cost. Students seldom have time

22   to consume their meals at school, thus

1   contributing to wasted food.

2   Planning appealing nutritious menus

3   that balance strict calorie, fat, and sodium

4   limits while meeting daily and weekly component

5   and item requirements is like assembling an

6   elaborate puzzle. Schools must follow different

7   meal patterns for breakfast, lunch, snack,

8   supper, and summer meals.

9   Each of these meal patterns have

10   varying requirements for different grade or age

11   groups. Meanwhile, entrees and sides sold a la

12   carte must meet still different, equally complex

13   smart snack standards. While school nutrition

14   standards have saturated fats, smart snacks

15   limits total fat. As a result, healthy items

16   such as hummus and guacamole are prohibited on a

17   la carte menus.

18   Multiple sets of standards drive up

19   costs for school nutrition programs, both in food

20   and resource allocation. School nutrition is a

21   narrow niche in the food supply chain.

22   Production of food items that must meet various

1   standards is a burden. Small and rural schools

2   often have limited access to a full line of items

3   that meet all the standards and appeal to

4   students.

5   Two million fewer students each day

6   receive a healthy school lunch since updated

7   standards took effect, an unfortunate loss in

8   light of research showing school meals are

9   significantly healthier than lunches from home or

10   elsewhere.

11   We appreciate USDA's efforts to

12   provide flexibility in the standards, and we

13   believe these changes will result in more

14   students consuming nutritious meals at school.

15   To succeed, the Guidelines must be practical,

16   affordable, and achievable too. Foods provided

17   to students must be taste appealing. Otherwise,

18   they won't eat them. Extreme limitations on

19   sodium nearly at therapeutic levels have less

20   students --

21   DR. CASAVALE: Thank you for your

22   comments.

1   DR. DOMOKOS-BAYS: -- asking for more

2   foods. Thank you.

3   DR. CASAVALE: Commenter 32.

4   DR. RUBIN: Good morning. I'm Dr.

5   Mickey Rubin, Executive Director of the Egg

6   Nutrition Center, the Science and Education

7   Division of the American Egg Board representing

8   America's egg farmers.

9   ENC supports research on the role of

10 eggs in human nutrition. Thank you for the

11 opportunity to offer comments as you review the

12 latest science in the next edition of the Dietary

13 Guidelines, including topics related to nutrition

14 from birth to 24 months and neurocognition.

15   As stated by the American Academy of

16 Pediatrics 2018 recommendations on improving

17 nutrition in the first 1,000 days, failure to

18 provide key nutrients during this critical period

19 of brain development may result in lifelong

20 deficits. Key nutrients to support brain health

21 identified by the AAP include protein, long chain

22 polyunsaturated fatty acids, iron, zinc, folate,

1   iodine, selenium, vitamins A, D, B6, and B12 as

2   well as choline.

3   Eggs have varying amounts of each of

4   these nutrients and are one of the most

5   concentrated sources of choline in the American

6   diet. Most Americans are well below the adequate

7   intake recommendation for choline, with only

8   about 8 percent of adults and 8.5 percent of

9   pregnant women meeting the AI. The 2015 DGA

10 listed choline among several underconsumed

11 nutrients, for which shifts to more healthy

12 eating patterns can help close nutrient gaps.

13   Maternal choline intake supports fetal

14 brain and spinal cord development and is

15 associated with reduced risk of neural tube

16 defects. And recent research has shown maternal

17 choline intake is associated with favorable

18 neurocognitive outcomes in children. In fact, a

19 recent clinical trial showed improved cognitive

20 performance in children of mothers that

21 supplemented choline during the third trimester

22 of pregnancy.

1   Furthermore, research from

2   observational cohorts has shown how choline

3   intake throughout life may have lasting effects

4   on cognition and prevention of cognitive decline.

5   Unfortunately, a recent survey

6   performed by the research firm Ipsos and

7   commissioned by Egg Nutrition Center show low

8   levels of awareness of choline among both new and

9   expecting mothers and the health professionals

10   who care for them. Over 60 percent of these moms

11   and over 40 percent of OB-GYNs and pediatricians

12   were unfamiliar with choline.

13   The 2015 DGA listed eggs among other

14   foods in food groups that are nutrient dense.

15   Eggs are a good or excellent source of eight

16   essential nutrients and are one of the few

17   natural food sources of vitamin D, a nutrient of

18   public health concern.

19   Eggs are also a bioavailable source of

20   the carotenoids, lutein and zeaxanthin. In

21   infants, the observation that lutein is

22   preferentially taken up by the developing brain

1   suggests a role in neurodevelopment while

2   emerging research also links lutein status to

3   cognitive performance in children and reduced

4   risk of mild cognitive impairment in middle aged

5   and older adults.

6   Finally, recent studies show that

7   pairing eggs with vegetables can increase the

8   absorption of carotenoids and vitamins compared

9   to consuming vegetables alone. As Americans are

10   increasingly using eggs as a carrier for

11   vegetables, these recent studies suggest a

12   benefit of this combination beyond simply

13   encouraging more vegetable consumption.

14   We look forward to providing you with

15   additional information through written comments.

16   Thank you.

17   DR. CASAVALE: Commenter 33.

18   DR. DEL CASTILLO-HEGYI: My name is

19   Dr. Christie del Castillo-Hegyi. I represent

20   over 700,000 supporters of the Fed is Best

21   Foundation. A nonprofit organization's mission

22   is to advocate for safe breastfeeding practices.

1   We do this to prevent the

2   complications of insufficient infant feeding,

3   namely dehydration, excessive jaundice, and

4   hypoglycemia, all known causes of brain injury,

5   disability, and rare deaths. Jaundice and

6   dehydration are the leading causes of newborn

7   hospitalization in the U.S., making up to 78

8   percent of readmissions.

9   The leading risk factor for jaundice

10 and dehydration is exclusive breastfeeding before

11 full milk production, which primarily results

12 from insufficient breast milk supply. Twelve to

13 35 percent of exclusively breastfed newborns will

14 develop excessive jaundice, one in seven losing

15 excessive weight and one in 25 requiring

16 readmission.

17   These complications are commonly

18 accompanied by hypoglycemia and hypernatremia, a

19 brain threatening form of dehydration. Ten

20 percent of exclusive breastfed newborns develop

21 detrimental levels of hypoglycemia by six hours

22 of life at levels known to reduce fourth grade

1 academic proficiency by 50 percent and increase

2 the risk of neurodevelopmental disabilities by

3 200 to 400 percent.

4   Among breastfed newborns screened for

5 hypernatremia, 36 percent were hypernatremic

6 which occurred by five percent weight loss.

7 Breastfed newborns who develop symptomatic

8 hypoglycemia have been shown to have extensive

9 brain injury on MRI.

10   Decades of research have shown these

11 complications can lead to attention deficits,

12 cognitive and developmental impairments, and even

13 global disability. These preventable outcomes

14 are among the most devastating in all of

15 medicine.

16   Why in 2019 are we failing to safely

17 breastfeed newborn babies? In 1991, the Baby

18 Friendly Hospital Initiative was launched under

19 the WHO 10 steps to successful breastfeeding.

20 Step 6 recommends to give no food or water other

21 than breast milk unless medically indicated.

22 This policy was created with minimal attention to

1   the high incidence of insufficient breast milk

2   the days after birth and no data demonstrating

3   safety or efficacy.

4   Newborns who are crying and nursing

5   for hours from hunger commonly do not get

6   supplemented until they have developed medical

7   emergencies. Mothers are advised to avoid

8   supplementation with no education of the

9   consequences of doing so if breastfeeding is not

10   enough. They are not told until complications

11   are obvious, by which time brain injury may have

12   already occurred.

13   This failure in patient education

14   results in approximately 190,000 admissions a

15   year, costing the U.S. approximately 2.7 billion

16   dollars and millions more per child to sustain

17   its brain injury over their lifetime.

18   We ask the committee to educate the

19   public and health professionals on the importance

20   on safe and sufficient infant feeding on the

21   minimal nutritional requirements of infants and

22   the harmful effects of dehydration and jaundice

1   and hypoglycemia. We ask for a responsible

2   public health message that respects all the ways

3   required to provide optimal infant feeding and

4   prioritize the safety for every child regards of

5   a mother's ability or decision to breastfeed.

6   Thank you.

7   DR. CASAVALE: Commenter 34.

8   DR. GREGER: My name is Dr. Michael

9   Greger with NutritionFacts.org. This month a

10   paper was published in the Journal of the Academy

11   of Nutrition and Dietetics have found essentially

12   there's been no change in processed meat

13   consumption over the last 20 years or so, which

14   represents just an abject failure of all of us in

15   the public health community to warn people about

16   the very real risks of processed meat -- bacon,

17   ham, hot dogs, lunch meats, sausage. These are

18   known human carcinogens.

19   The official 2018 IARC report couldn't

20   have been clearer. "Consumption of processed

21   meat causes cancer of the colorectal." That's

22   our second leading cancer killer of men and women

1   combined.

2   We know these foods cause cancer, and

3   we try not to smoke around our kids. Why would

4   we send them to school with a bologna sandwich?

5   That's not hyperbole. According to the Surgeon

6   General, living with a smoker increases the risk

7   of lung cancer 15 percent. So the cancer risk of

8   second hand smoke is comparable to the 16 or 18

9   percent increase risk of colorectal cancer, even

10   the equivalent of a single sausage link a day.

11   The 2015 Dietary Guidelines really

12   appear to drop the ball on this issue, saying

13   processed meat could be accommodated as long as

14   sodium and saturated fat limits were within

15   limits. But that's ignoring the cancer risk,

16   which we've known at least back since 2007 when

17   the first comprehensive analysis was published by

18   the American Institute for Cancer Research.

19   In fact one of their top 10

20   recommendations for cancer prevention, avoid

21   processed meat, full stop. American Cancer

22   Society also encouraged people to minimize the

1   intake of processed meat. We cannot allow the

2   billion dollar meat industry to continue to

3   subvert the science when so many million lives

4   are at stake.

5   The global burden of disease study,

6   largest study of disease risk factors in history

7   funded by the Bill and Melinda Gates Foundation,

8   found that the number one cause of death in these

9   United States is the American diet. Since

10   bumping tobacco to number two, this committee now

11   has control over our number one killer.

12   1964 was the peak year of smoking in

13   the U.S. before declining basically every year

14   since. What happened in 1964? The science

15   hadn't changed. We have studies going back to

16   the '30s linking lung cancer to smoking. What

17   changed is the Surgeon General's report. Just

18   this public acknowledgment by the powers that be

19   of this link between smoking and cancer.

20   You now have this mantel to make a

21   difference by just informing the American public

22   about the risk of cancer with processed meat.

1   God speed.

2   DR. CASAVALE: Commenter 35.

3   MS. TERNUS: Good morning. I'm

4   Maureen Ternus, Executive Director of the

5   International Tree Nut Council Nutrition Research

6   and Education Foundation or INCNREF. And I'd

7   like to thank you for the opportunity to present

8   comments today.

9   INCNREF is a nonprofit organization

10   that represents nine tree nuts including almonds,

11   brazils, cashews, hazelnuts, pecans, pistachios,

12   pine nuts, macadamias, and walnuts. I'd like to

13   comment specifically on the committee's work

14   regarding the current healthy U.S. style, healthy

15   Mediterranean style, and healthy vegetarian style

16   eating patterns in the 2015-2020 Dietary

17   Guidelines for Americans.

18   All three patterns recommend between

19   two and a half and three and a half ounces of

20   nuts, seeds, and soy products per week. Compare

21   those to the 10 and a half ounces per week

22   recommended in the FDA qualified health claim for

1   nuts and heart disease.

2   According to USDA ERS data, consumers

3   eat about 1.3 ounces of tree nuts per week.

4   Increasing the recommended amount of nuts and

5   healthy food patterns can help consumers lower

6   their risk for chronic disease and potentially

7   improve overall health.

8   In the last five years, there has been

9   a dramatic increase in the number of studies

10   showing the positive impact of nuts on cardio

11   metabolic health, weight and satiety. More than

12   seven epidemiological and clinical mixed nut

13   studies have shown that net consumption is not

14   associated with higher body weight. Over 45

15   research articles have shown that mixed nuts can

16   help reduce the risk of heart disease, diabetes,

17   and metabolic syndrome.

18   In a systematic review and meta

19   analysis of 61 controlled intervention trials,

20   tree nut intake lowered total cholesterol, LDL

21   cholesterol, ApoB, and triglycerides. The major

22   determinant of cholesterol lowering appears to be

1   nut dose rather than nut type.

2   Another systematic review and meta

3   analysis of 40 randomized control trials,

4   consumption of nuts significantly decreased

5   insulin resistance and fasting insulin,

6   suggesting that nut consumption may improve

7   insulin sensitivity.

8   I'd like to comment on another topic

9   being addressed by the committee, frequency of

10   eating. Research shows snacks provide about 25

11   percent of daily calories. When it comes to the

12   role of nuts, approximately 60 percent of the

13   nuts consumed are as snacks. In a recent study,

14   researchers looked at data from the 2009-2012

15   NHANES and found that replacing between meal

16   snacks with tree nuts led to more nutrient rich

17   diets that were lower in empty calories and

18   sodium and had more favorable fatty acid

19   profiles.

20   Replacing snacks high in refined

21   carbohydrates which is one-third cup of nuts per

22   day could have a positive impact on the nutrient

1   density of the diet.

2   In summary, consumers are eating well

3   below both USDA Dietary Guidelines and FDA

4   recommendations for nuts. The DGAC, through its

5   review of the ever growing body of evidence on

6   nut consumption and subsequent inclusion of

7   dietary relevant quantities and its recommended

8   food patterns, can help consumers understand the

9   benefits of regular nut consumption.

10   INCNREF looks forward to providing

11   this evidence to the committee throughout the

12   comment period. Thank you.

13   DR. CASAVALE: Commenter 36.

14   DR. KELLY: Madam Chair and committee

15   members, thank you for the opportunity to speak

16   on behalf of the nonprofit American College of

17   Lifestyle Medicine and its more than 3,000 member

18   clinicians who specialize in treating chronic

19   disease with lifestyle evidence-based

20   interventions including diet.

21   I'm Dr. John Kelly. I had the

22   privilege of being the founding president of the

1   college over 15 years ago. I am certified in

2   preventative medicine and as a lifestyle medicine

3   specialist. That's my practices as a lifestyle

4   medicine specialist.

5   I want to address your work, how your

6   work can help us prevent and treat type 2

7   diabetes. But I first have to make a comment

8   after sitting here and hearing all this wonderful

9   advice that you're getting. I thought when I was

10   getting ready to make my comments, I had more

11   advice than I've ever had in my life. But I

12   realize you have far more than I do.

13   But anyway, and seriously, lifestyle

14   medicine clinicians find poor diet to be one of

15   the most important risk factors for type 2

16   diabetes. And whole food plant strong diets to

17   be one of the most important interventions for

18   its treatment and remission.

19   The college's official position

20   statement on diet and disease reads thus, "For

21   the treatment, reversal and prevention of

22   lifestyle related chronic disease, the college

1   recommends an eating plan based predominately on

2   a variety of minimally processed vegetables,

3   fruits, whole grains, legumes, nuts, and seeds."

4   Now much evidence exists for the

5   positive impact of a whole food plant strong diet

6   and the primary prevention of type 2 diabetes

7   including numerous large cohort studies, Nurses'

8   Health Study, Health Professional Study, et

9   cetera, EPIC cohorts, Avenel cell study 1 and 2,

10   that consistently find that a plant strong diet

11   is associated with reduced incidence and

12   prevalence of type 2 diabetes.

13   In addition, numerous randomized

14   trials demonstrate plant strong whole food diets

15   are effective in treating type 2 diabetes and

16   other chronic conditions. And I want to say that

17   as an evidence based group of physicians and

18   clinicians, we recognize one size does not fit

19   all. I'm not in any way seeking to invalidate

20   the fact that apparently for some individuals,

21   different macronutrient balance is more effective

22   than other macronutrient balances. The college

1   embraces the fact that we're not all the same.

2   But we do find that the greatest

3   danger in our lifestyle medicine treatment is

4   usually not sufficiently reducing medications. I

5   personally have had the experience --

6   DR. CASAVALE: Thank you for your

7   comments.

8   DR. KELLY: Thank you.

9   DR. CASAVALE: We need to move on.

10   Commenter 37, please.

11   DR. SUBRAMANIAN: Hello. I am Dr.

12   Asha Subramanian, a community family physician

13   who is here to represent my own patients as well

14   as the millions of Americans, particularly

15   children, who will be directly affected by this

16   committee's decisions.

17   I thank the committee for the

18   opportunity to speak today. Based upon the

19   scientific evidence, I would like to urge you to

20   rethink the prominent role of dairy in the

21   upcoming 2020 Guidelines.

22   Dairy products are the number one

1   source of saturated fats in the American diet,

2   and scientific evidence has clearly tied dairy

3   consumption to heart disease and high

4   cholesterol. Moreover, milk and other dairy

5   products have consistently been shown to increase

6   the risk of breast, ovarian, and prostate cancers

7   through the mechanisms of IGF-1 and estrogen

8   dominance.

9   Research has closely linked dairy to

10 female reproductive diseases, acne, ear

11 infections, asthma, and allergies. In addition,

12 due to the mechanisms of molecular mimicry, there

13 is also strong scientific evidence on the

14 relationship of Type 1 diabetes, celiac disease,

15 rheumatoid arthritis, and other autoimmune

16 conditions from dairy consumption and childhood.

17   Lactose intolerance per the NIH

18 affects us to 50 million Americans, results in

19 diarrhea, bloating, gas, and abdominal pain.

20 Eighty to hundred percent of Asian Americans,

21 African Americans, Native Americans, and Latino

22 Americans are affected by lactose intolerance,

1   yet dairy is still a staple of the National

2   School Lunch Program and is served daily to

3   school children often from these very

4   populations.

5   This racial and ethnic disparity of

6   dairy consumption and its health repercussions

7   have never yet been addressed by the Dietary

8   Guidelines. Dairy, whether it's derived from

9   industrial agriculture or grass-fed cows,

10 contains high levels of estrogen, pus, feces, and

11 other contaminants. In fact, the main source of

12 animal derived estrogen in the human diet is from

13 dairy products.

14   Furthermore, there has been mounting

15 scientific evidence that the dairy industry has

16 contributed to climate change and its dangerous

17 effects through industrial agriculture. It's a

18 heartbreaking industry that takes a mother's milk

19 away from her baby cow to funnel it for human

20 consumption under the false pretense that it's

21 healthy for humans.

22   The USDA has served for years in a

1	conflicting role, protecting the public health

2	while at the same pushing agricultural products.

3	At what cost? Americans are increasingly and

4	clearly aware that milk does not do a body good.

5	Plant-based milks alone are now over a $1.6

6	billion market.

7	I am not here to profit financially or

8	to represent big plants. I am here as a front

9	line evidence-based physician advocate for my

10	patients and for all Americans, and my five year

11	old daughter who's going to be starting

12	kindergarten in a few months.

13	Let's eliminate dairy in the 2020

14	Guidelines and really stand up for our nation's

15	health. Thank you.

16	DR. CASAVALE: Commenter 38.

17	MS. ABSHIRE: My name is Laura

18	Abshire. And I'm the director of food and

19	sustainability policy at the National Restaurant

20	Association. We are the leading association for

21	the restaurant industry representing over 1

22	million locations nationwide.

1   The restaurant industry has

2   dramatically increased its focus on nutrition and

3   wellness in recent years, developing a wide range

4   of strategies to help Americans live healthier

5   lives.

6   Restaurants throughout the country are

7   offering a variety of helpful options, including

8   more fruits and vegetables, lean protein, whole

9   grains, low fat dairy, healthy fats, and plant

10 based foods.

11   Additionally, many new brands have

12 centered their entire businesses on nutritious

13 options. While some restaurants have formally

14 pledged to make positive changes through public

15 commitments, others have chosen to take a stealth

16 health approach through their changes in menus.

17   The restaurant industry is also

18 committed to providing nutrition information.

19 This is why we came together with the public

20 health community to support the menu labeling

21 nutrition disclosure standard. This standard has

22 been implemented in restaurants across the

1 nation, ensuring that customers have the

2 information they need to make healthier choices.

3 Our industry is also looking to

4 experts for help in achieving healthier menus by

5 employing more registered dieticians than ever

6 before. In fact, we currently have 220

7 professionals that are a part of our nutrition

8 executive study group.

9 Our commitment to health and wellness

10 is also evident through our participation in a

11 number of programs like the Associations' Kids

12 Live Well program, which provides parents with

13 healthful children's menu choices. Kids Live

14 Well is now located in every state and includes

15 over 150 national, regional, and local restaurant

16 brands, representing over 42,000 locations.

17 Building on this success, we are currently

18 revising the criteria as we prepare to launch

19 Kids Live Well 2.0.

20 We are also participating in the

21 Portion Balance Coalition in conjunction with

22 Georgetown University. We are excited about the

1   opportunities to shape, co-create, and implement

2   change in this area with a diverse group of

3   multisector players.

4   Finally, many of our members are

5   engaged in the Culinary Institute of America's

6   Healthy Menu R&D Collaborative. Through this

7   effort, more produce, less sodium, fewer

8   calories, and higher quality proteins are now

9   being offered through its collective offering of

10   38 million meals a day.

11   These efforts are clearly having an

12   impact. The Association recently surveyed a

13   sample of 2,000 adults. And the results

14   indicated that 72 percent believe restaurants

15   have made it easier to monitor calorie intake.

16   Fifty percent agree that restaurants have made an

17   effort to balance portion sizes. And 40 percent

18   report more options for lower calorie beverages.

19   The restaurant industry is truly

20   committed to taking a long-range proactive

21   approach to meeting evolving science-based

22   nutrition evidence, as well as consumer needs and

1   attitudes towards nutrition.

2   We appreciate the opportunity to

3   provide comments today, and would direct you to

4   our forthcoming written comments. Thank you.

5   DR. CASAVALE: Commenter 39.

6   MS. WELLAND: My name is Diane

7   Welland, and I'm the nutrition communications

8   manager for the Juice Products Association, known

9   as JPA. JPA is a trade association representing

10   processors, growers, and distributors to the

11   juice industry.

12   We support the current 2015-2020

13   Dietary Guidelines for Americans' recommendations

14   around juice which state, 100 percent juice

15   contributes beneficial nutrients and should be

16   one of the primary beverages consumed. One-

17   hundred percent juice is part of the fruit and

18   vegetable group. One-hundred percent juice in

19   appropriate amounts can be included in a healthy

20   dietary pattern.

21   I'd like to share three evidence based

22   reasons that support 100 percent juice as a

1 nutrient dense helpful beverage in the diets of

2 Americans. 100 percent juice delivers

3 significant beneficial nutrients such as valuable

4 vitamins, minerals and bioactives to the diets of

5 children and adults.

6   More specifically, 100 percent juice

7 is a source of potassium, vitamin C, and numerous

8 health promoting plant compounds like polyphenols

9 and flavonoids. It's an important contributor to

10 folate, magnesium, thiamine, riboflavin, and

11 niacin. Fortified juices also provide vitamin D

12 and calcium.

13   One-hundred percent juice -- number

14 two is 100 percent juice is nutritionally similar

15 to fruits and vegetables and can help all

16 Americans meet fruit and vegetable group

17 recommendations. On a gram for gram basis, fruit

18 and its 100 percent fruit juice counterpart is

19 similar in their nutritional profiles.

20   Today more than 75 percent of

21 Americans fall short when it comes to meeting

22 recommended amounts of daily fruit servings.

1 While JPA recognizes whole fruits should be the

2 majority of fruit consumed by children, 100

3 percent juice does play a significant role in

4 helping children meet suggested intakes.

5   Research shows that children who

6 consume 100 percent juice have higher intakes of

7 whole fruit than those children who don't. This

8 suggests that fruit juice is complementary and

9 not competitive with whole fruit intake, and may

10 actually encourage the intake of whole fruit in

11 the diet. Furthermore, data shows that 100

12 percent fruit juice drinkers, both children and

13 adults, have better diet qualities than non-fruit

14 juice drinkers.

15   Number three, drinking 100 percent

16 juice is not associated with weight status and

17 does not increase risk of chronic illness. In

18 fact, it may even protect against certain

19 conditions. The majority of science on obesity

20 in children overwhelmingly shows no association

21 between drinking 100 percent juice and trends in

22 weight gain.

1   A 2018 study systematically reviewed

2   the current evidence associated with 100 percent

3   fruit juice consumption and various chronic

4   health conditions in children and adults. The

5   study found no significant associations between

6   juice and weight gain in children or adults and

7   concluded that no adverse health effects were

8   found to be associated with 100 percent juice

9   consumption related to diabetes, cardiovascular

10   disease, and blood pressure. Emerging evidence

11   indicates drinking 100 percent fruit juice can

12   support cardiovascular health and may be

13   associated with improved cognitive function.

14   In conclusion, JPA supports making

15   dietary choices that include a variety of foods

16   that contribute to a healthy overall diet,

17   including 100 percent fruit juice consumed in

18   appropriate amounts.

19   Thank you for this opportunity.

20   DR. CASAVALE: Commenter 40.

21   MS. WESTBROOKS: You're halfway there,

22   Committee. My name is Jasmine Westbrooks and I'm

1   a registered dietician with a Master's in

2   Nutrition Education and a founder of a non-profit

3   called EatWell Exchange, where we help provide

4   access to healthy and affordable foods in low

5   social economic communities.

6   About 23.5 million people live in food

7   deserts. Half those people live in low-income

8   areas, while the other half are among the general

9   population, so this affects you, this affects

10   your family and your community.

11   A food desert is a community that

12   lacks access to full-service grocery stores,

13   where fresh produce and other healthy foods are

14   scarce or non-existent.

15   Residents living in food deserts also

16   had a hard time finding foods that were

17   culturally relevant that meet their dietary

18   restrictions, according to the White House Task

19   Force on Childhood Obesity.

20   So my question for you all today is,

21   how can we improve a community without the tools

22   to make a positive and healthy change? About 34

1   percent of Americans are from diverse nations,

2   which have their own cultural values, food, and

3   traditions.

4   To impact these communities, we must

5   first be knowledgeable of the foods and how we

6   can use them to satisfy a healthy Dietary

7   Guideline based on our culture.

8   To see a change in the eating patterns

9   of all Americans, the Dietary Guidelines should,

10   first, recruit Dietary Guideline ambassadors from

11   diverse neighborhoods and promote culturally

12   relevant healthy foods.

13   This is a need to implement and teach

14   low social economic communities the Dietary

15   Guidelines for Americans. These nutrition

16   ambassadors will have a cultural connection to

17   the lifestyle and an ability to produce

18   respectful changes, for example, the goals of the

19   nutrition education will be to bridge the gap

20   between the Dietary Guidelines recommendations

21   and what foods that community is familiar with.

22   Second, provide nutrition education to

1   individuals in low social economic communities

2   about how and why to pick these choices along

3   with increasing availability of healthier foods.

4   Evidence demonstrates that creating

5   change for food habits involves increased

6   knowledge about how and why these dietary changes

7   are important.

8   Research has shown that nutrition

9   education programs, encouraged from a quasi

10   experimental study, show four out of eight

11   nutrition programs conducted by the USDA and

12   Nutrition Service resulted in significant

13   improvement of fruit and vegetable consumption

14   from nutrition education by the Supplemental

15   Nutrition Assistance Program.

16   So it is important to realize this is

17   not a personal or individual problem, this is a

18   systematic problem. We need to eat like our

19   ancestors to prevent and treat chronic

20   conditions.

21   For example, the Southern diet is

22   often referred to as a traditional diet for

1 African-Americans, however, the real traditional

2 model truly eaten by Africans consists of high

3 fiber-rich leafy greens, and beans, and legumes.

4 Dietary Guidelines and our variations

5 in our cultures cannot be ignored. The foods we

6 eat, the way we live, and the resources that we

7 have access to impact our overall health. Thank

8 you.

9 DR. CASAVALE: Commenter 41.

10 MR. TUMA: I'm Pepin Tuma with the

11 Academy of Nutrition and Dietetics. America

12 faces a debilitating health crisis that is

13 largely of our own making. Rates of obesity and

14 diet-related chronic diseases are on the rise.

15 Our diets are killing too many of us and they're

16 making too many of us sick.

17 More than ever, we need these

18 evidence-based guidelines, but we also need

19 strategies, and funding, and a unified commitment

20 to implement them so that all Americans can make

21 healthier decisions for ourselves and for our

22 families.

1   The Academy of Nutrition and Dietetics

2   represents 108,000 credentialed women and men

3   committed to evidence-based practice, who are

4   making a difference, producing lifestyle change,

5   and improving health in communities throughout

6   the country, in schools, hospitals, as

7   researchers, and in private practice.

8   We have confidence in this particular

9   Dietary Guidelines Advisory Committee, as a body,

10   and in the individual members selected to serve

11   on it.

12   Having observed the discussion

13   yesterday, and at the first public meeting, all

14   Americans should feel confidence in this

15   committee's abilities, approach, and astuteness

16   in answering the scientific questions before you

17   and you being able to fulfill the charge outlined

18   in the charter.

19   Sometimes, rarely actually, our

20   Dietary Guidelines get it wrong. Whether it's

21   the unintended consequences of a focus on total

22   fat or political decisions that reject, weaken,

1   or rewrite recommendations in the scientific

2   report to make them more anodyne, it happens.

3   And we learn from it, and we dig

4   deeper, and we work to ensure that the guidelines

5   evolves as the science evolves. This advisory

6   committee, and USDA, and HHS scientists, working

7   alongside you, are well-suited to the task of

8   distilling the science from the silliness.

9   The nature of science is iterative and

10   we have confidence that this DGAC will not miss

11   the forest through the trees. We continue to

12   support a focus on dietary patterns over

13   individual nutrients and taking a systems

14   approach, reflecting the need to think about

15   nutrition as a biological variable.

16   This requires a willingness to see

17   topics and questions anew and cast off guidelines

18   and theories that assume too much, or overly

19   reliant on surrogate endpoints that may matter

20   less than we originally thought.

21   The Academy of Nutrition and Dietetics

22   will follow-up with specific comments on proposed

1   protocols and processes and the purposes of the

2   guidelines, and the complexities of nutrition

3   science, but in the remaining time allotted, I

4   want to emphasize three salient points.

5   First, transparency. The committee

6   and the Departments to date have worked to

7   implement and incorporate the National Academy's

8   recommendations, but where the rubber meets the

9   road is that period and process between the

10   submission of your scientific report and the

11   issuance of the final guidelines.

12   And we are committed to ensuring that

13   the final Dietary Guidelines reflect science and

14   not politics in accordance with the statutory

15   requirements.

16   Second, timing. The Dietary

17   Guidelines charter was issued in October of 2018

18   for a period of two years. Take the entire two

19   years.

20   Take until October 2020. You have new

21   and added responsibility of the B to 24

22   recommendations and significant new evidence in

1   the literature. Take all the time you're

2   allotted and get it right rather than getting it

3   artificially and arbitrarily fast.

4   DR. CASAVALE: Thank you for your

5   comments. We'll need to move on.

6   MR. TUMA: Thank you.

7   DR. CASAVALE: Commenter 42, please.

8   MS. CAUDILL: Good morning. My name

9   is Marie Caudill and I'm a Choline Researcher in

10   the Division of Nutritional Sciences and Cornell

11   University. Thank you for the opportunity to

12   provide comments on this important scientific

13   review.

14   To start, although choline is an

15   essential nutrient for all ages and stages of

16   life, only one of 10 U.S. adults meet target

17   intake levels.

18   The best dietary sources of choline

19   are animal source foods like eggs and meat,

20   however, consumers are often advised to limit

21   these foods in their diet.

22   With public health calls to shift

1   eating patterns away from animal-based foods, a

2   potential unintended consequence is a further

3   lowering of choline intake.

4   It thus appears that choline needs

5   will be most easily met in the United States

6   through a combination of food and supplements,

7   particularly amongst special populations like

8   pregnant and lactating women who have an

9   increased choline requirement.

10   Low choline intakes throughout the

11   perinatal period are of concern because choline

12   is required for proper brain development and

13   function. Research shows that supplementing the

14   maternal diet with additional choline elicits

15   better cognitive outcomes, like improved fat

16   processing speed and attention in infants, and

17   better visual memory in seven-year-old children.

18   Higher maternal choline intakes are

19   also associated with a reduced risk of having a

20   baby with a neural tube defect, and may protect

21   against certain neural insults, like fetal

22   alcohol syndrome.

1   Authoritative bodies are now beginning

2   to recognize choline as a nutrient needed for

3   optimal health during development and in infancy.

4   For example, the American Medical Association

5   recommended choline be a component of all

6   prenatal vitamin supplements and the American

7   Academy of Pediatrics issued a policy statement

8   calling out choline as a key brain-building

9   nutrient.

10   In addition to the pregnant and birth

11   to 24-month populations, choline is important for

12   health across the life stages. Choline supports

13   brain health and function among older adults, it

14   also helps move fat out of the liver, keeping

15   this vital organ healthy and functioning

16   properly, and potentially preventing non-

17   alcoholic fatty liver disease, a leading health

18   concern in the United States.

19   Thus, it seems of critical importance

20   that future dietary guidance elevate awareness of

21   choline and choline-containing foods. We hope

22   the committee will consider reviewing the data

1   around this important nutrient. Thank you.

2   DR. CASAVALE: Commenter 43.

3   MS. SEALANDER: Good morning. I'm

4   Karen Sealander for the American Dental

5   Hygienists Association. ADHA represents the

6   nation's more than 200,000 dental hygienists who

7   work with individuals and groups across the

8   lifespan to ensure people realize the importance

9   of adopting routine oral health preventive

10   practices, to not only curb dental caries, tooth

11   decay, but also, to promote a healthy diet.

12   Why are healthy teeth important to

13   healthy diets? Painful and missing teeth can

14   limit dietary intakes of fruits, vegetables,

15   whole-grain breads, and other foods that require

16   chewing.

17   Studies have found that individuals

18   with partial or full dentures have lower

19   consumption of 20 key nutrients. Poor oral

20   health is also associated with serious systemic

21   medical conditions, including diabetes, heart

22   disease, and stroke.

1   What is the scope of the problem?

2   Rates of dental caries match or exceed rates of

3   obesity in individuals at all ages, demonstrating

4   that caries is a major chronic disease across the

5   lifespan.

6   Indeed, dental caries is the most

7   common chronic condition among children, five

8   times as prevalent as asthma.

9   Importantly, unlike medical maladies,

10 virtually all dental disease is fully preventable

11 through proper dietary intake and oral health

12 preventive practices.

13   Including the importance of oral

14 health preventive practices in the Dietary

15 Guidelines will ensure that guidance in how to

16 ensure healthy teeth can make for healthy meals

17 reaches more Americans.

18   Today, more than half of all children

19 do not receive instruction on self-care oral

20 hygiene in a given year. Routine oral healthcare

21 also helps prevent periodontal disease, which

22 impacts over 17 percent of seniors and can lead

1 to tooth loss and subsequent poor dietary

2 intakes.

3   Preventing dental caries early and

4 throughout life can also improve social

5 interaction, school performance, military

6 readiness and effectiveness, and job

7 opportunities.

8   Education about the benefits of oral

9 health preventive practices will help all

10 Americans avoid the negative effects of tooth

11 loss and painful teeth.

12   ADHA and our partners request that the

13 2020-25 Dietary Guidelines recommend,

14 "Individuals of all ages should follow a daily

15 oral hygiene routine, which includes brushing

16 their teeth with fluoridated toothpaste, cleaning

17 between their teeth where possible, chewing

18 sugar-free gum for 20 minutes after meals or

19 snacks, if possible, drinking fluoridated water,

20 and limiting intake frequency of dietary

21 fermentable carbohydrates."

22   This is essential because oral health

1   preventive practices have significant dietary

2   benefits for all Americans. Thank you for the

3   opportunity to provide comments on behalf of the

4   American Dental Hygienists Association and

5   additional supporting organizations listed in our

6   written testimony. Thank you.

7   DR. CASAVALE: Commenter 44.

8   DR. SHANAHAN: My name is Dr. Cate

9   Shanahan. I'm a family physician from Florida.

10   I'm here on behalf of myself. I wrote a book

11   about 10 years ago about how families used to

12   raise healthy children using the resources they

13   had available to them in their environment; whole

14   foods, basically.

15   The book is called Deep Nutrition: Why

16   Your Genes Need Traditional Food. And what it

17   does is, basically, take a look at the obvious

18   changes that have happened in the past 100 years

19   to our food supply and the way we feed ourselves,

20   that amount, essentially, to a massive

21   nutritional and dietary experiment involving

22   hundreds of millions of participants in this

1   country alone over hundreds of years.

2   And the obvious is that 100 years ago,

3   people were self-sufficient in their food, to a

4   degree that we can't even really comprehend

5   anymore, because people hunted, people fished,

6   people had a garden, whenever that was possible,

7   people raised their own animals.

8   They cared about the health of the

9   animals that they raised. They cared about the

10   soil. It was their job to bring up healthy

11   children, because if they didn't do it, the

12   government wasn't going to help them out.

13   And so what has changed over the past

14   100 years is that now, we have very few people

15   who have any of those skills. We have lost the

16   skills of gardening, of farming, of cooking, of

17   knowing even how to combine flavors in a tasty

18   way.

19   We've lost the knowledge of culinary

20   skills that used to be considered essential.

21   Making stock, using the whole animal or the whole

22   plant. We've lost so much. We've lost

1   knowledge, we've lost time, we've lost health

2   over the past 100 years. So much has changed.

3   And one of the most important changes,

4   I think that the fact that so many things have

5   changed, actually, is important to point out

6   because it is very confusing to understand what

7   we really should be doing, given the degree of

8   alteration of our food supply.

9   But what I want to share with you is

10 that the most important change, in my opinion as

11 a Cornell-trained biochemist, is that we now eat

12 80 percent of our fat calories from refined,

13 bleached, deodorized vegetable oils, and only 20

14 percent of our fat calories come from any kind of

15 whole foods.

16   These vegetable oils include soy,

17 corn, and canola, and they are nobody's friend.

18 I've heard nobody up here talking about how we

19 need refined bleached, deodorized vegetable oils.

20   They are unhealthy because they

21 deteriorate in our body in ways that promote

22 inflammation, that promote DNA damage,

1 mitochondrial damage, and are associated, that

2 kind of damage is associated with every disease.

3   DR. CASAVALE: Thank you for your

4 comments.

5   DR. SHANAHAN: Thank you.

6   DR. CASAVALE: Commenter 45.

7   MS. LEWIN-ZWERDLING: Hello. My name

8 is Alex Lewin-Zwerdling and I'm the Vice

9 President for Research and Partnerships at the

10 International Food Information Council

11 Foundation.

12   The IFIC Foundation is a non-profit

13 organization with a mission to effectively

14 communicate science-based information about

15 health, nutrition, and food safety for the public

16 good.

17   Our focus is on helping Americans make

18 informed choices and understanding what motivates

19 and informs consumers so that they can lead an

20 increasingly healthful lifestyle.

21   One of the primary objectives of the

22 IFIC Foundation is commissioning and conducting

1 consumer research. I would like to highlight

2 today, a subset of our findings from our 2019

3 Food and Health Survey, released just this past

4 May.

5 This marked our 14th consecutive

6 annual survey tracking American's perceptions

7 around food and diets, eating habits, and trends.

8 Consumer habits are changing, including the

9 alignment of one's values with the foods they

10 consume.

11 This year's survey found that 38

12 percent of consumers reported following a diet

13 over the past 12 months, with clean eating being

14 the most widely cited diet. Not far behind was

15 intermittent fasting.

16 At the same time, consumers are

17 reporting eating healthier compared to 10 years

18 ago. The top two changes people say they've made

19 to improve their diets was limiting sugar intake

20 and increasing consumption of fruits and

21 vegetables.

22 The survey also explored American's

1   snacking habits and found that nearly everyone

2   snacks at some point during the week, with

3   roughly 1/4 saying they snack multiple times a

4   day.

5   Plant-based diets have garnered

6   widespread media attention as well, but the ways

7   people define plant-based diets varies. Our

8   survey found that consumers' definitions ranged

9   from vegan, to vegetarian, to one that focuses on

10   minimally processed foods.

11   Over half of consumers want to learn

12   more about plant-based diets. At the same time,

13   consumption of plant-based protein is on the

14   rise, with roughly 1/4 of consumers saying that

15   they eat more plant-based protein now compared to

16   only one year ago.

17   In 2019, the top health benefits

18   consumers are seeking from food include weight

19   loss and maintenance, energy, and digestive

20   health. When it comes to feeding newborns and

21   infants, parents face specific challenges.

22   Our 2018 B to 24 research showed that

1 parents are focused on feeding their children

2 nutritious diets, but concerns remain. These

3 include choking hazards, allergic reactions, what

4 foods to introduce and when, as well as where to

5 find reliable advice.

6   We encourage the committee to explore

7 this study's results in more detail. In summary,

8 dietary guidance must reflect the motivations and

9 attitudes of consumers and IFIC Foundation

10 consumer research can be used to help inform this

11 process.

12   As members of the committee, we

13 encourage you to keep the pulse of the consumer

14 central to your discussions and nutrition

15 recommendations. Thank you for your time today

16 and we welcome further discussions about any of

17 the IFIC Foundation data I referenced during my

18 comments.

19   DR. CASAVALE: Thank you for all of

20 the comments. We will now take a break and we'll

21 reconvene promptly at 11:00.

22   (Whereupon, the above-entitled matter

1 went off the record at 10:49 a.m. and resumed at

2 11:01 a.m.)

3   DR. CASAVALE: All right. We're going

4 to resume. Commenter 46, please.

5   MS. NAJJAR: Hello. I am Christine

6 Najjar. I'm a nutritional medicine physician at

7 Pounds Transformation in West Hartford,

8 Connecticut. I have my training in internal

9 medicine, primary care, a Bachelor's in

10 Biochemistry, and a Master's in Human Nutrition,

11 and I want to thank the Committee for taking on

12 the daunting task of sifting through the ever-

13 expanding body of nutritional literature.

14   But I am here today to bring to your

15 attention a substantial class of Americans that

16 are not currently being evaluated. These are

17 Americans with hyperinsulinemia.

18   The hyperinsulinemia syndrome is

19 extremely broad and includes endpoints such as

20 obesity, cardiovascular disease, type 2 diabetes,

21 liver disease, certain cancers, polycystic

22 ovarian syndrome, and Alzheimer's Disease.

1   Dare I suggest that this is one of the

2   primary drivers of the current American

3   healthcare crisis. Now, prevalence for

4   hyperinsulinemia will not be found accurately in

5   the literature because it's not routinely

6   screened for in primary care.

7   Most clinicians have never even heard

8   of a craft assay. This test can diagnose type 2

9   diabetes decades earlier than our current

10   diagnostic standards.

11   CDC estimates upwards of 100 million

12   Americans are suffering. Now, clinicians who do

13   evaluate for and diagnose hyperinsulinemia find

14   that the treatment is quite simple with a low

15   carbohydrate or well-formulated ketogenic diet.

16   And I understand these guidelines are

17   not for the prevention of -- or for the

18   prevention of disease and not treatment, however,

19   I was wondering if the committee has put any

20   thought into how they are going to address these

21   new healthy Americans who have recovered from

22   hyperinsulinemia and require adherence to a low-

1   carbohydrate lifestyle to stay healthy.

2   Clinically, if these Americans consume

3   any of the dietary patterns currently available

4   in upwards of 50 to 55 percent of their daily

5   calories from carbohydrates, disease will recur.

6   So much for prevention.

7   These Americans require a low-

8   carbohydrate dietary pattern, and with numbers

9   like 100 million, I'm not too sure giving a

10   blanket statement about how much starch and sugar

11   we should all be consuming is a great idea.

12   And to help define what low carb is,

13   I suggest familiarizing yourself with a

14   physiological concept called personal

15   carbohydrate tolerance, and perhaps maybe the

16   first step towards effective change is to step

17   away from nutritional epidemiology and start

18   engaging in open discussions with clinicians who

19   are already treating and successfully preventing

20   hyperinsulinemia.

21   And perhaps maybe then screening for

22   and treating for hyperinsulinemia will be

1 incorporated into primary care, and together, we

2 can all make Americans healthy again. Thank you.

3 DR. CASAVALE: Commenter 47.

4 MS. WHITMIRE: Hi. I'm Meredith

5 Whitmire, policy director for the Defeat

6 Malnutrition Today Coalition, a group of 90

7 national, state, and local organizations and

8 agencies fighting older adult malnutrition.

9 The framework and approach outlined

10 for the 2020-2025 Dietary Guidelines highlight

11 the important of guidelines to improve the

12 nutritional intake of Americans across the

13 lifespan.

14 As older adults represent a growing

15 proportion of the United States, including

16 Dietary Guidelines relevant to an aging

17 population is important.

18 In fact, older adult malnutrition is

19 a growing crisis in America today. 1 in 2 older

20 adults face the threat of malnourishment.

21 Malnutrition is pervasive, costly, and

22 contributes to disability and slower recovery,

1   however, is has not yet been addressed by a

2   systematic consistent approach throughout the

3   continuum of care, including in our communities.

4   We were very excited to see the focus

5   question on the relationship between dietary

6   patterns consume and sarcopenia. Malnutrition is

7   the leading cause of sarcopenia and many cases of

8   severe sarcopenia could have been prevented with

9   an adequate diet.

10   Relatedly, in your work researching

11   nutrients of public health concern, we ask you to

12   closely consider necessary intake of protein in

13   older adults.

14   Studies show that older adults need a

15   substantially higher amount of protein to

16   maintain their muscle mass and prevent

17   sarcopenia, and yet, the reference intakes are

18   the same for all groups, aged 14 and older, male

19   and female.

20   This should be reevaluated. We are

21   also excited that you're studying the current

22   prevalence of nutrition-related chronic health

1   outcomes. In your evaluations, we ask you to

2   consider the presence of malnutrition when you're

3   examining chronic health outcomes, since poor

4   nutrition causes some conditions and exacerbates

5   many others.

6   Ultimately, older adult malnutrition

7   is preventable, but to defeat it, we must first

8   address it. The work of the advisory committee

9   can and should lead the way on this effort.

10   Thank you for having me and thank you for your

11   important work.

12   DR. CASAVALE: Commenter 48.

13   MS. MOHAMEDSHAH: I'm Farida

14   Mohamedshah with the Institute of Food

15   Technologists. IFT, a global organization of

16   over 16,000 individual members from over 100

17   countries, brings together professionals from

18   academia, government, and industry to apply the

19   science of food and technology to solve the

20   world's greatest food challenges. We believe

21   that science is essential to ensuring a global

22   food supply that is sustainable, safe,

1   nutritious, and accessible to all.

2   We appreciate the opportunity to

3   provide input on the 2020 Dietary Guidelines for

4   Americans. Dietary Guidelines are inspirational

5   in nature, however, they should be realistic and

6   practical. IFT emphasizes that the DGA should be

7   based on science and include recommendations for

8   dietary changes that enable implementation and

9   maximize adoption in a sustainable manner.

10   Therefore, consideration of the role

11   of food science and technology is crucial, as

12   nearly all available food products have been

13   developed through the application of these

14   disciplines.

15   However, food scientists and

16   technologists, and their perspectives, are not

17   currently represented in the Dietary Guidelines

18   advisory committee.

19   Food scientists and technologists

20   formulate and produce food products that are

21   safe, nutritious, accessible, palatable, and

22   affordable, and help consumers meet their

1   nutrient, dietary, and health needs, and cultural

2   references.

3   It is important to recognize that

4   without a safe and sustainable food supply,

5   efforts to improve nutrient and diet quality are

6   fruitless, thus, attention to formulation,

7   processing, packaging, ingredients, and supply

8   chain innovations, efficient use of natural

9   resources, as well as advances in science and

10   technology to address food safety, nutrition,

11   food loss and food waste are critical as we move

12   to 2020 and beyond.

13   Food scientists and technologists

14   employ various approaches to formulate and

15   produce food products to meet the nutritional

16   needs of consumers across all stages and social

17   economic strata.

18   We have been successful in addressing

19   nutrient deficiencies, such as folate and vitamin

20   D, increase levels of nutrients and food groups,

21   such as dietary fiber and whole grains, and

22   decrease sodium, sugar, and saturated fats, for

1   example.

2   Application of food science and

3   technology allows formulating of food products

4   that are affordable and convenient for meal

5   preparation for all demographics and enables

6   consumers to embrace personal dietary

7   preferences, such as cultural, ethnic, and

8   religious.

9   Recent consumer research shows that

10   food purchasing decisions are driven by taste,

11   price, helpfulness, and convenience, with taste

12   and price being the primary drivers.

13   Aspiration dietary guidance that

14   ignores these drivers will not be readily adopted

15   or successfully implemented. Food scientists and

16   technologists are integral in delivering against

17   the rapidly changing multiple demands of safe,

18   nutritious, palatable, affordable, and

19   convenient, and abundant food supply.

20   IFT and its members look forward to

21   furthering the committee's understanding of the

22   role of food science and technology in meeting

1   the goals of the Dietary Guidelines.

2   IFT urges that the committee and the

3   Departments of Agriculture and Health and Human

4   Services to engage food scientists and

5   technologists in the deliberation process to

6   develop recommendations that are science-based,

7   practical, and realistic to improve the diet and

8   health of Americans. Thank you.

9   DR. CASAVALE: Commenter 49.

10   DR. POPPER: Thank you. My name is

11   Dr. Pam Popper. I'm from Wellness Forum Health

12   in Columbus, Ohio and I thank you for the

13   opportunity to talk to you today.

14   We've been in business for almost 25

15   years and we've worked with about 100,000 people

16   who have contacted us because they want to regain

17   or maintain their health.

18   Most of these people have chronic

19   degenerative conditions, like type 2 diabetes and

20   coronary artery disease. We've seen a couple of

21   really disturbing trends. One is lower and lower

22   ages of onset of disease.

1   We have 2nd graders with type 2

2   diabetes, high school kids with rheumatoid

3   arthritis, and of course, the population's

4   getting fatter and sicker. It's rare to see a

5   normal-weight person in our office today.

6   Poor diet's always a contributing

7   factor. It's often the thing that has caused

8   these people to be sick. Most of our people have

9   eaten a diet high in fat and protein, too much

10   animal food, too much dairy, too much processed

11   food.

12   Standard procedure in our office, we

13   put these people on a low-fat, high-fiber, plant-

14   based diet, and they get better. In fact, they

15   get better so quickly that they have to be

16   medically monitored because the drops in blood

17   pressure and glucose levels mean that medications

18   have to be reduced and sometimes withdrawn within

19   a few days.

20   One of the most common things that

21   people ask us at the end of this process is, why

22   didn't I know about this? They tell us

1 routinely, I would have converted to this diet if

2 I knew I could have prevented diabetes and I

3 certainly would have done it if I thought that I

4 could have reversed my disease. So why aren't we

5 telling people this?

6 Well, there's a lot of confusion about

7 diet, some of it's been sowed here, people

8 advocating high-fat diets, and I personally take

9 offense to anybody who would come up here and say

10 that the Dietary Guidelines are a joke. That's

11 my opinion.

12 I think it's offensive, but if you

13 take a look at high-fat diets, low-carb diets,

14 the measurements, short-term, show that the

15 benefits are there. People lose weight and their

16 numbers come down, but if the only thing we're

17 going to do is consider short-term benefits,

18 there are a lot of things that cause people to

19 lose weight and have good biomarkers.

20 One's cocaine addiction. I've never

21 had a fat cocaine addict in my office and I've

22 never had one with high cholesterol or high

1   fasting glucose levels.

2   Now, I'm being facetious, of course,

3   but the point is, if the only thing that counts

4   is short term, a lot of things are short-term

5   good, bad in the long term, because it takes a

6   long time for cancer to develop in response to a

7   high-fat diet, for example, or a high-protein

8   diet.

9   A plant-based diet, low in fat, high

10   in fiber, is the one consumed by the healthiest

11   people on the planet, like the Okinawans, who

12   didn't get the memo that high-carb, starch-based

13   diets are bad for you, so I strongly encourage

14   the committee to take a very strong stance on

15   this issue and recommend a whole foods plant-

16   based diet. Thank you very much.

17   DR. CASAVALE: Commenter 50.

18   MS. HANSELMAN: Good morning. My name

19   is Miquela Hanselman and I am the manager of

20   regulatory affairs at the National Milk Producers

21   Federation. As the committee begins to put

22   together its report, first and foremost, I would

1   like to emphasize the need to maintain dairy's

2   current position as a distinct food group, as

3   well as a recommendation that consumers, ages

4   nine and older, receive free servings of dairy a

5   day.

6   Dairy foods are nutrient-rich products

7   and irreplaceable in the diet if we want to meet

8   the DGA recommended nutrient requirements. Dairy

9   foods are one of the top sources of calcium,

10   protein, phosphorous, magnesium, potassium,

11   vitamins A, B12, D, and riboflavin in children's

12   diets.

13   In fact, it was determined in 2015

14   that 42 percent of individuals over the age of

15   one don't get enough calcium or vitamin D. Two

16   micronutrients that dairy products are full of.

17   If dairy were removed from the diet,

18   people would fall significantly below the

19   estimated average requirement. In 2015 Dietary

20   Guidelines Advisory Committee report, the

21   committee compared the nutritional value of dairy

22   foods and non-dairy alternatives.

1   In this analysis, it was found that

2   while some non-dairy alternatives have been

3   fortified to match the levels of calcium and a

4   few other nutrients in milk, there was always at

5   least one nutrient that was negatively impacted.

6   As stated in the 2015 analysis, no

7   dairy alternatives, aside from soy, provide a

8   similar enough nutrient profile in terms of

9   essential nutrients to be considered and for

10   inclusion in the dairy group.

11   Because of this, the committee should

12   continue to only include real dairy products in

13   the dairy category. One of the key attributes

14   which makes dairy products such a nutritious

15   option is the protein impacts with each serving.

16   On average, a glass of milk offers

17   eight grams of a complete protein. Almond

18   beverages have only one to two grams, and like

19   all plant-based beverages, the proteins provided

20   are incomplete.

21   Across various measurement tools, the

22   protein quality of animal proteins is higher than

1 plant proteins because of the high content of

2 essential amino acids they contain. Animal

3 proteins have been proven to have higher skeletal

4 muscle anabolic response due to the

5 bioavailability of the amino acids.

6   Leucine, which has high anabolic

7 properties, is especially found in high amounts

8 in milk. These protein properties, coupled with

9 the micronutrient package milk offers, makes it

10 invaluable in an American's diet.

11   The most recent research on the

12 benefits of dairy consumption continue to show

13 dairy's role in reducing the risk of chronic

14 disease, including a reduced risk of type 2

15 diabetes and cardiovascular disease.

16   With all the nutritional benefits

17 dairy has to offer, and the accessibility across

18 income classes it has, it is a no-brainer to keep

19 dairy as a staple in the Dietary Guidelines, in

20 their own category, encouraging people to consume

21 three servings daily, especially when considering

22 it is a vital source of micronutrients that

1   Americans have a hard time meeting the daily

2   requirements of. Thank you for your time.

3   DR. CASAVALE: Commenter 51.

4   MS. GREENBERG: Yes. Good morning.

5   Thank you for a fascinating morning. This has

6   been great. My name is Sally Greenberg. I'm

7   executive director of the National Consumers

8   League and we are here to comment on -- to this

9   advisory committee and focus our comments on one

10   issue that we think is being overlooked, and

11   that's the issue of portion balance as a strategy

12   for achieving greater health for all Americans in

13   the 2020-2025 U.S. Dietary Guidelines.

14   In February 2019, my organization,

15   along with two national consumer advocacy groups,

16   and six leading food industry trade associations,

17   joined together to call on the USDA and the HHS

18   to highlight the importance of portion balance in

19   the new Guidelines.

20   Throughout our 120-year history, the

21   National Consumer League has focused on food

22   safety and nutrition. At the turn of the 20th

1   century, in fact, our founders advocated for the

2   need for safe drinking water, and safe milk, and

3   protecting consumers against adulterated foods.

4   Today, the issues are different, but

5   every bit as pressing. Obesity continues to take

6   its toll on the overall health of Americans and

7   is projected to affect 115 million adults by year

8   2030.

9   This projection is due in large part

10   to an increase over the last four decades in the

11   portion sizes of meals, snacks, and beverages.

12   One promising, and we think, underutilized

13   strategy for tackling the obesity epidemic is

14   helping consumers understand and implement

15   appropriate portion balance.

16   In a 2014 report, the McKinsey Global

17   Institute found that interventions to control

18   portion size, such as reducing the size of

19   packaged foods, fast food, and high-calorie

20   beverages could be the single most effective

21   measure leading to reduced obesity.

22   Unfortunately, while the current

1 version of the Dietary Guidelines mentions

2 portion size, it appears to be mostly an

3 afterthought among the various strategies to

4 improve diet and fight obesity.

5 Portion balance is not mentioned in

6 the Guideline's executive summary, in fact, and

7 this is despite the fact that larger portion

8 sizes have greatly contributed to the problem of

9 overweight and obesity.

10 We, therefore, urge the Dietary

11 Guidelines Advisory Committee to include portion

12 balance as a key strategy to addressing the rise

13 of obesity and to make education about portion

14 balance a cornerstone of the Guidelines, as the

15 Dietary Guidelines Advisory Committee continues

16 its work.

17 We hope to do some surveying around

18 this issue as well. Finally, I'd enlist First

19 Lady -- former First Lady Michelle Obama, to

20 spread the word. She was my favorite role model

21 when it comes to food. She talks about the joy

22 of eating, which we shouldn't forget, but also

1   talks about, you can eat healthy most of the

2   time, but you can also have ice cream, French

3   fries, and cake once in a while.

4   Not every day, but as a part of a

5   healthy diet. I guess what we're saying is,

6   portion balance means everything in moderation.

7   We welcome the opportunity to work with you in

8   the future and thank you so much for holding this

9   meeting.

10   DR. CASAVALE: Commenter 52.

11   MS. WEIMER: Hi. My name is Kathy

12   Weimer and I'm registered dietician. And on

13   behalf of the Grain Chain, a farm-to-table grain

14   coalition that brings innovative and healthful

15   foods to consumers, I thank you for the

16   opportunity to comment today.

17   Our written comments list our members.

18   The Grain Chain endorses maintaining the 2015

19   Dietary Guideline recommendation of carbohydrate

20   intake between 45 and 65 percent of calories, and

21   at a minimum, the recommended six servings daily

22   of traditional grains, with at least half as

1   whole grains.

2   Further, given that Americans continue

3   to underconsume whole grains, we support an

4   increase in daily recommended whole grain

5   servings, while maintaining at least three

6   servings of enriched grains.

7   At least 95 percent of refined grains

8   in the U.S. are enriched and fortified and are

9   labeled as such, therefore, consuming a refined

10   grain that has not been enriched or fortified is

11   highly improbable.

12   The body of scientific evidence

13   continues to support grain consumption because of

14   its substantial nutritional contributions and

15   positive impact on health outcomes, and can serve

16   as a cornerstone for a plant-based diet.

17   Cumulatively, research shows that a

18   variety of grain choices contribute to nutrient

19   density and the total diet and have the potential

20   to increase consumption of shortfall nutrients,

21   particularly dietary fiber, folate, and iron for

22   all age groups.

1   Since folic acid fortification became

2 required, the prevalence of American babies born

3 with neural tube defects has decreased by 35

4 percent, leading the CDC to deem folic acid

5 fortification one of the top 10 public health

6 achievements of the first decade of the 21st

7 century.

8   Furthermore, based on our recent

9 study, there is potential for increased risk of

10 neural tube defects in infants born to women who

11 consume a low-carbohydrate diet.

12   We believe it is premature to

13 recommend low carbohydrate dietary patterns to

14 the U.S. population. Research data for low-carb

15 diets is inconsistent for both diabetes, and

16 weight loss, or maintenance outcomes.

17   Also, a new meta-analysis, suggests

18 that low and very high carbohydrate diets are

19 associated with increased risk of all-cause

20 mortality, whereas, consuming a diet with 50 to

21 55 percent of calories as carbohydrate reduces

22 the risk.

1   We ask that the committee carefully

2   examine carbohydrate levels in low-carb studies,

3   since the amounts often classified as low may

4   actually be within recommended DGA levels.

5   Related to chronic disease risk,

6   multiple meta-analyses evaluating grain

7   consumption show little to no association with

8   all-cause mortality, coronary heart disease, type

9   2 diabetes, and certain cancers.

10   These meta-analyses separately address

11   total grain, whole grain, and refined grain

12   consumption and reinforce the important role that

13   grains play in health outcomes.

14   Additionally, the health benefits of

15   cereal fiber are well established from at least a

16   half dozen meta-analyses.

17   We support the committee's proposed

18   systematic review of protocols for folic acid and

19   other topics as outlined, and we encourage the

20   committee to include fortified and enriched foods

21   within the research evaluation related to iron

22   and pregnancy and lactation protocols.

1   DR. CASAVALE: Thank you for your

2   comments.

3   MS. WEIMER: Thank you.

4   DR. CASAVALE: Commenter 53.

5   MS. BIRCH: Good morning. I am

6   Darlena Birch, a registered dietician and the

7   senior public health nutritionist at the National

8   WIC Association.

9   NWA is the non-profit education arm

10   and advocacy voice of the WIC program, the over

11   seven million mothers and young children served

12   by WIC, and the 12,000 service provider agencies

13   who are the frontlines of WIC's public health

14   nutrition services for the nation's nutritionally

15   at risk mothers and young children.

16   The WIC food package and nutrition

17   education are the cornerstones of WIC, both of

18   which are shaped by the Dietary Guidelines for

19   Americans.

20   Because the 2020 through 2025 DGAs

21   will be the first to provide recommendations for

22   pregnancy and birth through 24 months of age, it

1 is imperative that they take into account factors

2 that impact the WIC population.

3   As the DGAC continues its work, NWA

4 asks that the committee consider the following.

5 For the pregnancy life stage, we would like to

6 bring attention to three topics. They are

7 dietary supplements, diet during pregnancy, and

8 risk for food allergies and seafood.

9   Number one, dietary supplements, we

10 ask that the committee address and provide

11 recommendations for iodine, choline, vitamin D

12 and DHA/omega-3 fatty acid supplementation.

13   For omega-3 fatty acids in particular,

14 we urge the committee to review the efficacy and

15 consider the differences in quality between fish

16 oil and microalgae oil, if such a supplementation

17 is recommended.

18   Number two, diet during pregnancy and

19 lactation, and risk of food allergy in the

20 infant. We ask that the committee share the

21 latest research on the link between foods

22 consumed during pregnancy and lactation and food

1   allergies in infants.

2   Number three, seafood. We ask that

3   the committee provide practical approaches to

4   help pregnant women determine the approach -- the

5   appropriate amount of seafood to consume.

6   For the children 2 through 18 life

7   stage, we urge the committee to focus on dietary

8   fats and to clarify the role of dairy fats, such

9   as one percent milk, in brain development.

10   We ask that the committee continue to

11   examine the research on providing children two

12   years and older with low-fat milk options, which

13   was adopted by the NASCENT Food Package in its

14   2017 report.

15   However, if the science has evolved

16   since the publication of the 2015 through 2020

17   DGAs, the WIC Food Package should reflect what

18   new evidence may suggest.

19   For the infants and toddlers life

20   stage, there are two topics that we would like

21   the committee to focus on, they are complementary

22   feeding and dietary supplements.

1   Number one, complementary feeding.

2   WIC participants turn to WIC staff for guidance

3   on a variety of complementary feeding topics and

4   questions. Therefore, we urge to review the

5   appropriateness of baby-led weaning versus

6   traditional weaning practices, provide

7   recommendations on rice consumption, due to

8   arsenic concerns, perform research to support the

9   link between the use of sippy cups and child

10   weight, dental health, and juice/milk

11   consumption, discourage the use of food pouches,

12   provide clear recommendations for beverage intake

13   for infants and children, and provide

14   recommendations for the introduction of allergy-

15   induced foods and the first year of life.

16   Number two, dietary supplements, we

17   urge the DGAs to provide recommendations for

18   vitamin D intake as a means to reinforce its

19   importance. The DGAs provide a standard by which

20   WIC and many other communities measure nutrition

21   adequacy within populations.

22   We commend the committee for their

1   hard work and look forward to the continued

2   participation in the review process to update the

3   DGAs. Thank you.

4   DR. CASAVALE: Commenter 54.

5   DR. EDE: Good morning. My name is

6   Dr. Georgia Ede. I'm a psychiatrist practicing

7   in Massachusetts. Thank you all for your time

8   and expertise to these important questions; for

9   dedicating your time.

10   I'm here because I share your

11   conviction that a healthy body and mind begin

12   first and foremost with a healthy diet. It

13   doesn't make sent to me that one in six Americans

14   should need psychiatric medication.

15   I specialize in nutritional psychiatry

16   so that I can focus on addressing root causes of

17   mental illness rather than simply controlling

18   symptoms with drugs.

19   Most neuropsychiatric conditions share

20   many root cause mechanisms. Nutrient

21   deficiencies, inflammation and oxidation,

22   imbalances in hormone and neural transmitters

1 driven by unstable blood sugar and insulin

2 levels, and cerebral glucose hypometabolism,

3 that's sluggish brain glucose processing,

4 strongly correlated with insulin resistance and a

5 key feature of Alzheimer's, and now often

6 referred to as type 3 diabetes.

7 My strategy for optimizing brain

8 health is straightforward. I focus on eating --

9 getting people to eat foods that best deliver

10 essential nutrients to the brain and exclude

11 foods that place the brain at risk.

12 I'd love to point them proudly to our

13 guidelines, but how can I do that when our

14 guidelines explicitly recommend refined grains,

15 refined carbohydrates, powerful promoters of

16 inflammation, oxidation, and insulin resistance,

17 all root causes of brain dysfunction, when our

18 guidelines explicitly recommend industrially

19 produced seed oils, which tilt our systems too

20 far towards inflammation, when our guidelines

21 explicitly warn against the consumption of red

22 meat, grounded almost exclusively in

1   epidemiologically-based hypotheses, about

2   potential health risks that aren't supported by

3   anthropology, physiology, or human clinical

4   trials.

5   The science is clear that including

6   animal foods is the most reliable way to obtain

7   most micronutrients in their most bioavailable

8   form, including some which are difficult or even

9   impossible to obtain from plant foods.

10   When our guidelines recommend we base

11   our diets on grains and legumes, starchy staples

12   which are low in nutrients and less fortified,

13   high in anti-nutrients, and too high in

14   carbohydrate to be safe for the growing majority

15   of us with insulin resistance.

16   So instead, I recommend a whole foods

17   pre-agricultural diet as a starting point or in

18   cases of compromised insulin brain glucose

19   metabolism, a ketogenic diet. These work very

20   well in clinical practice.

21   The current guidelines cause my

22   patient's families and healthcare teams to worry

1 that that same diet, which is helping their ADHD,

2 bipolar disorder, chronic anxiety, or early

3 Alzheimer's, is somehow dangerous.

4   I don't envy your task. The nutrition

5 literature is vast. It's heavily influence by

6 politics, money, and the strong personal feelings

7 we all have about food.

8   However, I sincerely hope that you

9 will stay intellectually curious, ask fresh

10 questions, challenge assumptions, and acknowledge

11 the limitations of the science rather than

12 presenting it as settled, to allow clinicians and

13 patients the freedom to discover what works best

14 for them within their dietary pattern of choice.

15   Thank you for your work and best of

16 luck. We're all counting on you.

17   DR. CASAVALE: Commenter 55.

18   DR. DAVIS: Hi. My name is Garth

19 Davis. I'm the medical director of Weight

20 Management in Asheville, North Carolina, though

21 I'm not here on part of my city, which would

22 probably ask you to replace the milk

1   recommendation with beer.

2   I am a board-certified weight loss

3   surgeon and medical weight loss doctor. I've

4   been treating obesity for 18 years and I am

5   begging this committee to please put me out of

6   business.

7   I am tired of cutting people open for

8   obesity and rearranging their intestines, and I

9   think it's absolutely ridiculous that it's 2019

10   and we have a group of very smart people in this

11   room, yet, we are asking what we should be

12   eating. It's absolutely crazy.

13   And I'll tell you what, my patients

14   are confused. They're confused by the

15   guidelines, and they're confused by the

16   discussions here, and they're confused by bad

17   science. So I ask you to look at the science

18   very carefully, because I did.

19   I wrote a book saying, we should be

20   eating protein first and we should be on ketosis

21   diets, but you know what happens to these ketosis

22   patients? They end up eventually on my operating

1　　table when they fail this diet over and over

2　　again. We talk about it all the time.

3　　　　　　　So I eventually went back and said,

4　　why am I failing the ketosis diet and why are my

5　　patients failing, and I studied this extensively.

6　　And I looked around the world, because you know

7　　what? You've heard people here tell you that

8　　carbs cause diabetes, and yet, when you look at

9　　the blue zones, they eat extremely high

10　　carbohydrate diets.

11　　　　　　　When you look at the EPIC database,

12　　fructose is associated with a decrease in

13　　diabetes, and in fact, taking five percent of

14　　your saturated fatty acid and changing it to

15　　fructose decreases your diabetes risk by 30

16　　percent.

17　　　　　　　People say insulin resistance and

18　　acting as if carbs cause insulin resistance.

19　　That is not true. Animal protein and animal fat

20　　causing intramyocellular fat, causing ceramide

21　　toxicity, causes insulin resistance.

22　　　　　　　But our patients don't know that, so

1   all they hear is protein carbs, protein carbs, I

2   think it's crazy that I have to go and order a

3   salad, complete with beans and all kinds of

4   things, and the waiter asks me if I would like

5   protein with my salad.

6   Well, how ridiculous is that? There's

7   protein in my salad. The poor teenager who then

8   hears me ask these questions to him, just says,

9   hey, look, I'm working a summer job, but this is

10   what all my patients are dealing with.

11   They don't know whether to go low

12   carb, they don't whether to go low fat, they're

13   petrified of a banana, you could hold up a bank

14   with a piece of bread, people are so scared of

15   carbs.

16   And it's ridiculous when you go to

17   Okinawa and they're eating sweet potato and rice,

18   and I'll tell you that my practice, with my life,

19   has changed over the years. Why I no longer tell

20   people they're not allowed to come in and tell me

21   what macronutrient they're eating, they only tell

22   me what plants they're eating, what foods they're

1   eating.

2   I want a whole food plant-based diet.

3   So I ask the committee to get rid of the

4   recommendation for a protein and rather, focus on

5   whole foods.

6   The questions out there are

7   complicated, but the answer is simple, and I

8   refer to Michael Pollan, eat real foods, mostly

9   plants, not too much. Thank you.

10   DR. CASAVALE: Commenter 56.

11   MS. NICHOLLS: Good morning. I'm Jill

12   Nicholls. I oversee scientific and regulatory

13   affairs at National Dairy Council, and this

14   morning I'd like to share three points for the

15   committee's consideration.

16   First, milk, cheese, and yogurt

17   contribute nutritional value to the food supply.

18   Americans who consume the recommended amounts of

19   dairy foods are better able to meet nutrient

20   recommendations, including for calcium, vitamin

21   D, and potassium.

22   In the 2015 DGA healthy U.S. style

1 pattern for 2000 calories, three servings of

2 low-fat or fat-free dairy foods provide almost 70

3 percent of the calcium, 65 percent of the vitamin

4 D, 29 percent of the protein, 21 percent of the

5 potassium, and more than 20 percent of six other

6 nutrients in the diet, at only about 12 percent

7 of the calories.

8   It's difficult to replace the nutrient

9 package of dairy foods, even with

10 calcium-equivalent foods or beverages. See the

11 2015 DGAC report for more information on that.

12   The value of dairy foods extends to

13 very young children. Cheese and yogurt are

14 important complementary foods that make

15 nutritional contributions and offer unique

16 sensory experiences to the developing older

17 infant.

18   As infants age into toddlers, with the

19 allowance of milk at one year, dairy nutrients

20 continue to support growth and development,

21 including building strong bones.

22   Second, dairy food consumption is

1   linked to multiple health benefits. The 2015 DGA

2   states that dairy foods are linked to better bone

3   health, especially in children and adolescence,

4   it also states that healthy eating patterns

5   containing low-fat or fat-free dairy foods are

6   associated with reduced risk for cardiovascular

7   disease, based on strong evidence, and type-2

8   diabetes, based on moderate evidence.

9   The evidence linking dairy foods

10   consumption and these health outcomes has

11   continued to grow since the 2015 DGAC evidence

12   review.

13   In addition, emerging research on

14   dairy foods indicates it's difficult to predict

15   dairy's health outcomes based simply on their

16   content of single nutrients, like fat.

17   Most studies have found the higher

18   consumption of dairy foods, often regardless of

19   fat content, are neutral or beneficial regarding

20   these health outcomes.

21   Third, dairy foods are appealing,

22   accessible, and affordable. A new study found

1   that milk and dairy foods were the lowest cost to

2   dietary sources of calcium and vitamin D in the

3   U.S. diet, and the second lowest cost sources of

4   potassium, magnesium, and vitamin A.

5   So in addition to contributing

6   essential nutrients, dairy foods are also

7   inexpensive sources of several of those

8   nutrients.

9   So in closing, dairy foods are

10   nutrient-dense, affordable, and responsibly

11   produced. As part of healthy eating patterns,

12   they can help Americans across the lifespan meet

13   nutrient needs and reduce the risks for chronic

14   diseases of major public health concern. Thank

15   you.

16   DR. CASAVALE: Commenter 57.

17   MR. JOHNSON: The word for today is

18   opportunity. Hi, everybody. I'm Guy Johnson

19   from the McCormick Science Institute. So what

20   would you say if I told you there was a magic

21   ingredient, that was natural, affordable, had no

22   fat, sugar, sodium, or calories, and could do the

1   following things, increase vegetable consumption

2   among high school kids at a cafeteria by 15 to 20

3   percent without even telling them about it,

4   decrease the sodium intake by about 1,000

5   milligrams a day among free-living adults, after

6   about five months, partially or fully compensate

7   for the loss of flavor in foods lower in fat and

8   saturated fat by 60 to 65 percent, do the same

9   thing in foods with appreciably less added sugar,

10   and what if I told you there was peer-reviewed

11   science to support all of these what-ifs?

12   Would you be interested? Well, the

13   secret ingredient is flavor. Flavor from spices

14   and herbs in this case. It's no secret, though,

15   that flavor is really the most important factor

16   about why people eat the foods that they do.

17   IFIC has data that goes back decades showing that

18   the number one reason people make the choices

19   they do is the way that foods taste.

20   So the opportunity is simply to think

21   about the fact that flavor is what drives Dietary

22   Guidelines. If they're not implemented, they're

1   just an academic exercise.

2   Now, there's a good start in the

3   current Guidelines, which talk about using spices

4   and herbs instead of salt to add flavor to foods,

5   so why not build on that in this upcoming set of

6   guidelines?

7   You could use it for vegetables, you

8   could use it for foods lower in added fat, or

9   saturated fat, and sugars, you could use it for

10   healthy dietary patterns, and you don't need new

11   systematic reviews to enable you to do this

12   because what you're doing is talking about

13   enabling recommendations that are already there

14   and not creating new ones.

15   CNPP does a great job of helping

16   people figure out how to make healthier choices,

17   but you can give them really powerful tools by

18   just talking about the importance of flavor in

19   your report to the Departments.

20   The opportunity is now. Thank you.

21   DR. CASAVALE: Thank you. I believe

22   commenter 58 is not present, so we'll move on.

1   Commenter 59.

2   DR. BAILES: Thank you. I'm Jamie

3   Bailes. I'm a pediatrician and pediatric

4   endocrinologist from Huntington, West Virginia.

5   I've been in practice for 25 years and I've

6   referred a lot of patients get referred to me

7   because of overweight and obesity in children.

8   In the first five years of my practice

9   I followed the American Academy of Pediatrics

10   guidelines that have placed all these children on

11   low-fat diets, encouraging more fruits and

12   vegetables, encouraging whole grains and more

13   exercise.

14   And one of our pediatric residents did

15   a research project and he looked at 75 patients

16   that I've placed on these low-fat diets and

17   referred them all to dieticians, and what he

18   found was stunning to me.

19   He found that none of them lost

20   weight; not one. And they all gained weight at

21   the same rate and some gained weight even faster.

22   Well, this was confusing. I thought I was doing

1   a pretty good job.

2   And so as a good pediatrician, I was

3   sure that these patients just weren't following

4   my guidelines. And so after some reflection

5   though, and actually doing some research, I came

6   to a different conclusion; perhaps that fat

7   wasn't the problem.

8   And physiologically, it makes sense.

9   Carbohydrates and sugar stimulate insulin

10   secretion and then insulin is the hormone that

11   stimulates fat storage, so 20 years ago, I

12   started a different approach.

13   And I was skeptical, I didn't know if

14   it would work, but the first patient I saw was a

15   10-year-old girl and she lost 14 pounds in two

16   months, 24 pounds at four months, and she

17   continues to lose -- she continued to lose weight

18   until she reached her ideal weight, a total of 50

19   pounds.

20   I have since gone on to see hundreds

21   and hundreds of growing children lose

22   life-changing amounts of weight by restricting

1   sugar and carbohydrate intake.

2   To a tee, the parents tell me, the

3   kids feel better, they have more energy, they're

4   less hungry, and they end up actually eating

5   less.

6   I have seen several growing kids lose

7   over 100 pounds. Talk about life-changing and

8   self-esteem improvements.

9   Now, about a year ago this September,

10   I had a 16-year-old patient referred to me. He

11   was nearly diagnosed with type 2 diabetes. He

12   was 5 foot 2, weighed 265 pounds, his hemoglobin

13   A1C was 11.9. He was autistic, mentally

14   challenged, and his entire family was fairly low

15   I.Q.

16   In 10 minutes, I was able to teach his

17   family what foods to eat and what foods to avoid.

18   In four months, his hemoglobin A1C came down to

19   5.4, without medication. In 12 months, he lost

20   102 pounds and he's maintained his weight loss to

21   this day.

22   Now, I know these Dietary Guidelines

1   are not geared for weight loss, but if we take

2   these guidelines and we turn them upside down,

3   and we increase our fat, and we cutout our

4   carbohydrate intake, we see tremendous weight

5   loss.

6   So our goal should be to prevent

7   obesity and it starts with a more balanced

8   approach. Thank you.

9   DR. CASAVALE: Commenter 60.

10   MR. PHILLIP: Hi. My name is Randy

11   Phillip and I'm speaking for myself. I'm a type

12   2 diabetic. I'm obese, but let me take you on a

13   journey. I went to my doctor, my A1C was 8.4 and

14   the next time I saw him, he said, well, if it

15   doesn't improve, we're going to start you on

16   insulin, which I really didn't want to do.

17   Picked up -- I picked up Jason Fung's

18   book, the Obesity Code, and actually listened to

19   it as I was driving to the Poconos and back. And

20   after that, I started a protocol of ketogenic

21   diet, and intermittent fasting, and my A1C went

22   down to 7.8. Six months later it was 5.7. And

1 then six months later after that, it was 5.7

2 again.

3   It's really helped me. I mean, I look

4 at things like the theory of gravity. It's very

5 well understood and we don't know exactly how --

6 what causes gravity, but we understand it to the

7 point where we can actually describe, actually,

8 how things work in the universe.

9   And when it comes to nutrition, I

10 think we should try to aspire to get that level

11 of understanding. I mean, there are lots of

12 theories that I think we really should go out and

13 start questioning, like the cholesterol lipid

14 hypothesis, the calories in, calories out model.

15   I mean, Jason Fung is -- talks more

16 based on a hormonal model and I think it's a lot

17 more useful to me than doing calories in,

18 calories out, and also, the hormonal model 2

19 compartment model that Jason Fung has talked

20 about, actually explains the problems with the

21 calorie in and calorie out model.

22   What I'd like to do is, I'd like to

1   ask you to really think about all the theories

2   that you're basing the Dietary Guidelines on and

3   really consider, like, what is the current

4   science out there?

5   I mean, what exactly are the current

6   theories and start questioning them. Start

7   really evaluating the science behind it. I mean,

8   look in terms of like, observational studies

9   really provide correlation, but they really don't

10   provide any causation.

11   And I could sit here and list crazy

12   correlations you have that are completely

13   meaningless, like -- excuse me, but that's what

14   I'm concerned about, but thank you for your time

15   and I hope you take this in the appropriate

16   light. Thank you.

17   DR. CASAVALE: Thank you. Commenter

18   61.

19   MR. COX: Good morning. I'm John Cox

20   with the Soyfoods Association of North America.

21   Our member companies suggest that the committee

22   consider recent developments in three areas.

1   Number one, increasing consumer

2   interests in plant-based foods and unique role of

3   soy as a high-quality plant-based source of

4   protein. Number two, data supporting soy milk as

5   the best alternative for cow's milk. And

6   finally, the opportunity to encourage greater

7   consumption of soy protein for its heart health

8   benefits.

9   First, soy and increasing interests in

10   plant-based foods. Evidence is mounting

11   supporting the health and environmental benefits

12   of plant-centric diets. The U.S. Government can

13   join other leading global organizations in

14   encouraging increased consumption of plant-based

15   foods that can positively impact consumer health

16   and the planet.

17   Soy foods play an important role in

18   helping consumers embrace plant-based eating in a

19   way that is nutritious and provides variety. Soy

20   is unique among plant-based proteins because of

21   its protein quality and extensively studied

22   health benefits.

1   Soy protein is a high-quality source

2 of protein comparable in protein quality to milk,

3 meat, and egg protein, making it unique among

4 plant proteins.

5   The versatility of soy contributes

6 lean protein to many nutritious and tasty meals,

7 snacks, and beverages. Our second point is that

8 soy milk is the best alternative for replacing

9 cow's milk. Americans are also increasingly

10 interested in plant-based non-dairy milks.

11   In a 2018 publication in the Journal

12 of Food Science and Technology, Canadian

13 researchers examined the nutritional attributes

14 of a variety of plant milks and concluded that

15 soy milk is the best alternative for replacing

16 cow's milk in the human diet.

17   Almond milk, rice milk, and coconut

18 milk each have about one gram of protein per

19 serving, whereas, soy milk typically has about

20 seven grams.

21   There will always be a place in

22 American grocery stores for cow's milk, but an

1 increasing number of consumers are turning to

2 plant-based milks for a variety of reasons.

3 And finally, soy is heart healthy.

4 There is agreement across numerous studies that

5 soy lowers cholesterol with both intrinsic and

6 extrinsic effects. The studies demonstrate that

7 soy has a positive replacement or extrinsic

8 effect when incorporated in a balanced diet, but

9 soy also has an intrinsic ability to lower

10 cholesterol.

11 The totality of evidence continues to

12 support the inclusion of 25 grams of soy protein

13 a day as part of a diet low in saturated fat and

14 cholesterol to reduce the risk of heart disease.

15 In closing, there's opportunity

16 through the Guidelines to help consumers make

17 better dietary choices that can positively impact

18 personal health and the environment.

19 We hope that the committee will use

20 your important platform to help Americans

21 understand that soy is the preferred source of

22 plant protein. Thank you.

1   DR. CASAVALE: Commenter 62.

2   DR. COOPER: Good morning. Neil

3   Cooper with the Southeast Permanente Medical

4   Group, speaking for myself. First of all, thank

5   you for the important work that you have pursued

6   on behalf of all Americans. I'm a physician and

7   have no financial support from the food or

8   nutrition industry.

9   Today I represent frontline physicians

10   who deal with the epidemic of chronic disease

11   every day. Lifestyle disease accounts for 81

12   percent of hospital admissions, 91 percent of all

13   prescriptions, and 76 percent of all physician

14   visits.

15   Chronic diseases are responsible for

16   70 percent of deaths in the U.S. I'm here today,

17   not to point to the scientific papers that you

18   are already reviewing, I'm here to simply testify

19   that when patients eat more plants and less

20   animals, there's an absolute decrease in

21   morbidity and a frontline win against the chronic

22   disease battle.

1   As a certified lifestyle medicine

2   physician, I have the opportunity to work with

3   patients making dietary transitions to a whole

4   food plant-based diet.

5   I work with a large medical group

6   practice helping institute plant-based wellness

7   challenges for hundreds of providers and support

8   staff.

9   I witness a patient with multiple

10 sclerosis, whose white matter plaques completely

11 resolved after six months on a plant-based diet.

12 I have seen the patient with refractory psoriasis

13 clear their skin completely after 21 days of a

14 whole food plant-based diet.

15   I have seen the patient whose

16 rheumatoid symptoms resolved after instituting a

17 plant-based diet. And the patient whose total

18 cholesterol dropped from 300 to 180 in 21 days of

19 a plant-based diet.

20   After my own myocardial infarction, I

21 converted to a whole food plant-based diet and

22 have personally experienced the benefits,

1 normalization of all inflammatory biomarkers, no

2 medication requirement, and feeling more

3 energetic than ever.

4 Healthcare providers today are better

5 educated about the importance or prescribing a

6 proper dietary pattern, but the plethora of

7 opinions regarding what constitutes a healthy

8 diet is confusing and often contradictory. We

9 need strong guidelines.

10 Using the current science that

11 rigorously review, do not hesitate, do not

12 hesitate, to set the Dietary Guideline bar at a

13 high level, more plant-based, and less processed

14 and animal foods.

15 The argument that vegetarian dietary

16 patterns are not practical for Americans is

17 illogical and paternalistic. No one wants to be

18 sick. When sick patients are given proper

19 information and Dietary Guidelines, the majority

20 make a change.

21 As you review the preponderance of

22 evidence demonstrating that a diet rich in

1 fruits, vegetables, whole grains, pulses, nuts,

2 and seeds, confers population health benefits,

3 please remember that the science translates to

4 successful health outcomes on a one-to-one

5 frontline experience every day. Thank you.

6 DR. CASAVALE: Thank you. I believe

7 commenter 63 is not present, so we'll move on to

8 commenter 64.

9 DR. HALLBERG: Hello. My name is Dr.

10 Sarah Hallberg and I work for Indiana University

11 Health, and Virta Health, and I am pleased to be

12 here today.

13 I have worked in the obesity field for

14 almost 25 years. I want to start out with a

15 really critical issue that as discussed

16 yesterday, which is that a low-carbohydrate diet

17 may potentially be defined as less than 45

18 percent of calories from carbohydrates.

19 Let me be very clear, as one of the

20 foremost experts in this field, that is not a

21 low-carbohydrate diet. The scientific literature

22 strongly suggests that there are no advantage to

1   that degree of carbohydrate restriction in either

2   keeping people well or restoring health.

3   A low-carbohydrate diet is under 30

4   percent of calories from carbohydrates and the

5   best results in metabolic disease and obesity is

6   with a very low carbohydrate intake, which is

7   under 50 grams of carbohydrates a day, or around

8   10 percent of calories.

9   I worked for years as an internal

10   medicine physician in primary care, and I

11   instructed my patients to follow the Dietary

12   Guidelines. My patients brought back their food

13   records, talked of their new exercise programs,

14   and got sicker and more obese.

15   I got more despondent as a provider.

16   I was not helping them at all. Then I spent a

17   year scouring the scientific literature on how I

18   was going to solve the unsolvable problem.

19   I discovered a low-carb eating pattern

20   and the hardest thing for me to do was make peace

21   with the fact that despite my best intentions, I

22   had previously been making my patients worse, not

1 better, with my advice.

2 I founded the obesity program at

3 Indiana University Health Arnett as a

4 low-carbohydrate program almost a decade ago.

5 The results we saw were almost unbelievable.

6 People losing weight, regaining their health,

7 reversing hypertension, fatty liver disease,

8 lipid disorders, and type 2 diabetes.

9 I am now the P.I. on the largest and

10 longest controlled clinical trial ever, to look

11 at very low-carbohydrate nutrition interventions

12 for type 2 diabetes and here are our results.

13 At one year, 60 percent of the 262

14 intervention patients had reversed their

15 diagnosis of type 2 diabetes. At two years, this

16 number remained at 54 percent and our patients

17 have lost an average of 12 percent of their body

18 weight; an average of 30 pounds, while improving

19 their 10-year cardiovascular risk score.

20 Let me repeat, 54 percent of patients

21 with a diagnosis of type 2 diabetes had reversed

22 out of this disease. Compare this with the

1 Women's Health Initiative, which tested the

2 Dietary Guidelines and found that they did

3 nothing to prevent diabetes, or cardiovascular

4 disease risk reduction, and resulted in less than

5 five pounds of weight loss at a year.

6   I think it is very important to review

7 the enormous body of clinical trial evidence for

8 a low-carbohydrate eating pattern in obesity and

9 early metabolic disease.

10   Did you know that a very

11 low-carbohydrate eating pattern does not change

12 plasma-saturated fat, yet, a high-carbohydrate

13 diet increases it?

14   DR. CASAVALE: Thank you for your

15 comments. We need to move on.

16   DR. HALLBERG: This is one of a number

17 of studies that cannot be ignored.

18   DR. CASAVALE: Commenter 65.

19   DR. LEAR: Good morning. I am Albert

20 Lear, director of science and research for the

21 International Bottle Water Association, known as

22 IBWA.   IBWA represents all segments of the bottle

1   water industry, including spring, artesian,

2   mineral, sparkling, and purified bottled waters.

3   Founded in 1958, IBWA members

4   companies include domestic and international

5   bottlers, distributors, and suppliers. IBWA

6   represents small, medium, and large companies,

7   including many family-owned businesses.

8   Water, including tap, filtered, and

9   bottled, plays a vital role in supporting

10   nutritional health. IBWA applauds the 2015

11   Dietary Guidelines for recognizing the importance

12   of water in a healthy diet.

13   Inclusion of all beverages, including

14   water, as one of the topics to be considered by

15   the 2020 Dietary Guidelines Advisory Committee

16   will allow the committee to consider relevant

17   research and information on the important

18   contribution water has to healthy dietary

19   patterns among all age groups.

20   Not only is drinking water strongly

21   encouraged, but health experts widely recognize

22   water as a preferred source of hydration that

1   contributes to good health.

2   Scientific research shows that

3   drinking water positively influences overall

4   well-being in a number of healthy bodily

5   functions and organs.

6   The Centers for Disease Prevention and

7   Controls Drinking Water Fact Sheet, recommends

8   the following, adults and youth should consume

9   water every day. And points out that drinking

10   enough water every day is good for overall

11   health, as plain drinking water has zero

12   calories, it can also help with managing body

13   weight and reducing caloric intake when

14   substituted for drinks with calories, like

15   regular soda.

16   Drinking water can prevent

17   dehydration, a condition that can cause unclear

18   thinking, result in mood change, cause your body

19   to overheat, constipation, and kidney stones.

20   Since the 2020 Dietary Guidelines will

21   also focus, for the first time, on children from

22   birth to 24 months, it is important to consider

1   that the development of chronic diseases start at

2   an early age, and so do good drinking habits.

3   Breast milk or infant formula, along

4   with the introduction of water, for children

5   between six and 12 months old is consistent with

6   CDC recommendations for drinks to encourage.

7   In terms of consumer education, it is

8   worth noting that the importance of water in a

9   healthy diet is recognized by governments

10   throughout the world. Currently, 48 countries

11   promote water consumption in their nutrition

12   guidance graphics.

13   However, water is noticeably absent on

14   the most prominent educational tool that the

15   United States Government uses to promote a

16   healthy diet, the MyPlate nutritional guidance

17   graphic.

18   Water, in addition to the presence of

19   --

20   DR. CASAVALE: Thank you for your

21   comments.

22   DR. LEAR: Thank you.

1   DR. CASAVALE: We need to move on.

2   Commenter 66, please.

3   MS. BAUSCH: Hi. Thank you for

4   keeping eyes wide open for the last speakers.

5   I'm Dotsie Bausch, executive director of the

6   non-profit, Switch4Good.

7   As a silver medal winning Olympian, I

8   am deeply concerned about the USDA's

9   profit-driven recommendation that Americans

10   consume dairy foods. And believe me, for 35

11   years of my life, I never thought I would be

12   standing here today.

13   I drank milk, I had ice cream from

14   time to time, I ate yogurt, it all seemed

15   harmless enough to me at the time. I mean, even

16   the United States Olympic Committee told me that

17   I should drink cow's milk to stay strong and

18   healthy, but it just didn't make sense to me.

19   So I began to dig deep and look at the

20   research on a quest to become a better athlete,

21   and I learned how noxious it is to drink the

22   mother's milk from another species, and I also

1   became saddened and a little enraged that the

2   dairy industry continued to use me and my peers

3   as pawns in their marketing schemes for profit.

4   For athletes and non-athletes alike,

5   the destructiveness of dairy is multilayered.

6   Cow's milk proteins, particularly casein, which

7   makes up 80 percent of cow's milk, had been shown

8   to increase mucous production in the gut and in

9   the respiratory tract, impaired breathing,

10   asthma, and chronic runny nose can all be

11   exacerbated by drinking cow's milk.

12   By regularly consuming dairy products

13   as a means of a recovery fuel, an athlete's acute

14   inflammation and oxidative stress can become

15   chronic, leading to prolonged recovery, muscle

16   fatigue, cell damage, and even elevate one's

17   risks of chronic diseases.

18   65 percent of the global population is

19   lactose intolerant, according the National

20   Institute of Health. This number is even higher

21   among non-White populations, such as Asians,

22   Blacks, and Hispanics, which you've all heard

1   here today.

2   Those who cannot effectively digest

3   the lactose in cow's milk, they experience really

4   painful symptoms, like abdominal pain, bloating,

5   gas, nausea, diarrhea, constipation, why on earth

6   does the USDA have a have a food category on the

7   Dietary Guidelines for Americans that makes over

8   half of us sick, uncomfortable, and unable to

9   breathe?

10   For the USDA to continue to put its

11   stamp of approval on a product that is

12   unnecessary and unhealthy and rooted in a highly

13   oppressive system is unconscionable.

14   We have an opportunity today to prove

15   that the U.S. cares about its constituents. Its

16   constituents, by the way, are your mothers, and

17   fathers, and daughters, and sons who have been

18   afflicted by type 2 diabetes and hormonal-based

19   cancers, like prostate, ovarian cancer, and

20   breast cancer, which dairy foods perpetuate.

21   I stand up here today as one of your

22   constituents. I represented the U.S. when I

1   stood on the podium and accepted my Olympic medal

2   and now today I'm asking you to represent me,

3   using your podium, and please remove dairy as a

4   food group from the Dietary Guidelines. Thank

5   you.

6   DR. CASAVALE: Commenter 67.

7   DR. BARNETT: Ted Barnett, Rochester

8   Lifestyle Medicine Institute. I am a physician

9   from Rochester, New York where I have been

10   practicing medicine for over three decades. I'm

11   here to make the case that the next Dietary

12   Guidelines should acknowledge that most of the

13   suffering and cost associated with our current

14   epidemic of chronic disease could be eliminated

15   if we all adopted a whole food plant-based diet.

16   Twenty eight years ago, like any good

17   parents, my wife and I decided to perform an

18   experiment on our children. We adopted a vegan

19   diet. The experiment was a success. All five of

20   us are still thriving, are kids are now young

21   adults enjoying happy and healthy lives without

22   the consumption of dairy, meat, fish, or eggs.

1   I majored in biology at Yale and was

2   a medical student and radiology resident at

3   Tufts. I am board-certified in diagnostic

4   imaging as well as in vascular and interventional

5   radiology, a high-tech field utilizing

6   image-guided procedures, such as angioplasty and

7   stent placement.

8   In addition, two years ago I took the

9   inaugural examination of the American Board of

10   Lifestyle Medicine and became board-certified in

11   a new specialty of lifestyle medicine, which

12   emphasizes, low-tech treatments and holds as one

13   of its principles, the use of a predominantly

14   plant-based diet to help prevent, arrest, and

15   reverse most of the chronic conditions affecting

16   Americans.

17   With board certification in both

18   interventional radiology and lifestyle medicine,

19   I am known as the high-tech doctor with low-tech

20   solutions.

21   We began the non-profit Rochester

22   Lifestyle Medicine Institute for the purpose of

1   treating patients utilizing a plant-based diet

2   and other low-tech environmentally friendly

3   sustainable interventions.

4   Our 15-day outpatient Jumpstart

5   program teaches our patients to eat an oil-free

6   vegan diet without caloric counting, calorie

7   counting, or portion control.

8   It has been given 10 times to 250

9   patients in the Rochester, New York area as well

10   as to 40 patients in Austin, Texas. The results

11   have been remarkable. For patients whose total

12   cholesterol was over 200, there was an average

13   drop of 50 points by day 15, with one patient

14   dropping a total cholesterol from 299 to 149, a

15   drop of 150 points in just two weeks.

16   Last fall, an untreated patient with

17   diabetes and hemoglobin A1C of 13.6, took our

18   jumpstart and within three months, his hemoglobin

19   A1C was 6.0, meaning that he no longer has

20   diabetes.

21   While these are anecdotes, many other

22   physicians using plant-based interventions have

1 document similar results, and peer-reviewed

2 literature backs up these observations.

3   With results achieved so quickly and

4 easily, a whole food plant-based eating pattern

5 should be considered the default diet. According

6 to the executive summary of this committee five

7 years ago, at least 117 million Americans are

8 afflicted with one or more preventable chronic

9 diseases.

10   Given that the leading cause of this

11 epidemic is the food we eat and given that the

12 most effective to prevent and reverse these

13 chronic conditions is a whole food plant-based

14 diet, I urge the committee to make this clear in

15 the next report.

16   Even if the final guidelines do not

17 reflect this conclusion, I urge everyone in this

18 room to remember that a whole food plant-based

19 diet should be their first choice when they or a

20 loved one are afflicted with one of the chronic

21 conditions now plaguing so many Americans.

22   It's effective, it's quick, it's

1   simple, and it's environmentally sustainable.

2   Thank you.

3   DR. CASAVALE: Commenter 68.

4   MS. CHOU: Hello. My name is Sherene

5   Chou. I'm a registered dietician specializing in

6   plant-based diets. I'm here today representing

7   the Plant-Based Foods Association. The

8   Plant-Based Foods Association was founded in 2016

9   to promote the plant-based foods industry. We

10   currently have over 140 members, from small

11   startups to large, established companies.

12   Our members offer consumers a variety

13   of plant-based options. Plant-based foods have a

14   unique role in healthy diets and dietary

15   patterns, which optimize and increase health at

16   all life stages.

17   The Guidelines should support and

18   facilitate Americans' ability to make healthier

19   food choices through public policies that reflect

20   scientific evidence and the evolving food

21   environment.

22   Decades of research have shown that

1 shifting to a plant-based diet provides an array

2 of health benefits and chronic disease prevention

3 and promotes healthy growth at all life stages,

4 including pregnancy and lactation, infancy,

5 childhood, adolescence, older adulthood, and for

6 athletes.

7 People consuming a plant-based diet

8 are at a reduced risk of health conditions,

9 including heart disease, type 2 diabetes,

10 hypertension, certain types of cancer, and

11 obesity, all conditions the committee is

12 examining.

13 The 2015 Dietary Guidelines concludes

14 that the three main patterns to support healthy

15 eating, the healthy vegetarian, Mediterranean,

16 and U.S. patterns were all nutrient dense and

17 plant centric.

18 These patterns emphasize higher

19 consumption of fruits, vegetables, whole grains,

20 legumes, nuts, and seeds, lower in animal foods,

21 lower in sugar sweetened beverages and foods.

22 These plant-centric patterns emerged

1   to help Americans increase intake of nutrients

2   that are under consumed, including vitamins A, E,

3   C, folate, magnesium, potassium, and fiber.

4   A diet rich in plant foods tend to be

5   higher in all these nutrients and has health

6   protective vital chemicals and fiber, which are

7   exclusively found in plants.

8   Also, calcium and vitamin D were noted

9   as nutrients of public concern, with

10   recommendations to increase dairy. However, as

11   you've heard today, 30 to 50 million Americans

12   are lactose intolerant.

13   Fortified plant milks are accessible

14   and nutritious that can provide the same amounts,

15   or sometimes more, calcium and vitamin D as

16   dairy. Plant-based milks support those avoiding

17   dairy due to health, culture, and lifestyle

18   choices.

19   In addition to plant-based milks, many

20   other plant-based foods are excellent sources of

21   calcium.

22   Finally, plant-based sources of

1   protein are nutritionally superior to animal

2   sources for several reasons. Plant-based protein

3   sources such as nuts and seeds, legumes,

4   including all beans, lentils, peas, and soy

5   foods, provide essential amino acids and are

6   excellent sources of both soluble and insoluble

7   fibers.

8   Regular intake of these foods is

9   associated with a lower risk of cardiovascular

10   disease, colon cancer, and type 2 diabetes.

11   Data shows that more Americans are

12   interested in incorporating more plant-based

13   options into their diets. This is a very

14   positive shift the committee should encourage

15   further and recommend more availability of these

16   options in institutions nationwide.

17   As the committee evaluates ways to

18   develop patterns that promote long-term health,

19   it is critical to provide guidance establishing

20   plant-based foods as the foundation for optimal

21   health. Thank you.

22   DR. CASAVALE: Commenter 69.

1   DR. MILLS: Hello. My name is Dr.

2   Milton Mills. I'm here on behalf of Gilead

3   Medical Group. I have no relationship whatsoever

4   to the pharmaceutical company.

5   I work as an internal medicine and

6   critical care physician in the D.C. Metro area,

7   and so I practice both outpatient and

8   hospital-based medicine.

9   I actually came here this morning to

10   call out the racism that is inherent in the U.S.

11   Dietary Guidelines, but then as I got a look at

12   this committee, I suddenly understood why it's

13   such an intractable problem.

14   This committee bears no relationship

15   to the general makeup of the American populace

16   and whoever put it together is clearly still

17   practicing the optics of tokenism.

18   Now, that is not an attack on any of

19   you as individuals, because I'm sure you're all

20   very accomplished and very sincere, but it is

21   outrageous to have a committee that does not

22   reflect the American population.

1   And as non-minority members of this

2   committee, I should think you would be

3   embarrassed looking around this table. But

4   anyway, I want to talk about the health profiles

5   of communities of color, which, as we know, are

6   generally much worse than the general population.

7   And why is that? It has to do with

8   the guidelines coming out of this committee. As

9   co-author on a paper published in 1999 called

10   Racial Bias in the U.S. Dietary Guidelines, Two

11   Parts, I would encourage you to look it up and

12   read it.

13   But I have actually seen illness

14   caused by your guidelines. As people have

15   already mentioned, the vast majority of people of

16   color in this country are intolerant of the

17   lactose that's in milk.

18   Yet, because they think they have to

19   eat this stuff, they go out, eat it, get sick,

20   and think that they have some sort of intestinal

21   problem, but in fact, when I encourage them to

22   stop eating dairy, their problems cleared up.

1   And so it's really outrageous to

2   encourage people to eat foods we know will make

3   them sick, particularly when the number one

4   reason advanced for dairy foods is its calcium

5   content, but African-American women are

6   genetically protected against getting

7   osteoporosis, so we're making them sick for no

8   good reason.

9   People will trash carbs left, right,

10   and center here and never mention glycemic index.

11   Whole food carbs that have their fiber are

12   excellent. The ones that have their fiber

13   removed, those are the problems.

14   It's not carbs; it's the processed

15   carbs. And lastly, there is no scientific or

16   nutritional reason for people to be consuming

17   dairy products. We have no more reason to suck

18   on the teats of a cow than we have to suck on the

19   breast of a postpartum weasel.

20   And we've already talked about the

21   hormone content that creates excess disease, such

22   as prostate cancer, breast cancer, I tell people,

1 as far as the nutrients contained in dairy foods,

2 drinking -- taking -- eating dairy products for

3 their nutrients is equivalent to inhaling

4 cigarette smoke for its oxygen content. It's not

5 a good idea.

6   So I want to encourage you, get the

7 racism out, get the dairy out, please do your

8 job. Thank you.

9   DR. CASAVALE: Commenter 70.

10   MR. O'GREY: My name is Eric O'Grey.

11 I'm a private citizen and I'm here because I

12 believe that this committee can and must resolve

13 the current -- America's current pandemic of

14 obesity and chronic disease.

15   Ten years ago, at age 50, I was 340

16 pounds on 15 different medications, including 200

17 units of insulin a day for type 2 diabetes, and

18 every other thing that you can imagine. I had

19 been morbidly obese for 25 years and I didn't

20 know why, and nobody could tell me why.

21   I kept going from doctor to doctor and

22 I couldn't get a solution. I was eating what

1   everybody else was eating. What was the problem

2   with me?

3   And so one day at a physical, my

4   doctor told me he'd run out of options, and my

5   option, really, unless I wanted 2/3 of my stomach

6   removed, was to purchase a cemetery plot because

7   he didn't know anything else that he could advise

8   me to do.

9   So then I decided to get a second

10 opinion. In my second opinion, I found a doctor

11 and she sat down with me, and she said, I'm going

12 to prescribe for you, two things, I'm going to

13 tell you to get a rescue dog from your local

14 shelter, because you need a little bit of

15 exercise, and I'm also going to prescribe a whole

16 food plant-based diet. And I'd never heard of

17 that before, so it was really interesting.

18   At that point, I had tried every diet

19 ever commercially marketed in the United -- in

20 America, and I was able -- including, I'd cycled

21 on and off Atkins for about 20 years, I was

22 always able to lose a little bit of weight, but

1   then I would put it back on, and I never knew

2   why.

3   And when I failed on each of these

4   diets, I would feel ashamed, and I would just go

5   back and crawl back in my hole, not knowing what

6   to do.

7   Now, on this new diet, I lost 150

8   pounds in 10 months. It felt effortless. I felt

9   better than I'd ever felt in my entire life. And

10   after three weeks, I'd lost 20 pounds, and I went

11   back and I said, it feels like a miracle has

12   happened.

13   My energy is through the roof, my

14   mental clarity is like nothing I've ever

15   experienced, I feel like I've experienced a

16   miracle or emerged from the matrix. What has

17   happened to me?

18   And she said, you're starting to feel

19   normal. Apparently I'd never felt normal before.

20   Now, it is true that humans can feel good and

21   lose weight with either whole food plant-based

22   nutrition or a low-carb, high-fat eating pattern,

1   but I beg you to consider the long-term

2   ramifications of each of these.

3   As has been shown in long-term,

4   large-population studies, going back over 50

5   years to Framingham, high cholesterol is

6   associated with heart disease.

7   Most Americans who consume animal

8   products need statins to control their

9   cholesterol. Several large-scale, long-term

10 studies show that vegan populations have the best

11 longevity and lowest chronic disease, and there

12 is no study suggesting that keto or any other

13 low-carb, high-fat diet improve longevity or

14 reduce heart disease or cancer, as there is with

15 vegan diets.

16   And even if all other things were

17 equal, vegan diets are indisputably better for

18 our environments and do not involve the horrors

19 of factory farming and concentrated animal

20 feeding operations.

21   I beg you to choose life. Thank you

22 for your time.

1   DR. CASAVALE: Commenter 71.

2   DR. FOLEY: Hi. Good afternoon. My

3 name is Dr. Kerry Foley. I'm a retired emergency

4 medicine physician from the Washington, D.C.

5 area, having practiced emergency medicine here

6 for roughly 30 years.

7   The emergency that I concern myself

8 with now is our epidemic of obesity, heart

9 disease, diabetes, and other purely food-borne

10 illnesses that are sickening us and overwhelming

11 our healthcare system.

12   It is no secret that nutrition is not

13 taught to our healthcare providers, which is a

14 glaring error, given that most of our chronic

15 diseases not only are preventable, but often

16 reversible with proper nutrition.

17   Every time we eat we are either

18 feeding disease or we are fueling our health. I

19 became interested in this personally because I

20 watched my mother die from Alzheimer's disease,

21 as her mother had died before her, and I was

22 determined not to have that befall me.

1   So the more I read, the more I studied

2   up, it's the food. There's just no question in

3   my mind about it. It's the food.

4   Our healthcare system is bankrupting

5   us, taking care of what are really preventable

6   diseases. Your task, therefore, I see as a

7   tremendous opportunity and a sacred

8   responsibility to lead us towards wellness.

9   The topic that I want to -- I chose to

10   hone in on today is something others have spoken

11   about, but I believe it bears repeating, and it's

12   dairy.

13   We are the only species that continues

14   to consume dairy after the age of weaning and the

15   dairy that we consume is that of another mammal,

16   which makes zero sense. Sort of gross, if you

17   think about it.

18   We're also culturally acclimated into

19   this reality that we don't -- that we all accept

20   this very weird fact, but when we include dairy

21   into our dietary recommendations, we do so at the

22   expense of the health of our children and

1   ourselves.

2   Milk does not do a body good unless

3   you're a baby cow. That slogan is not science.

4   It's marketing and nothing more.

5   The idea that dairy is necessary for

6   bone health has been debunked and we know that

7   the United States has one of the highest rates of

8   dairy consumption as well as one of the highest

9   rates of osteoporosis and hip fracture in the

10   world.

11   Cows don't make calcium. They get it

12   from eating grass. They get it from the plants,

13   as do we. Because we were never physiologically

14   meant to drink cow's milk, the majority of

15   Americans have some degree of lactose

16   intolerance, as others have covered, and when we

17   dictate that kids eat dairy in school every day,

18   we are making them sick every day. It's really

19   unconscionable.

20   Dairy is laden with saturated fat and

21   cholesterol, which add to the cardiovascular

22   disease burden, which we absolutely know from

1   autopsy studies, starts in childhood.

2   Past Dietary Guidelines have

3   instructed people to decrease their rates --

4   their intake, rather, of saturated fat and

5   cholesterol, but that messaging is purposely

6   confusing to people. We need to clearly tell

7   them what foods to eliminate, such as dairy,

8   eggs, and meat for their optimum health.

9   I implore you to follow the lead of

10   Canada, which earlier this year, chose to --

11   DR. CASAVALE: Thank you for your

12   comments.

13   DR. FOLEY: -- de-emphasize dairy from

14   their dietary guidelines.

15   DR. CASAVALE: Commenter 72, please.

16   MS. LUTZ: Hi. My name is Jennifer

17   Lutz. I'm the director of the True Health

18   Initiative. We are a non-profit organization

19   that is a coalition of health professionals

20   dedicated to using the evidence-based practices

21   of lifestyle as medicine to eradicate the

22   preventable chronic disease that is currently

1   severely harming our society.

2   As such, I'm here today to advise the

3   committee to recommend the foods and dietary

4   patterns that are best for human health, both

5   directly and indirectly, via the environmental

6   effects of producing these foods.

7   Specifically, we believe this should

8   extend to protein foods. We call upon the

9   Dietary Guidelines for Americans Advisory

10   Committee to do away with the category of protein

11   foods all together and in its place, we advise

12   this committee to recommend the specific foods

13   that are best for human health, both directly and

14   indirectly.

15   This approach would emphasize nuts,

16   seeds, legumes, whole grains, and vegetables,

17   falling in line with the 2015 DGA recommendations

18   that Americans eat more vegetables and less

19   animal products.

20   The last Dietary Guidelines moved

21   strongly in the right direct by focusing more on

22   dietary patters, but public misconceptions about

1   protein often steer people towards unhealthy food

2   choices, making this issue timely and important

3   for the 2020 Dietary Guidelines.

4   Americans are not subject to protein

5   deficiency, with the rare exception. In fact,

6   more Americans eat too much protein than too

7   little, mostly coming from animal products and

8   often highly processed animal products that

9   contributed to disease.

10   A variety of plant foods can supply

11 all essential amino acids. They do not need to

12 be eaten in any specific time frame and they

13 provide the nutrients that most Americans are

14 deficient in, potassium, fiber, calcium, at the

15 same time, they have minimal amounts of the

16 nutrients that the Guidelines recommend be

17 limited, sodium, saturated fats, and added

18 sugars.

19   We do not have a protein deficiency

20 problem in the United States. We have a

21 vegetable deficiency problem. We have a fiber

22 and vitamin deficiency problem and we have a food

1 system sustainability deficiency problem.

2 This is threatening the health of the

3 public that relies on these food systems and

4 clarifying the confusion around protein by

5 recommending the specific foods that are both

6 sources of protein and health promoting would

7 help solve all of these issues. Thank you.

8 DR. CASAVALE: Commenter 73.

9 MS. JOHNSON: Good afternoon. My name

10 is Jillian Johnson and I am here on behalf of

11 countless parents asking that the DGA committee

12 take our concerns into consideration as they

13 prepare for the infant nutrition guidelines.

14 While it may be rare, it's not

15 impossible for a newborn to die from dehydration.

16 I would know, as I lost my first child from

17 dehydration while attempting to exclusively

18 breast feed.

19 As soon as I found out I was pregnant,

20 I took all of the hospital parenting classes. I

21 thought I knew everything I needed to know as I

22 prepared for the arrival of my first child. I

1   was so wrong.

2   Landon would not have been home from

3   the hospital for even 12 hours before I found him

4   not breathing. He was so dehydrated that he had

5   to be given fluids through his shins because they

6   couldn't get a vein anywhere else in his tiny

7   body.

8   I sat at the hospital for the first 24

9   hours of him being on life support running

10   everything through my head. I was exhausted

11   because I had spent the last three days trying to

12   soothe a baby that was crying out from the pain

13   of starvation.

14   He had to room in with me because I

15   had him at a baby-friendly hospital and there was

16   no nursery, hence, why I was exhausted. As I met

17   with the head of the NICU, he told me that he

18   believed Landon went into cardiac arrest due to

19   dehydration.

20   He, himself, did not understand why

21   hospitals pushed exclusive breast feeding so

22   hard. He said, yes, breast is best if the baby

1   is actually fed, but please, follow with a bottle

2   if you're in doubt.

3   I couldn't understand what he was

4   telling me. How does a baby that is being breast

5   fed become dehydrated? How is a new mom to know

6   her child is in danger if she is taught by

7   everyone that the constant crying and nursing is

8   normal?

9   They told me Landon's cardiac arrest

10   led to his brain stem being damaged and

11   ultimately his death after two weeks on life

12   support.

13   Just like that, my beautiful baby who

14   was perfectly healthy when he was born, was gone.

15   It's been more than seven years and I still find

16   it to be ludicrous. How foolish do you think it

17   sounds when people ask me how he died? He

18   starved to death because I didn't give him a

19   bottle.

20   My body failed me and my milk didn't

21   come in until he was on life support. Not a day

22   goes by that I don't have to live with the

1 thought that my son's death was a 1,000 percent

2 preventable and it still happens every day.

3 I was not given the tools I needed

4 upfront, the education that was provided at the

5 hospital and in all of the literature pushed

6 breast is best and formula is poison, and I was

7 brainwashed not to give him formula.

8 The classes didn't teach you the what

9 ifs, what if my milk doesn't come in? What if I

10 don't get enough? What are the signs that

11 something's wrong? I was setup to fail from day

12 one. Most people are fortunate enough to not

13 have their situations end as horribly as mine,

14 but no child should ever come that close.

15 No prescription should have to be

16 written for a baby to be supplemented. Hospital

17 feeding classes should be required to educate on

18 supplementation whether it's donor milk or

19 formula, and the risks of not supplementing

20 should be very obvious and put in front of new

21 parents.

22 My son died and that's why I'm here,

1   because this is still happening to other babies,

2   so on behalf of all the parents out there, I'm

3   asking that you guys please put into place,

4   standard practices and patient education

5   guidelines so that we can protect newborns from

6   these 100 percent preventable negative outcomes.

7   Thank you.

8   DR. CASAVALE: Commenter 74.

9   DR. HAZBUN: Thank you for sharing

10   that. My name is Tamara Hazbun. I'm a family

11   physician and obesity medicine physician,

12   practicing in Lafayette, Indiana.

13   Thank you so much for allowing me to

14   speak to you today. I'm here to request that a

15   low-carbohydrate diet be included as an

16   acceptable diet in the 2020 U.S. Dietary

17   Guidelines.

18   I've been practicing medicine for 21

19   years. My family medicine practice consisted of

20   wonderful patients, many, many of whom had

21   metabolic syndrome and obesity.

22   I managed them the way I was trained,

1   with medicines and instructing them to follow a

2   low-fat diet. Unfortunately, over time, many of

3   these patients became sicker and I found myself

4   chasing their blood sugars, and lipids, and blood

5   pressures with more and more medicines.

6   In 2013, I began learning about

7   low-carbohydrate diets as a way of improving

8   metabolic health. I was skeptical at first, but

9   after reviewing the literature, I gradually

10   integrated low carbohydrate into my practice.

11   My patients started to get healthier.

12   I had such phenomenal success, that in 2016, I

13   completely switched the focus of my practice to

14   obesity medicine and metabolic health.

15   In my obesity clinic, I teach my

16   patients how to eat a low-carbohydrate, moderate

17   protein, high-fat diet. For adults, we start

18   with 50 to 75 grams of carbohydrates per day, and

19   then often reduce to 30 grams a day.

20   For kids, we shoot for 60 grams of

21   carbs per day. Initially, when I explain a

22   low-carb diet to my patients, they are

1 flabbergasted. They cannot believe that a doctor

2 is telling them to increase their dietary fat,

3 because they have been told for their whole lives

4 that in order to be healthy, they must eat low

5 fat.

6 As my patients progress through my

7 program, learning to eat low-carb, high-fat, I'm

8 often able to remove medications, including those

9 for blood sugar and blood pressure. I also see

10 their lipids improve.

11 I have so many stories of patients who

12 have been successful in my program. Those who've

13 gotten off insulin, patients who've lost 100

14 pounds, but I'm going to close with a story about

15 a teenager named Chad, because really, we need to

16 change the guidelines so the kids have a healthy

17 future.

18 Sixteen-year-old Chad came to my

19 clinic with a percent body fat of 32, which is

20 considered obese. He was a high school swimmer

21 and worked out two hours per day year round. He

22 was frustrated because he had obesity and

1   pre-diabetes, even though he was an athlete.

2   Over the next six months, my team

3   taught him how to reduce his carbs, eat moderate

4   protein, and increase his dietary fat. His blood

5   sugars improved and so did his weight. We've got

6   to include low carb in the Dietary Guidelines.

7   It's imperative for the --

8   DR. CASAVALE: Thank you for your

9   comments.

10   DR. HAZBUN: -- health of our country

11   and especially --

12   DR. CASAVALE: Thank you for your

13   comments.

14   DR. HAZBUN: -- for the health of our

15   children.

16   DR. CASAVALE: Speaker 75. Thank you.

17   MS. NGUYEN: Good afternoon. I'm

18   Haiuyen Nguyen here on behalf of the Council for

19   Responsible Nutrition. First, we commend the

20   committee and the USDA, and HHS staff, for

21   implementing what has become the most transparent

22   Dietary Guidelines process yet. With limited

1 time and resources, you have done a tremendous

2 job.

3 The Dietary Guidelines for Americans

4 is a critical effort to improve and promote

5 public health through nutrition. While the focus

6 is on healthy dietary patterns that include a

7 wide array of foods, it is also prudent to

8 consider the potential contribution dietary

9 supplements can make to these healthy dietary

10 patterns in targeted populations and more

11 broadly.

12 Regarding birth to 24 months, and

13 pregnancy and lactation life stages, we recommend

14 the advisory committee consider the variety of

15 infant feeding options, taking into account

16 practicality and flexibility, with a goal of

17 supporting healthy mothers and healthy babies.

18 Prenatal multivitamins are widely

19 recommended to women before and during pregnancy,

20 and often postpartum for breast-feeding women, to

21 ensure adequate intake of nutrients.

22 A recent study suggests that pregnant

1   women in the U.S. do not meet recommendations for

2   key essential nutrients and that dietary

3   supplements reduce the risk of inadequacy, thus,

4   dietary patterns recommended for this life stage

5   should highlight opportunities for

6   supplementation.

7   More broadly, in their scientific

8   reports, previous advisory committees have

9   consistently observed data demonstrating that the

10   majority of the U.S. population do not consume

11   enough vegetables, fruits, whole grains, and

12   dairy to meet nutrient needs, and thus, have

13   nutrient shortfalls.

14   In fact, some shortfalls have

15   significant impact and present public health

16   concern. These include vitamin D, calcium,

17   dietary fiber, and potassium.

18   We recommend the advisory committee

19   consider novel recommendations, including

20   supplementation, to help Americans meet nutrient

21   requirements without exceeding energy needs.

22   Healthy dietary patterns can consist

1   of a variety of nutrient-dense foods, as well as

2   nutrient-dense supplements. Consumers understand

3   that dietary supplements are just one part of a

4   healthy lifestyle, reporting that they use

5   dietary supplements to support overall health and

6   wellness, and to fill nutrient gaps.

7   In addition, data demonstrates that

8   supplement users are more likely than

9   non-supplement users to engage in health

10   promoting habits, such as eating healthy diet and

11   incorporating regular physical activity.

12   Therefore, if current data still

13   points to underconsumption of important nutrients

14   by the U.S. population, appropriate

15   supplementation may be warranted to correct these

16   nutrient shortfalls when nutrient adequacy is not

17   met through diet.

18   DR. CASAVALE: Thank you for your

19   comments.

20   MS. NGUYEN: Thank you.

21   DR. CASAVALE: Commenter 76, please.

22   DR. DODDS: Good morning. My name is

1   Dr. Michael Dodds and I'm oral health lead

2   scientist at Mars Wrigley, and an adjunct

3   professor of dentistry.

4   Mars Wrigley had provided written

5   comments to the Dietary Guidelines Advisory

6   Committee and I thank the USDA and HHS for the

7   opportunity to provide the highlights in this

8   oral testimony.

9   Our comments address the importance of

10 strong teeth and good oral health to consuming a

11 high-quality diet throughout all life stages and

12 the importance of incorporating sugar-free gum, a

13 food, as part of a daily dietary pattern.

14   The development of dental caries, a

15 non-communicable, nutrition-related, chronic

16 health condition is almost entirely preventable

17 through good dietary habits and oral preventive

18 practices.

19   The 2005 and 2010 Dietary Guidelines

20 for Americans recognized the importance of oral

21 health prevention by recommending brushing,

22 flossing, and drinking fluoridated water.

1   Mars requests that the 2020 to 2025

2   Dietary Guidelines recommend individuals of all

3   ages should follow a daily oral hygiene routine

4   which includes brushing their teeth with

5   fluorinated toothpaste, cleaning between their

6   teeth where possible, chewing sugar-free gum for

7   20 minutes after meals, or snacks if possible,

8   drinking fluoridated water where available, and

9   limiting intake frequency of dietary fermentable

10 carbohydrates.

11   Oral health preventive practices have

12 significant dietary benefits for all Americans.

13 Caries is the most prevalent chronic disease,

14 affecting both children and adults in the U.S.,

15 and is associated with a multitude of other

16 health and social comorbidities.

17   While the presence of bacteria in the

18 mouth is universal, inadequate oral hygiene can

19 allow dental plaque to grow, often in

20 hard-to-reach sites, where decay occurs.

21   If not removed, the bacteria and

22 dental plaque can metabolize dietary

1 carbohydrates, producing acids that lead to

2 decay.

3 The frequency of intake of fermentable

4 carbohydrates during the day can be more

5 important than the total amount of sugars

6 consumed for caries development.

7 Eating habits are changing, with the

8 individuals snacking throughout the day, often

9 while on the go, at a high frequency of

10 consumption, fermentable carbohydrates, even in

11 healthy snacks, such as fruits, fruit juices, and

12 energy bars can cause a pH of the plaque to drop,

13 putting teeth at risk for decay.

14 Routine oral health preventive

15 practices can reduce the plaque and decay.

16 Saliva is a mouth's natural healing force, which

17 neutralizes acids and provides minerals to repair

18 and reverse early decay.

19 Extensive research has shown

20 sugar-free gum after meals can stimulate saliva

21 to neutralize plaque acids, thus, reducing decay.

22 The European Union and Canada have

1   approved health claims for chewing sugar-free gum

2   and dental associations worldwide, including the

3   American Dental Association, have endorsed the

4   role of gum in reducing dental decay.

5   I thank you for the opportunity to

6   provide these comments.

7   DR. CASAVALE: Commenter 77.

8   DR. SODICOFF: Good afternoon.   My

9   name is Eric Sodicoff.   I would like to thank the

10   members of the committee for allowing me to speak

11   before you today and in doing this important

12   work.

13   I'm a medical doctor and internist

14   obesity specialist, and sometimes a hospitalist

15   in Philadelphia.   I have become an advocate of

16   low-carb diets.   I traveled here because I would

17   like the DGA committee to give serious

18   consideration to the evidence base supporting the

19   utility of low-carb diets and preventing and

20   reversing metabolic disease.

21   During my 20 years of practice, there

22   has been a dramatic rise in type 2 diabetes and

1 obesity, yet, the DGA has done nothing to arrest

2 it, and I suspect it might actually be

3 contributing to the epidemic.

4 I practiced conventional style

5 medicine for 15 years of my early career, I

6 rapidly churned through patients while writing a

7 lot of drug prescriptions, which, truth be told,

8 didn't do anything but mask the symptoms of

9 chronic disease.

10 Then five years ago, feeling rather

11 burnt out, I read a startling book by two

12 journalists that introduced me to the scientific

13 literature supporting low-carbohydrate diet to

14 promote human nutrition.

15 A body of literature that's still not

16 found in the DGA. Now, in defiance of the DGA

17 patterns, I teach low-carb diets to my patients,

18 in whom I see marked, quantifiable improvements

19 in multiple health factors, both objective and

20 subjective, while using less medicine, and I

21 simply love my job now.

22 Roughly 3/4 of the patients who I find

1   on my hospital list every morning are there with

2   preventable diseases, such as diabetic kidney

3   infections, dental disease, cholecystitis,

4   diverticulitis, kidney failure from diabetes and

5   hypertension, coronary disease, arrhythmia, and

6   most troublesome, suffocation from excess body

7   fat, among many others.

8   All three of the USDA HHS Dietary

9   Guidelines call for 55 percent of their -- of

10   fattening non-essential carbohydrates. It is

11   crucial that we get the DGA right this time and

12   because its influence trickles down throughout

13   society.

14   Several years ago, I attended an

15   obesity conference here in Washington, D.C. A

16   room full of obesity specialists were in a hotel

17   ballroom and the speaker asks, who here uses the

18   USDA MyPlate to help your patients lose weight?

19   The room broke out into spontaneous laughter.

20   This is not a laughing matter. We do

21   need to get this right. We do need to command

22   respect from the Dietary Guidelines. Thank you

1   very much.

2   DR. CASAVALE: Commenter 78.

3   DR. KANE: Hi. Thank you. I think

4   I'm batting cleanup here, so thanks for your

5   patience and your ear service. I'm the chief of

6   section for obesity medicine at the Zucker School

7   of Medicine at Hofstra/Northwell in New York, as

8   well as an obesity educator.

9   I direct our obesity medicine

10   fellowship and play an active role on multiple

11   committees of the American Board of Obesity

12   Medicine.

13   Obesity continues to represent a

14   critical medical and social problem in the United

15   States. Over 70 percent of our population suffer

16   from overweight obesity or normal weight obesity.

17   It is associated with increased diabetes,

18   vascular disease, and at least 13 types of

19   cancer.

20   No organ system is sparred when it

21   comes to the ravages of this disease. While the

22   origins and perpetuation of our obesity epidemic

1 stem from a combination of genetic, behavioral,

2 and environmental factors, the single greatest

3 modifiable risk factor for obesity and

4 comorbidities is diet.

5 I have personally treated thousands of

6 patients struggling with obesity and there is

7 great confusion about what to eat. In fact, the

8 confusion persists among healthcare providers as

9 well.

10 The lay press and for-profit

11 industries have helped perpetuate this confusion.

12 Today, I would like to address one major concept

13 that I see often, an overemphasis on

14 macronutrients in determining healthy eating

15 strategies.

16 This would suggest that all

17 carbohydrates are the same, though high fructose

18 corn syrup is obesogenic, whereas the

19 undigestible resistant starch and fiber in beans

20 hardly adds at all to caloric balance and

21 improves insulin sensitivity.

22 It suggests that all proteins are

1   considered the same, when we know the diotine

2   animal sources of protein are linked with

3   increased obesity, diabetes, hyperlipidemia, and

4   cellular aging, whereas, diets based on whole

5   foods and plant-based sources of proteins

6   potentially prevent or reverse these very issues.

7   It suggests that all fats are the same

8   and we know that diets high in saturated fat

9   increase blood lipid levels and consumption of

10   nuts, mainly made up of fat, lower lipid levels.

11   Rather than relying on fixed

12   macronutrient distributions, I recommend the

13   committee focus on consumption of whole unrefined

14   foods. A recent NIH study suggested that a diet

15   consisting of highly-processed foods increases

16   overeating and weight gain.

17   In consuming whole foods, on the other

18   hand, we can avoid empty calories, added sugars,

19   and fats. On the positive side, a whole foods

20   based diet would be higher in fiber and prebiotic

21   foods, associated with reduction of cancer,

22   diabetes, and vascular disease.

1   It would augment the consumption of

2   low-energy density foods, low-energy density

3   diets have been associated with a reduction in

4   obesity, and it could maximize disease-fighting

5   micronutrient and phytochemical consumption.

6   Finally, in consuming a whole foods

7   based diet, we could obsess less about specific

8   macronutrients and I could allay patient's

9   ever-growing fear of not getting enough dietary

10   protein, as their fitness magazine suggests.

11   For instance, 2,000 calories of brown

12   rice and broccoli, neither one would be

13   considered protein in common vernacular, and not

14   that I make this exclusive recommendation,

15   actually have more than ample amounts of protein

16   in both of them for health maintenance. Thank

17   you for your time.

18   DR. CASAVALE: Thank you.

19   MS. DE JESUS: Thank you all for the

20   comments. This will conclude our oral comment

21   session and we'll have a few closing remarks.

22   CHAIR SCHNEEMAN: As the Chair of the

1   DGA Committee, I do want to extend my

2   appreciation to all of you for being with us for

3   the -- most of you were here yesterday, but being

4   with us this morning and providing your comments.

5   The committee takes very seriously,

6   the role of the public in providing input, either

7   through these oral comments or through the

8   written comments, and I remind you all that the

9   comment -- the written comment period is open for

10   the period that the DGAC is meeting.

11   So we, once again, encourage you to

12   use that route as well, but on behalf of the

13   committee, we really appreciate your being here,

14   sticking to the time, we appreciate the staff

15   managing this in a way that we were able to hear

16   so many of you, even more than we had originally

17   thought we would be able to hear in this public

18   hearing, so thank you.

19   DR. STOODY: Yes. Thank you. And we

20   did end up -- we pushed it a little bit so we

21   could get everybody who actually came today, who

22   had registered to provide oral comments, both

1   those who were confirmed, as well as those who

2   were on standby, so thank you for your comments.

3   So just to quickly wrap-up, this

4   concludes Meeting 2 of the 2020 committee. Here

5   are the dates for the remaining meetings. As

6   we've noted before, two of the next three

7   meetings will be in Washington, D.C., the fourth

8   meeting will be held in Houston, Texas.

9   In addition to this meeting, Meeting

10   4 will include an opportunity for oral comments

11   to the committee from the public, and

12   registration for each meeting will be announced

13   about one month prior to the meeting at

14   Dietaryguidelines.gov and through our listserv.

15   In the meantime, we encourage you to

16   follow along at Dietaryguidelines.gov. We have

17   gotten some questions if the slides from the

18   yesterday are available. The slides are not yet

19   available, however, the committee walked through

20   their protocols, so the analytic frameworks, the

21   inclusion and exclusion criteria, the

22   definitions, the analytic plans, all of that is

1   available through the protocols at

2   Dietaryguidelines.gov.

3   So if you go to Dietaryguidelines.gov,

4   go to work underway in the review of the science,

5   there's a list of topics and questions, and

6   through each of the questions, you can see the

7   details on the proposed approach for examining

8   the evidence by the committee.

9   We encourage you, as I said, to stay

10   engaged. We do make announcements through our

11   website, and also through our listserv, and

12   really, our listserv is the way to stay up to

13   date.

14   If you haven't signed up for our

15   listserv, if you go to Dietaryguidelines.gov,

16   scroll down all the way to the bottom of the

17   page, there's a link to stay updated, and that's

18   how you can sign up for our listserv.

19   And then we do want to take a minute,

20   of course, to say thank you to the committee, but

21   also, to say thank you to the staff supporting

22   this process.

1   There is a team of over 60 staff who

2   support this process in different ways, from the

3   Department of Agriculture and the Department of

4   Health and Human Services.

5   At USDA, most of the staff are from

6   the Center for Nutrition Policy and Promotion,

7   which is led by Jackie Haven, but we also have

8   support from the Food and Nutrition Service, and

9   Agricultural Research Service, from HHS, staff

10   are primarily from the Office of Disease

11   Prevention and Health Promotion, which is led by

12   Dr. Don Wright, but we also have support from the

13   Centers for Disease Control and Prevention, the

14   Food and Drug Administration, and the National

15   Institutes of Health.

16   The staff leading the process include

17   Dr. Rick Olson and Janet de Jesus from ODPHP, and

18   Colette Rihane and me from CNPP.

19   Thank you to all of the federal

20   liaisons, to the NESR Staff, which is led by Dr.

21   Julie Obbagy. To the staff who will be

22   conducting peer review of the NESR systematic

1   reviews, which will be coordinated by Dr. David

2   Klurfeld.

3   The Data Analysis and Food Pattern

4   Modeling staff, led by Dr. TusaRebecca Pannucci,

5   the dietaryguidelines.gov team, which is led by

6   Elizabeth Rahavi and Stephenie Fu. The public

7   comment team, which is led by Kristin Koegel, our

8   staff supporting stakeholder relations and

9   outreach, which is led by Jessica Larson and

10   Stephenie Fu, and our staff who made this meeting

11   happen, which was read -- led by Jean Altman,

12   Susan Cole, and Colette Rihane.

13   So thank you for helping to make this

14   a transparent, inclusive, and science-driven

15   process.

16   So with that, we will adjourn. We

17   hope to see you at our next meeting on October

18   24th and 25th here in Washington, D.C. Thank

19   you.

20   (Whereupon, the meeting in the

21   above-entitled matter was concluded at 12:37

22   p.m.)

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In the matter of: 2020 Dietary Guidelines
                  Advisory Committee Meeting

Before: USDA

Date: 07-11-19

Place: Washington, DC

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                        _____
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