

## US DEPARTMENT OF AGRICULTURE

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## CENTER FOR NUTRITION POLICY AND PROMOTION

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DIETARY GUIDELINES FOR AMERICANS  
LISTENING SESSIONS

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FRIDAY  
FEBRUARY 19, 2016

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The Listening Sessions met in the USDA Whitten Building, Room 104-A, 1400 Independence Avenue, S.W., Washington, D.C. 20250, at 10:00 a.m., Kathy Romero, Facilitator, presiding.

## PRESENT

KATHY ROMERO, Facilitator  
SUSAN COLE, Executive Communication Analyst,  
CNPP  
EVE ESSERY STOODY, Scientific Integrity Officer,  
CNPP  
STEPHENIE FU, Senior Policy Advisor, CNPP  
ERICA GAVEY, Nutritionist Consultant, CNPP  
BROOKE HARDISON, Communications Coordinator and  
Spokesperson for Nutrition Programs, USDA  
JACKIE HAVEN, Deputy Director, CNPP  
JESSICA LARSON, Nutritionist, USDA  
TRICIA PSOTA, Nutritionist, CNPP  
ELIZABETH RAHAVI, Nutritionist, CNPP  
ANGIE TAGTOW, Executive Director, CNPP

## ALSO PRESENT

BETSY BOOREN, North American Meat Institute  
ROBERT BURNS, Grocery Manufacturers Association  
KRISTINA BUTTS, National Cattlemen's Beef  
Association  
LORELEI DISOGRA, United Fresh Produce  
Association  
P. COURTNEY GAINES, The Sugar Association, Inc.  
MAGGIE SOMMERS GENTILE, Food Directions LLC,  
representing National Turkey Federation  
RANDY GREEN, Watson Green LLC, representing  
United Egg Producers  
SANJAY GUMMALLA, American Frozen Food Institute  
TAMAR MAGARIK HARO, American Academy of  
Pediatrics  
CHRISTINA HARTMAN, American College of  
Cardiology  
LINDSEY HAYNES-MASLOW, Union of Concerned  
Scientists  
COLETTE HEIMOWITZ, Atkins Nutritionals, Inc.  
ERIC HENTGES, ILSI North America  
MAIA M. JACK, American Beverage Association  
MICHAEL F. JACOBSON, Center for Science in the  
Public Interest  
BETH JOHNSON, Food Directions LLC  
GUY JOHNSON, McCormick Science Institute  
JULA J. KINNAIRD, Kinnaird+Mangan, representing  
Wheat Foods Council  
BECCA KLEIN, Consultant to Friends of the Earth  
RIMA KLEINER, National Fisheries Institute  
PAMELA KOCH, Teachers College Columbia  
University  
DANIEL A. KOVICH, National Pork Producers  
Council  
ELIZABETH KUCINICH, Plant-Based Foods  
Association  
MELISSA MAITIN-SHEPARD, American Cancer Society  
FARIDA MOHAMEDSHAH, Institute of Food  
Technologies  
SARAH D. OHLHORST, American Society for  
Nutrition

ALSO PRESENT (cont.)

MARY PAT RAIMONDI, Academy of Nutrition and  
Dietetics

LORRENE RITCHIE, Nutrition Policy Institute

MICKEY RUBIN, National Dairy Council

LEE SANDERS, American Bakers Association

STEPHANIE SCARMO, The Pew Charitable Trusts

NINA TEICHOLZ, The Nutrition Coalition

DOROTHEA VAFIADIS, American Heart Association

DAVID WALSH, Snack Food Association

KRISTIN PEARSON WILCOX, International Bottled  
Water Association

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

2 10:00 a.m.

3 MS. ROMERO: Okay, let's go ahead and  
4 get started. On behalf of USDA, I want to thank  
5 you for participating in this Listening Session  
6 today. USDA appreciates your insights as a  
7 leading organization interested in the Dietary  
8 Guidelines for Americans.

9 My name is Kathy Romero, and I'm your  
10 facilitator for today. Our host is USDA Center  
11 for Nutrition, Policy and Promotions. And  
12 listening in today we have the CNPP Executive  
13 Director, Angela Tagtow, and Deputy Director,  
14 Jackie Haven.

15 So the purpose of this session which  
16 I'm sure you all saw in the mail that you  
17 received is to get comments from leading member-  
18 based organizations such as yours. We need to get  
19 the greatest diversity of perspectives on the  
20 process for developing future editions of the  
21 Dietary Guidelines.

22 In addition to considering your member

1 base, USDA also considered other factors such as  
2 representation across the health and nutrition  
3 sciences, the level of engagement during the  
4 2015-2020 Dietary Guideline development process,  
5 and the representation of diversity across the  
6 food and beverage categories.

7 There are three Listening Sessions  
8 being held, and they will include folks from the  
9 professional health organizations and consumer  
10 advocacy groups, trade organizations, and federal  
11 agencies.

12 Your remarks are going to be recorded  
13 and shared verbatim, and that's what these  
14 machines are here is to catch your remarks. When  
15 you have -- when it's your turn to speak make  
16 sure you turn this to green, and when you're done  
17 speaking you can turn it to red again. Your  
18 remarks are going to be recorded and shared with  
19 the Institute of Medicine Food and Nutrition  
20 Board prior to their initiation of a  
21 comprehensive study of the development process  
22 for the Dietary Guidelines. That was a directive

1 that was outlined in the 2016 Consolidated  
2 Appropriations Act.

3 Today your remarks should address or  
4 can address how the Dietary Guidelines can  
5 prevent chronic disease, insure nutritional  
6 sufficiency for all Americans, and accommodate a  
7 range of individual factors, including age, sex,  
8 and metabolic health. Your remarks may address  
9 processes for selecting the Advisory Committee,  
10 or methods used to review scientific evidence, or  
11 processes for developing the Dietary Guidelines  
12 across a life span, and this is actually per the  
13 2014 Agriculture Act which states that the 2020  
14 to 2025 edition of the Guidelines will expand to  
15 include nutrition guidance for infants and  
16 toddlers, birth to 24 months, and women who are  
17 pregnant.

18 We have some housekeeping. The first  
19 thing I want to do is I want to talk about this  
20 beautiful table. This is a 36 by 12 mahogany and  
21 leather table and it was built specifically for  
22 the Summit of Industrial Nations. It was held

1 here in Williamsburg in May of 1983 and hosted by  
2 President Ronald Reagan, and this is actually a  
3 national treasure so that's why they don't allow  
4 food and beverages, and we appreciate that from  
5 you all.

6 You have the opportunity to provide up  
7 to five minutes of oral remarks at this Listening  
8 Session. And all your oral remarks, again, they  
9 will be recorded. At the beginning of your oral  
10 remarks please clearly state your name and the  
11 organization you're from so that we have at the  
12 beginning of each one.

13 Time keepers are available. These two  
14 ladies right here are your time keepers, and  
15 she'll do for this side and she'll do for this  
16 side so you should be able to see. And they'll  
17 let you know when you have one minute left on  
18 your remarks, 30 seconds, and when your time is  
19 up. And I will be very firm when your time is up,  
20 and that's so that everybody gets the opportunity  
21 to do their five minutes of remarks.

22 The advantage that you have is that if



1 you do have those written down, you can leave  
2 those outside with Susan at the table as you  
3 leave and those remarks, if you don't get to  
4 quite finish everything in your five minutes, you  
5 can leave it out there and they will send those  
6 along to Institutes of Medicine.

7 Okay. To reiterate, this is a  
8 Listening Session. It's an opportunity for USDA  
9 to hear your perspective on the Dietary  
10 Guidelines development process. We're going to go  
11 in alphabetical order by the name of the  
12 organization. And then following today's session,  
13 USDA is going to provide an unedited transcript  
14 to the Institute of Medicine. This preliminary  
15 assessment is not meant to override IOM's plan to  
16 gather its own information from stakeholders,  
17 which they -- USDA anticipates they will be doing  
18 that as part of their independent study.

19 So let's go ahead and get started. We  
20 are going to start with Ms. Raimondi, so your  
21 time is now.

22 MS. RAIMONDI: Mary Pat Raimondi with

1 the Academy of Nutrition and Dietetics.

2 Three points; how the Dietary  
3 Guidelines will help reduce chronic disease. The  
4 face of America is changing with an aging  
5 population to a burden of underfed and overweight  
6 population and increased disease. We support the  
7 Committee's decision to discuss types of foods  
8 associated with favorable clinical outcomes and  
9 chronic disease factors. This will help assure  
10 the Guidelines will be appropriate for the  
11 majority of all Americans.

12 We also commend the use of the socio  
13 ecological framework to guide its work. This  
14 model has been used successfully in many of our  
15 nutrition interventions, and nutrition education  
16 programs.

17 For the selection of the Dietary  
18 Guidelines Advisory Committee we did find the  
19 selection process was transparent, had minimal  
20 bias, and included balanced members views.

21 If we talk about the methods of the  
22 evidence, the Academy of Nutrition and Dietetics

1 Evidence Analysis Library was established in  
2 2004. The Nutrition Evidence Library, or NEL, was  
3 launched in July 2008 by the USDA Center for  
4 Nutrition, Policy and Promotion, and it mirrors  
5 the Academy's EAL, but it specializes in  
6 systematic reviews to inform federal nutrition-  
7 related policies and programs.

8 The NEL conducts systematic reviews on  
9 food and nutrition topics related by vigorous,  
10 transparent, and reproducible methodology to  
11 support federal nutrition policies. NEL uses the  
12 same methods which includes risk of bias tool,  
13 transparent search plan, data extraction and  
14 aggregation, as other gold standard institutions  
15 use. However, systematic reviews in nutrition are  
16 challenging and the NEL has the expertise and  
17 experience to do these unique studies.

18 Nutrition-focused systematic reviews,  
19 unlike pharmaceutical research, uses a plethora  
20 of methodologies and not just randomized clinical  
21 trials. The reason for the smaller pool of  
22 clinical trials in nutrition-led literature is

1 multi-factorial, but basically it's because  
2 people must eat to survive, so pure controlled  
3 groups are difficult.

4           The strong rating is reserved for  
5 bodies of evidence completely free from study  
6 design concerns or disagreements between  
7 findings. The nature of science is that a small  
8 number of contrary findings is expected and a  
9 preponderance of evidence can overcome these  
10 limitations. Recommendations with a moderate  
11 rating which indicates a sizeable body of well-  
12 designed research which the Committee had no more  
13 than minor doubts are more than sufficient to  
14 inform the Dietary Guidelines for Americans.  
15 The exclusion of recommendations with a moderate  
16 rating would have eliminated several uncontested  
17 truths from the record available to USDA.

18           Currently, the published food and  
19 nutrition research has been funded by government,  
20 foundation, and industry, and as a mixture of  
21 clinical trials, observational trials, cohort,  
22 and case studies. If our goal is to guide

1 Americans on healthy eating choices to reduce  
2 disease, then conclusion statements that are less  
3 than grade one must be accepted. This at a time  
4 that rigorously designed food and nutrition  
5 studies are funded to fill -- to prevent the  
6 prevailing nutrition research gaps.

7 The scientific conclusions used more  
8 than one question or source of evidence, such as  
9 the NEL systematic reviews. The Committee  
10 considered seven questions examining the  
11 relationship between dietary patterns and health  
12 outcomes. They also used a process known as food  
13 pattern modeling to describe the combinations of  
14 food and drinks a person should consume to meet  
15 the nutrient needs and the impact to help reduce  
16 disease.

17 They took the science and brought it  
18 into the real world of how we eat. These actions  
19 are reflected in the 2015 Guidelines. It would be  
20 helpful, though, to let consumers know that  
21 science changes and that more knowledge is a  
22 positive thing. We also believe that the improved

1 Dietary Guidelines affords the food industries an  
2 opportunity to innovate and reformulate products  
3 to be a partner to improve health.

4 Industry's positive roles in  
5 implementing these Guidelines over the past  
6 decades should be recognized and applauded along  
7 with our USDA and HHS nutrition scientists.

8 MS. ROMERO: Thank you very much.

9 MS. HARO: Tamar Magarik Haro, American  
10 Academy of Pediatrics. Thank you for inviting us  
11 to be here today. I'm speaking on behalf of the  
12 American Academy of Pediatrics which is a  
13 nonprofit professional organization of 64,000  
14 primary care pediatricians, pediatric medical  
15 sub-specialists and pediatric surgical  
16 specialists dedicated to the health, safety, and  
17 well-being of infants, children, adolescents, and  
18 young adults.

19 The Dietary Guidelines for Americans  
20 are DGAs play a crucial role in the lives of  
21 millions of children. Pediatricians routinely  
22 look to the Dietary Guidelines to provide advice

1 to our patients, and we do so with confidence  
2 that the best available scientific evidence  
3 available was used to inform the recommendations.  
4 It is because these Guidelines are based on  
5 science and evidence that the American public can  
6 put their trust in them.

7 The Dietary Guidelines underpin key  
8 federal nutrition programs like WIC and the  
9 School Meals Program, and at a time when 21  
10 percent of our children live in poverty and one  
11 in three children have overweight or obesity, the  
12 Dietary Guidelines help empower families to  
13 tackle the double burden of food insecurity and  
14 obesity by influencing the foods children eat in  
15 school and the choices families make at home.

16 The AP recognizes and commends Dr.  
17 Steven Abrams for his service on the Dietary  
18 Guidelines Advisory Committee or the DGAC. We  
19 believe the DGA process was enhanced by his  
20 involvement on the DGAC. In light of the fact  
21 that key federal nutrition programs which serve  
22 millions of children are tied to the expert

1 advice of the DGAs, it is essential that  
2 pediatricians continue to be chosen to serve on  
3 the DGAC or any expert body providing nutrition  
4 advice to the federal government involving  
5 children.

6 Similarly, it will be important that  
7 any entity that evaluates the DGA process be  
8 comprised of experts in nutrition science,  
9 including a pediatric subject matter expert.

10 We applaud the outstanding work of  
11 USDA and HHS on the scientific evidence-based  
12 assessment of nutrition for our youngest  
13 children, birth to 24 months. The time period  
14 from pregnancy through early childhood is one of  
15 rapid physical, cognitive, emotional, and social  
16 development, and because of this early nutrition  
17 sets the course for preventing many diseases,  
18 even those that would occur in adulthood such as  
19 obesity, cardiovascular disease, and diabetes.  
20 And childhood deficiencies of key micro nutrients  
21 during this vulnerable period of development from  
22 birth to 24 months can lead to delays in



1 attention and motor development, poor short-term  
2 memory, and lower IQ scores.

3 The AP looks forward to the inclusion  
4 of science-based Dietary Guidelines for children  
5 birth to 24 months in the 2020 Dietary Guidelines  
6 for Americans. Waiting until age two in order to  
7 influence a child's diet may be too late for many  
8 children.

9 As the Institute of Medicine, USDA,  
10 and other agencies consider the makeup of the  
11 next DGAC, it will be critical that at least one  
12 member be a pediatrician with expertise in this  
13 unique age group. The AP feels that this is  
14 essential to insuring a seamless adoption of the  
15 birth to 24 month guidelines into the 2020 DGAs.

16 The AP has been dismayed by the  
17 unprecedented and coordinated attack on science  
18 and the DGAC that has occurred over the past  
19 couple of years. It is critical that the DGA  
20 process be driven by nutrition science and free  
21 of political and industry interference. Efforts  
22 by some in Congress would have hindered the

1 federal government's ability to provide the best  
2 available advice to millions of children and  
3 their families on healthy diets and lifestyles.  
4 Our patients, children and their families,  
5 deserve nutrition guidance that is free of  
6 political and industry interference and based on  
7 sound science.

8           The five-year revision of the DGAs  
9 must continue so that the Guidelines are updated  
10 to reflect the best available nutrition science.  
11 This process is necessarily lengthy and  
12 intentionally removed from the political process.  
13 The expert members of the 2015 DGAC were  
14 scientists, doctors, and nutritionists who were  
15 nominated by their peers and selected by the  
16 federal government after a rigorous vetting  
17 process. Their processes were open and  
18 transparent with appropriate opportunities for  
19 public comment.

20           The AP welcomed the 2015 DGAs which  
21 for the first time recommended limiting the  
22 consumption of added sugars to less than 10

1 percent of calories per day, and continue to  
2 recommend more consumption of vegetables, fruits,  
3 whole grains, and lean proteins, and less sodium  
4 and saturated fat, all of which support a healthy  
5 eating pattern for families and is consistent  
6 with the advice pediatricians give their  
7 patients.

8 We look forward to working with the  
9 USDA as a MyPlate National Strategic Partner and  
10 continue dissemination of the DGAs. Thank you for  
11 the opportunity to speak today.

12 MS. ROMERO: Thank you very much.

13 MS. MAITIN-SHEPARD: Hi, I'm Melissa  
14 Maitin-Shepard. I'm with the American Cancer  
15 Society, Cancer Action Network, and I'm speaking  
16 today on behalf of both the American Cancer  
17 Society and the American Cancer Society Cancer  
18 Action Network referred in my remarks at ACS CAN.  
19 Thank you very much for the opportunity to  
20 provide comments today.

21 The Society is a nationwide community-  
22 based voluntary health organization dedicated to

1 eliminating cancer as a major health problem, and  
2 ACS CAN is a nonprofit nonpartisan advocacy  
3 affiliate of the Society. We appreciate the  
4 opportunity to participate in this Listening  
5 Session, and our remarks address the three topics  
6 on which we've been asked to comment.

7           The process for selecting the Advisory  
8 Committee; the Society and ACS CAN support the  
9 existing process for selecting the DGAC. As a  
10 Federal Advisory Committee, the 2015 DGAC  
11 operated in accordance with the Federal Advisory  
12 Committee Act including being governed by a  
13 charter, holding open meetings, and providing  
14 multiple opportunities for members of the public  
15 to provide comments. We agree that committee  
16 membership included "individuals with current  
17 scientific knowledge in the field of human  
18 nutrition and chronic disease," including  
19 expertise in a number of specific specialty areas  
20 as mandated by the 2015 DGAC charter.

21           Members of the committee were jointly  
22 appointed by the Secretaries of HHS and USDA

1 following a public call for nominations. It is  
2 important for committee members to be as unbiased  
3 as possible. We believe that the existing DGAC  
4 selection process is sufficient to insure that  
5 the committee's recommendations are an unbiased  
6 reflection of the current scientific evidence.

7 The 2015 DGAC charter designated  
8 committee members as "special government  
9 employees," meaning that unless a waiver was  
10 granted, the committee members had to be free of  
11 professional and personal financial conflicts of  
12 interest. This process is consistent with the  
13 selection process for other federal advisory  
14 committees.

15 We believe the committee members  
16 should and have previously possessed a range of  
17 expertise. The DGAC's conclusions and  
18 recommendations should be based on an examination  
19 of the existing science and not the committee  
20 members' opinions. To that end, the committee  
21 members should continue to represent a range of  
22 expertise and not a "range of viewpoints."

1           We also believe it is appropriate to  
2           exclude food and beverage industry  
3           representatives from the Advisory Committee, and  
4           any other individuals with a financial interest  
5           in the recommendations of the DGAC or the Dietary  
6           Guidelines. Industry groups like other members of  
7           the public have an opportunity to share their  
8           perspectives with the committee through the  
9           public comment process.

10           Methods to review the scientific  
11           evidence; we also believe the committee's methods  
12           to review this scientific evidence are  
13           appropriate, including the use of systematic  
14           reviews and dietary analyses. Systematic reviews  
15           consider the results from multiple studies on a  
16           single topic and are standard practice in the  
17           medical field. We believe the committee should  
18           rely even more heavily on existing health quality  
19           reviews and reports.

20           For example, the American Institute  
21           for Cancer Research and the World Cancer Research  
22           Fund have published comprehensive reports on the

1 link between food, nutrition, physical activity  
2 and at least 10 types of cancer. The committee  
3 should use these existing systematic reviews  
4 instead of recreating them and focus its reviews  
5 on supplemental and newer research.

6 How the Dietary Guidelines can prevent  
7 chronic disease; the Dietary Guidelines are the  
8 cornerstone of federal food and nutrition  
9 policies and programs and are already intended to  
10 help Americans eat a healthy diet to reduce their  
11 risk of chronic disease.

12 The Guidelines could further help to  
13 prevent chronic disease in a couple of key ways.  
14 The Guidelines should more strongly focus its  
15 recommendations on ways to prevent the leading  
16 diet-related chronic diseases, including cancer.  
17 Cancer is the second leading cause of death in  
18 the U.S., and a full 20 percent of nearly 1.7  
19 million cancer cases expected to occur this year  
20 will be caused by excess weight, poor diet,  
21 excess alcohol intake, and physical inactivity.  
22 We were pleased that the 2015 DGAC examined the

1 relationship between diet and the most common  
2 types of cancer; however, some of their  
3 recommendations ultimately were not included in  
4 the Dietary Guidelines.

5 The Dietary Guidelines could better  
6 help Americans make changes in their diets by  
7 recommending specific individual behavior changes  
8 and clear policy system and environmental change  
9 recommendations that help people make healthier  
10 choices. Increased efforts are also needed by all  
11 stakeholders to put these recommendations in  
12 place across America.

13 In summary, we believe the DGAC and  
14 the Dietary Guidelines development processes are  
15 sound. By relying fully on the DGAC's evidence-  
16 based recommendations and better helping  
17 Americans follow the Guidelines, future editions  
18 of the Dietary Guidelines can help Americans eat  
19 a health diet that will reduce their risk of  
20 chronic disease and promote lifelong health.

21 Thank you.

22 MS. ROMERO: Thank you very much.



1 MS. HARTMAN: Hi, my name is Christina  
2 Hartman, and I'm here today representing the  
3 American College of Cardiology. The American  
4 College of Cardiology, or ACC, appreciates the  
5 opportunity to provide comment to USDA on the  
6 development of the 2020 Dietary Guidelines for  
7 Americans. We will also submit today even more  
8 comprehensive written remarks.

9 Despite great progress, cardiovascular  
10 disease remains the leading cause of mortality  
11 and morbidity in the United States, as well as  
12 globally. Cardiovascular disease accounts for  
13 more than 787,000 deaths each year in the United  
14 States, and more than 30 percent of annual U.S.  
15 Medicare expenditures, and 17 percent of overall  
16 national health care costs. Related medical costs  
17 are expected to triple by 2030 to over \$800  
18 billion annually.

19 The 2020 Dietary Guidelines for  
20 Americans will play an important role in  
21 preventing cardiovascular and other chronic  
22 diseases. Americans, and increasingly more of the

1 world consume diets and make lifestyle choices  
2 that lead to heart disease. Obesity and the  
3 related risk factor of poor diet and nutrition  
4 are strongly associated with multiple  
5 cardiovascular disease risk factors. The epidemic  
6 of obesity in the United States represents a  
7 significant and serious threat to the health of  
8 Americans.

9 One of the greatest challenges in  
10 improving diet and nutrition in America is not  
11 only insuring clear guidance is issued in the  
12 2020 Dietary Guidelines, it is also insuring the  
13 appropriate message is communicated through the  
14 media.

15 The ACC was pleased to see the 2015  
16 Dietary Guidelines emphasized that people do not  
17 need to obtain cholesterol through diet and  
18 should eat as little cholesterol as possible. The  
19 2015 Dietary Guidelines cautions about  
20 cholesterol intake including a clear statement  
21 that people do not need to obtain cholesterol  
22 through food and should limit their intake, are

1 very important to our members who see the results  
2 of poor diets every day when treating  
3 cardiovascular disease.

4 The ACC was, however, very concerned  
5 about the misinterpretation of this cholesterol  
6 advice by the press, which rather than  
7 communicating the importance of limiting  
8 cholesterol in the diet, led with a message that  
9 the government had dropped its warning about  
10 avoiding cholesterol.

11 With confusing and often conflicting  
12 information in the media and promoted by specific  
13 interests, it is more important than ever that  
14 Americans have a clear source of science-based  
15 information about diet. We would like to see the  
16 2020 Dietary Guidelines continue to provide  
17 Americans with science-based guidelines,  
18 emphasizing a diet of more unprocessed foods,  
19 especially fruits, vegetables, and whole grains.

20 ACC is committed to playing a role in  
21 supporting healthy dietary patterns. With respect  
22 to the selection and composition of the next

1 Dietary Guidelines Advisory Committee, the ACC  
2 would like to see a balance of experts from the  
3 nutrition, science, medical, and public health  
4 fields. We believe the presence of an expert in  
5 cardiovascular disease, America's number one  
6 killer, is critical. This person should have  
7 extensive knowledge of a variety of heart-healthy  
8 dietary patterns in order to provoke a  
9 comprehensive discussion of available and  
10 appropriate options. We also believe the Advisory  
11 Committee should be composed of individuals free  
12 from commercial conflicts of interest.

13 The methodology that underpins the  
14 development of the 2020 Dietary Guidelines should  
15 continue to align with the methods used by the  
16 experts of ACC and our colleagues at the American  
17 Heart Association when developing our joint  
18 guidelines for clinicians, including our recently  
19 issued Lifestyle Guidelines.

20 Our methodology is inspired and  
21 informed by the Institute of Medicine's Standards  
22 for the Development of Methodologically Robust

1 Clinical Practice Guidelines based on sound  
2 systematic evidence review. This approach insures  
3 that recommendations are "unbiased,  
4 scientifically valid and trustworthy," and that  
5 guideline development is driven by rigorous  
6 scientific review and analysis of the evidence,  
7 not just the most recent study or headline.

8 The recent attempt to eliminate  
9 consideration of any evidence not graded as  
10 strong when pulling together the 2015 Dietary  
11 Guidelines was a mistake that should not be  
12 repeated in 2020. Thank you for the opportunity  
13 to comment.

14 MS. ROMERO: Thank you.

15 MS. VAFIADIS: Thank you for the  
16 opportunity to present the views of the American  
17 Heart Association. I'm Dorothea Vafiadis, and I'm  
18 the American Heart Association's National  
19 Director of Healthy Living.

20 Before joining AHA, I was on staff at  
21 USDA's CNPP where I had the privilege of serving  
22 on the 2005 Dietary Guidelines Management Team.

1 So I have had the opportunity to participate in  
2 the guidelines development process as both an  
3 Agency staff member, as well as an external  
4 stakeholder.

5 That experience allows me to address  
6 some of the recent controversy over the  
7 development of the scientific report of the 2015  
8 Dietary Guidelines. And I can confidently say  
9 that the process used to develop the Advisory  
10 Committee Report is strong and integrates a  
11 robust systematic review.

12 The Advisory Committee's  
13 recommendations are developed according to  
14 rigorous scientific standards, standards that are  
15 similar to those used by AHA in the development  
16 of our guidelines and recommendations. But I must  
17 point out that while we feel the process used to  
18 develop the Advisory Committee Report is strong  
19 and transparent, the process used to translate  
20 the Committee's recommendations into the final  
21 Dietary Guidelines is less clear, and that is one  
22 of the areas that we'd encourage the Institute of

1 Medicine to address in its report and offer  
2 recommendations.

3 We believe that the IOM's review will  
4 conclude that large comprehensive changes to the  
5 development process are not needed. However,  
6 there are a number of important recommendations  
7 the IOM should consider making in its report.

8 First, there should be some  
9 consideration given to the databases that serve  
10 as the foundation for the dietary patterns and an  
11 exploration of whether current dietary patterns  
12 are prioritized over recommended patterns.

13 Second, the Dietary Reference Intakes  
14 need to be updated. The Dietary Guidelines are  
15 dependent on the DRIs but the DRIs are outdated,  
16 some are almost 20 years old. Updating the DRIs  
17 including the model, the applications and dietary  
18 assessment, and planning should be a priority  
19 before the next edition of the Dietary Guidelines  
20 is developed. To facilitate and update the DRIs,  
21 the IOM should call on Congress to create a  
22 dedicated funding stream.

1           Third, and I cannot emphasize this  
2           enough, future editions of the Dietary Guidelines  
3           need to go beyond advising people what to eat and  
4           focus more on how to achieve behavior change to  
5           improve the eating habits of Americans. Future  
6           guidelines, not just the Advisory Committee  
7           Report, must emphasize the critical role of the  
8           food environment and public policies which can  
9           impair or empower Americans' ability to follow  
10          the guidelines.

11           Future Advisory Committees could place  
12          more emphasis on examining policy approaches to  
13          change dietary patterns on a broad scale. This  
14          could include public education campaigns, access  
15          to healthy foods in work places, schools, and  
16          restaurants, application of behavioral economics,  
17          voluntary industry initiatives, and exploring the  
18          role of taxes. Those recommendations with  
19          evidence-based support should be carried over  
20          into the Dietary Guidelines for Americans policy  
21          document. The guidelines could also encourage the  
22          formation of public/private partnerships to work



1 toward a healthier food environment.

2 Fourth, to increase the relevancy of  
3 the Guidelines to all Americans, the next edition  
4 of the Guidelines should feature culturally-  
5 specific dietary patterns such as Asian and  
6 Hispanic cuisines to better reflect our multi-  
7 cultural society.

8 Fifth, the Advisory Committee's report  
9 provides the agencies with a strong science-based  
10 foundation for the Dietary Guidelines. However,  
11 not all these recommendations are incorporated  
12 into the final Dietary Guidelines. When the  
13 agencies decide not to adopt an Advisory  
14 Committee's recommendation, a rationale should be  
15 provided. This would further increase  
16 transparency to the process used to translate the  
17 Advisory Committee's report into the Dietary  
18 Guidelines.

19 I will close by reiterating our  
20 support for the 2015 Advisory Committee's  
21 Scientific Report. It integrates a robust  
22 systematic review. To insure that future

1 Committee reports maintain this high standard, we  
2 recommend enhancing the process with a dedicated  
3 source of public funding to update the DRIs and  
4 an ongoing synthesis of the robust emerging  
5 science, especially in the areas of recommended  
6 dietary patterns, behavior change, and  
7 implementation. This process must also be open  
8 and transparent and avoid special agendas. This  
9 will result in a continuation of the high  
10 standards we've come to expect from the Dietary  
11 Guidelines, and elevate future Guidelines to an  
12 even greater quality. Thank you for this  
13 opportunity.

14 MS. ROMERO: Thank you.

15 Sarah Ohlhorst.

16 MS. OHLHORST: Thank you. I'm Sarah  
17 Ohlhorst representing the American Society for  
18 Nutrition. ASN appreciates the opportunity to  
19 comment on the process of developing future  
20 editions of the Dietary Guidelines for Americans.  
21 ASN is a scientific professional society with  
22 more than 5,000 members who conduct nutrition

1 research to help all individuals live healthier  
2 lives.

3 ASN supports the continued use of a  
4 strong evidence-based approach to inform the  
5 development of future editions of the Dietary  
6 Guidelines for Americans as the process evolves  
7 and expands. Insuring the quality of the DGAs  
8 requires careful review of all high-quality  
9 studies on key topics based on publicly available  
10 transparent standards for evidence-based  
11 evaluation.

12 Achievement of such a high quality of  
13 evidence requires continued investment in  
14 nutrition research that promotes the health of  
15 all Americans. This peer reviewed scientific  
16 evidence provides the fundamental basis for the  
17 DGA.

18 ASN continues to support the use of  
19 the Nutrition Evidence Library. That's a tool for  
20 validation of dietary guidance through multiple  
21 peer reviewed sources.

22 ASN supports expanding the DGA process

1 to provide unified dietary guidance across the  
2 entire life span. To support the inclusion of  
3 infants and children birth to 24 months, and  
4 future editions of the DGAs, the literature  
5 review should be enhanced to include the  
6 extensive work of the government-led B-24 Project  
7 to determine the evidence-base.

8 ASN encourages the government to begin  
9 to address the research recommendations outlined  
10 in the B-24 Project now. The government may  
11 consider over-sampling particular sub-populations  
12 including birth to 24 months to better inform  
13 future editions of the DGA through the National  
14 Health and Nutrition Examination Survey. The  
15 government may also wish to consider additional  
16 ways to make the NHANES data collection more  
17 current and specific to continually assess the  
18 population's health.

19 Additionally, ASN strongly urges the  
20 government to begin regular updates of the  
21 Dietary Reference Intakes, the DRIs, to provide  
22 current accurate data with which to identify

1 nutrients of public health concern and other  
2 nutrient needs to be used in the development of  
3 the DGA. Chronic disease prevention should  
4 continue to be a focus of future DGAs. The  
5 government may wish to consider nutritional  
6 biomarkers for chronic disease endpoints, and how  
7 DRI development may begin incorporating diety-  
8 related current disease endpoints when developing  
9 dietary recommendations that address health and  
10 disease. However, the development of  
11 recommendations should not be hindered or delayed  
12 by the process of discovery and validation of  
13 nutritional biomarkers for diet-related disease  
14 risk. The DGAs should expand the use of nutrient  
15 status as the basis for recommendations related  
16 to sufficiency.

17           With regard to process, the Dietary  
18 Guidelines Advisory Committee should be assigned  
19 a clear scope of work, and be given the  
20 flexibility and necessary tools to address new  
21 and emerging topics of importance to dietary  
22 guidance. Consistency between the evidence-base

1 and any areas of expanded scope should be  
2 assured.

3 Membership on the DGAC should be  
4 expanded as the process expands to include  
5 additional nutrition science-related experts  
6 including experts on behavior change, pair  
7 conception, pregnancy through 24 months of age,  
8 as well as food science and other expertise. This  
9 will also require consideration of the best  
10 approach and configuration of expertise to  
11 achieve a broader focus.

12 For example, part of the process of  
13 the DGAs could be an overarching Committee of  
14 experts to draw upon even greater expertise from  
15 the nutrition science community. Subcommittee  
16 experts, reviewers, and consultants should be  
17 selected using the same rigorous selection  
18 process as for DGAC members.

19 More emphasis on implementing the DGAs  
20 and moving Americans toward DGA compliance is  
21 also needed. ASN recommends that the government  
22 continue to engage collaborators to insure the

1 DGAs are disseminated to the public, communicated  
2 clearly, and will support improved public health  
3 outcome. Thank you.

4 MS. ROMERO: Thank you.

5 Mr. Jacobson.

6 MR. JACOBSON: Thank you. Good morning.  
7 I'm Michael Jacobson from the Center for Science  
8 in the Public Interest. Thank you for the  
9 opportunity to comment on the Dietary Guidelines  
10 for Americans, and the process by which it has  
11 been produced.

12 The Guidelines is a critical public  
13 health document that establishes nutrition  
14 standards for government programs benefitting  
15 millions of Americans, and creates a strong  
16 science-based foundation for nutrition advice and  
17 education. The Guidelines were never intended to  
18 prescribe advice to people with specific  
19 illnesses, genetic backgrounds, or uncommon  
20 metabolic factors. Instead, it serves as  
21 population-level advice on public health.

22 To better prevent chronic diseases and

1 insure nutritional sufficiency, the Guidelines  
2 should offer clear and understandable advice  
3 about which foods, not just nutrients, people  
4 should eat more of or less of, but it's tough to  
5 eat a healthful diet when as The Lancet  
6 editorialized last month, "Companies with a  
7 vested interest to provide ultra-processed energy  
8 dense nutrient poor food as cheaply as possible,"  
9 are marketing super-sized portions of sugar  
10 drinks, burgers, pizzas, and other unhealthy  
11 foods. Hence, future Guidelines should not only  
12 provide dietary recommendations, but should also  
13 recommend state, local, and federal policy  
14 changes such as a soda tax, or limits on sodium  
15 in packaged and restaurant foods to help counter  
16 the food industry's influence and actually  
17 improve the public's health.

18           The Committee also should acknowledge  
19 that social and economic inequities affect what  
20 people eat. In a presentation to the DGAC in  
21 2014, Dr. Michael McGinnis, the Executive  
22 Secretary of the NAM, referred to "social,



1 geographic, racial, and ethnic disparities," as a  
2 challenge to the Guidelines' impact. Future  
3 Guidelines should recommend measures to help  
4 overcome the impediments that vulnerable  
5 subgroups face when trying to eat healthy diets.

6 As for the process used to produce the  
7 Guidelines, it is crystal clear that the DGA  
8 process was transparent and its members were well  
9 qualified. And I say that, although I disagree  
10 with parts of the report.

11 As detailed in the public record, the  
12 DGAC employed a systematic predetermined  
13 framework, including the use of the NEL to guide  
14 its work. That eliminated bias to the greatest  
15 extent possible, while still leaving room for  
16 judgment. The meetings of the DGAC and its  
17 Subcommittees were open to the public and the  
18 public, including industry, had numerous  
19 opportunities to comment on tentative conclusions  
20 and then the final report.

21 One improvement in the process would  
22 be for the NAM to recommend that USDA and HHS

1 disclose potential conflicts of interest of  
2 candidates for the DGAC. Another would be to  
3 expand the Committee by including experts on such  
4 topics as toxicology and the environment.

5 Finally, we should be candid about the  
6 cause of the brouhaha that led Congress to  
7 commission the NAM report. The meat industry and  
8 others launched a major lobbying campaign to  
9 discredit the DGAC report because they didn't  
10 like the science-based advice to eat less red and  
11 processed meat. Their campaign included false and  
12 unsubstantiated claims about the DGAC's review of  
13 the evidence and the strength of the evidence  
14 itself. In fact, though, the DGA's procedures  
15 were scientifically sound and its conclusions  
16 were consistent with those of the World Health  
17 Organization and other authorities.

18 In conclusion, I hope that the NAM  
19 report will thoroughly vindicate the efforts of  
20 the members of the DGAC who served the country  
21 well. In the future, though, highly qualified  
22 individuals may be reluctant to so generously

1 donate a great deal of their time if their only  
2 compensation is unjustified attacks on their  
3 credibility and findings. Thank you.

4 MS. ROMERO: Thank you, Mr. Jacobson.  
5 Ms. Klein.

6 MS. KLEIN: Good morning. My name is  
7 Becca Klein. I'm here on behalf of Friends of the  
8 Earth, a nonprofit organization with over 650,000  
9 supporters that fights for a healthier, more  
10 just, and sustainable world. Thank you for the  
11 opportunity to offer our perspective today. We  
12 will also be submitting more comprehensive  
13 comments in writing.

14 To start, we want to highlight what  
15 has been working well. We believe that the  
16 overall process for gathering and synthesizing  
17 scientific evidence to inform the 2015-2020  
18 Dietary Guidelines was nearly flawless. The  
19 methods used by the Dietary Guidelines Advisory  
20 Committee to review the scientific evidence were  
21 rigorous and fully appropriate to the task at  
22 hand. We commend USDA and HHS for encouraging a

1 transparent process of scientific inquiry,  
2 including at least six publicly televised  
3 Committee hearings. We, therefore, urge only a  
4 few changes with regard to the Advisory Committee  
5 and its transparent process for reviewing,  
6 evaluating, and deliberating on the latest  
7 scientific findings.

8           What does need to change, however, is  
9 interference by Congress and the food industry  
10 that prevented USDA and HHS from publishing  
11 guidance that fully and clearly reflected the  
12 science and the unanimous recommendations of the  
13 Advisory Committee, particularly in regard to the  
14 need for Americans to consume less meat and more  
15 plant-based foods for their health and America's  
16 long-term food security.

17           More transparency is needed for the  
18 public to understand why key consensus  
19 recommendations from a highly esteemed scientific  
20 body were ignored in the final Dietary  
21 Guidelines, particularly when these science-based  
22 recommendations were supported by more than

1 21,000 public comments, 200,000 public petitions,  
2 700 health professionals, and hundreds of mayors.  
3 While such a public opinion should not drive the  
4 contents of the Dietary Guidelines, it should  
5 have bolstered USDA and HHS' resolve to publish  
6 dietary guidance that fully aligned with the  
7 evidence-based conclusions of the Advisory  
8 Committee.

9           Unfortunately, the only conclusion one  
10 can draw from this failure to incorporate the  
11 overwhelming science on the health benefits of  
12 meat reduction is that Congress and profit-driven  
13 food industry interests interfered in a way that  
14 prevented the final Guidelines from fully  
15 reflecting the weight of the scientific evidence.

16           Experts from leading public health  
17 organizations, including the World Health  
18 Organization, the American Heart Association, and  
19 the American Cancer Society, and hundreds of  
20 scientific studies confirm that people need to  
21 eat less meat, particularly red and processed  
22 meat for better health; yet, the only

1 recommendation to reduce meat consumption was  
2 buried deep in the final report, and only applied  
3 to teenage boys and men with no overall specific  
4 recommendation on eating less red and processed  
5 meat.

6 For the sake of American's health and  
7 our country's ability to produce nutritious food  
8 into the future, aspects of this process must  
9 change, and we offer the following  
10 recommendations.

11 The 2015 Advisory Committee was  
12 comprised of experts with integrity and with  
13 utmost regard for the scientific process. The  
14 future selection process for the Advisory  
15 Committee similarly should insure the appointment  
16 of independent academics and experts who have no  
17 conflicts of interest especially in terms of ties  
18 to the food industry.

19 In addition, we would recommend the  
20 inclusion of Committee members who have expertise  
21 in food production sustainability as it relates  
22 to long-term nutritional sufficiency, as well as

1 human and environmental health. It is impossible  
2 to discuss what Americans should be eating  
3 without taking into account the impact of food  
4 production on public health and future food  
5 security. That is why it is especially  
6 unfortunate that Secretaries Burwell and Vilsack  
7 ignored the weight of the evidence and decided  
8 that consideration of sustainability issues was  
9 outside of the scope of the Dietary Guidelines.

10 Other analyses, particularly the one  
11 authored by former USDA Deputy Secretary Kathleen  
12 Merrigan and colleagues in the peer reviewed  
13 Journal of Science clearly shows that it is  
14 entirely appropriate and even necessary to  
15 include dietary guidance on food production  
16 methods and their impact on future food security  
17 and sufficiency.

18 In conclusion, what clearly needs to  
19 change is Congressional and industry interference  
20 with the agency's ability to produce a document  
21 that reflects the careful objective evidence-  
22 based work of the Committee and the preponderance

1 of the global scientific evidence. We hope the  
2 IOM will confirm the soundness of the current  
3 Dietary Guidelines Advisory Committee process and  
4 focus much of its review on how to enhance the  
5 ability of USDA and HHS to publish Dietary  
6 Guidelines that fully and clearly reflect the  
7 weight of the scientific evidence, as opposed to  
8 political or profit-driven food industry  
9 interests.

10 Thank you for your time, and again  
11 thank you for the opportunity to share our  
12 perspective on this.

13 MS. ROMERO: Thank you.

14 Ms. Mohamedshah.

15 MS. MOHAMEDSHAH: Good morning. I'm  
16 Farida Mohamedshah, Director of Food Health and  
17 Nutrition at the Institute of Food Technologists.  
18 Founded in 1939, the Institute of Food  
19 Technologists is committed to advancing the  
20 science of food. Our nonprofit scientific  
21 society, more than 17,000 members from more than  
22 95 countries brings together food scientists,



1       technologists, and related professionals from  
2       academia, government, and industry. IFT  
3       appreciates the invitation to provide comments  
4       pertinent to the process of developing future  
5       editions of the Dietary Guidelines for Americans.  
6       Our comments relate to the selection of the  
7       Dietary Guidelines Advisory Committee, or DGAC,  
8       specifically the inclusion of food scientists and  
9       technologists in the DGAC.

10                 IFT believes that food science and  
11       technology play an integral role in the  
12       development and implementation of the Guidelines.  
13       We are disappointed that 2015 DGAC did not  
14       include food scientists and technologists;  
15       however, IFT appreciated the opportunity to  
16       present to the 2015 DGAC on the implications  
17       related to past, current, and anticipated changes  
18       to food formulation, in particular for sodium,  
19       added sugars, and fatty acids.

20                 Moving forward, we urge the  
21       Departments of Agriculture and Health and Human  
22       Services to insure that at least one food

1 scientist or technologist is included in the  
2 development of future editions of the Dietary  
3 Guidelines.

4           Regardless of the focus of the  
5 Guidelines whether it be eating patterns, food  
6 groups, individual components, or nutrients and  
7 foods, we believe that it is important to  
8 consider the advances in our food system made  
9 through food science and technology. Food science  
10 and technology have and will continue to play an  
11 integral role in delivering safe, nutritious,  
12 accessible, affordable, and palatable foods.

13           Food science enhances our ability to  
14 deliver nutrients via foods. Integration of food  
15 science and technology and nutrition along with  
16 collaboration amongst these two disciplines is  
17 important to improve the availability and  
18 nutritive quality of foods.

19           Importantly, through food science and  
20 technology we have been able to decrease sodium,  
21 saturated fats, trans fat, and sugars and address  
22 many of the shortfall nutrients such as calcium,

1 dietary fiber, and magnesium in the food supply  
2 as noted in the Dietary Guidelines for Americans.

3 Food scientists and technologists  
4 provide support to a dynamic and rapidly changing  
5 food environment through product reformulation,  
6 fortification, and enrichment, for example. It is  
7 crucial that the dietary recommendations are not  
8 only evidence-based but practical, realistic, and  
9 achievable by all consumers, including the  
10 vulnerable groups.

11 During the development of future  
12 Dietary Guidelines discussions related to changes  
13 in the food supply can only be addressed by food  
14 scientists and technologists. Critical insights  
15 from these professionals can make significant  
16 contributions towards the development of dietary  
17 recommendations, consumer behavior, and health of  
18 Americans.

19 More specifically, they can provide  
20 valuable insights into existing technological  
21 capabilities and limitations germane to the food  
22 supply and its impact on food manufacturing and

1 food safety, sensory appeal of food, costs and  
2 time constraints, and consumer acceptance. Their  
3 efforts continue to address innovations related  
4 to nutrition challenges, food safety, sensory  
5 appeal, and other aspects of the food supply  
6 chain.

7 An integrated approach to health is  
8 critical. IFT strongly urges the agencies that as  
9 they plan the process for selecting the DGAC for  
10 future editions of the Dietary Guidelines  
11 considerations be given to mandating  
12 representation from various disciplines,  
13 including food science and technology.

14 Expertise from food scientists and  
15 technologists, nutritionists, medical  
16 professionals and many other professions will  
17 lead to evidence-based Dietary Guidelines that  
18 are implementable along with the development and  
19 availability of more nutrient dense and  
20 affordable food choices.

21 The Dietary Guidelines is a foundation  
22 for many federal, state, and local food and

1 nutrition programs, public health interventions,  
2 and new production formulations and  
3 reformulation; therefore, IFT also recommends  
4 that the USDA continue to insure that the future  
5 DGAC's recommendations are supported by the best  
6 scientific evidence available at the time.

7 IFT and our members are committed to  
8 assisting with the future Dietary Guidelines  
9 process. We believe our technological and  
10 scientific capabilities will continue to be of  
11 value in the development of Dietary Guidelines  
12 and for improved food choices for all Americans.

13 Once again, IFT strongly urges the  
14 Departments of Agriculture and Health and Human  
15 Services to insure that food scientists and  
16 technologists are part of the DGAC in the future.  
17 Thank you for the opportunity to comment.

18 MS. ROMERO: Thank you.

19 Mr. Hentges.

20 DR. HENTGES: Thank you. I'm Eric  
21 Hentges, and my disclosure is that I am the  
22 former Executive Director of CNPP for the 2005

1 Dietary Guidelines and initiated the evidence-  
2 based review process, so I am vested in the  
3 future of the Dietary Guidelines.

4 ILSI is a nonprofit research group  
5 where there are 17 ILSI branches around the  
6 globe, and we operate on what we call a  
7 tripartite philosophy where we believe that if  
8 government scientists, industry scientists, and  
9 academic scientists are all putting emphasis  
10 together you're more likely to find solutions in  
11 the future.

12 One of the things that we focus on is  
13 the research quality, and so I would say that the  
14 primary emphasis for the Agency and for IOM  
15 moving forward for process developing future  
16 editions of the Guidelines is to focus mainly on  
17 the best and most appropriate methodology for  
18 compiling scientific data to formulate scientific  
19 consensus statements, and this includes  
20 transparency. There is transparency but it can  
21 never be dropped in the methodology. It has to --  
22 - it's paramount in moving forward, and also

1 equal access of all stakeholder sectors into the  
2 process. And this includes prioritization of the  
3 research questions, as well as the examination of  
4 these questions within a consistent analytical  
5 framework.

6 Systematic reviews, I am a big fan of  
7 it and I think it has been used well. However,  
8 evidence-based reviews include not only the  
9 development of a science-based recommendation and  
10 Guidelines, but also the setting of research  
11 agendas, the foundation for updating as new data  
12 emerges, and formulating scientific consensus  
13 statements. Thus, there are many sectors within  
14 the food and nutrition research community that  
15 have a critical and vital interest in how this is  
16 done, so it questions whether the isolation of  
17 the systematic review system within CNPP is  
18 appropriate, or whether it should be in the  
19 greater food and nutrition research aspects of  
20 USDA in the future.

21 The establishment of an expert panel  
22 is part of systematic reviews, an integral part.

1        However, if the methodology provides a robust  
2        body of science that has been adequately  
3        developed by the process taking into account  
4        transparency as well as prioritization of the  
5        research question then do you need a panel for  
6        one to two years, or should this panel be able to  
7        do its work looking at this body of work  
8        developed by the appropriate scientific gathering  
9        process within days, as opposed to years?

10                In addition to evidence-based review,  
11        I believe that the Agency should look at the  
12        methodology that supports big data analysis  
13        moving into the future. This is especially true  
14        if the focus is going to be on dietary patterns,  
15        I would rather say dietary landscape beyond just  
16        patterns, and I believe that this open  
17        prioritization of questions is also a necessary  
18        piece for establishing the architecture that  
19        would be used to compile the data set needed for  
20        establishing a big data approach here. And I  
21        believe that you could look at the example of  
22        what Economic Research Service has done in a



1 smaller focus with their FoodAPS Program to  
2 support the SNAP Program. So, thank you very  
3 much.

4 MS. ROMERO: Okay, Ms. Scarmo.

5 DR. SCARMO: Hi, I'm Stephanie Scarmo  
6 from the Pew Charitable Trusts. Thank you for  
7 having us. We will not be providing oral comments  
8 today.

9 MS. ROMERO: Following today's sessions  
10 the unedited transcript is going to be given to  
11 the IOM prior to their beginning of the review of  
12 the comprehensive study of the Dietary Guidelines  
13 and the development process. USDA encourages you  
14 to stay in contact with the IOM once it begins  
15 the study. So as you exit the Williamsburg Room,  
16 this room that we're in here, make sure that you  
17 have --- if you have comments you have to drop  
18 off your articles with Susan, and then please  
19 stop by the security desk to return your badge as  
20 you're leaving. Thank you very much for  
21 participating.

22 (Whereupon, the above-entitled matter

1 went off the record at 10:52 a.m. and resumed at  
2 1:00 p.m.)

3 MS. ROMERO: Okay, let's go ahead and  
4 get started. On behalf of USDA, I want to thank  
5 you for participating in this Listening Session.  
6 USDA appreciates your insights as a leading  
7 organization interested in the Dietary Guidelines  
8 for Americans.

9 My name is Kathy Romero, and I'm your  
10 Facilitator for today. Our host is USDA Center  
11 for Nutrition, Policy, and Promotion and  
12 listening in we have the CNPP Executive Director,  
13 Angela Tagtow, and Deputy Director, Jackie Haven.

14 The purpose of this session is to get  
15 comments from leading member-based organizations  
16 like yours, and to get the greatest diversity of  
17 perspectives on the process for developing future  
18 editions of the Dietary Guidelines.

19 In addition to considering your  
20 member-base, USDA also considered other factors,  
21 including representation across health and  
22 nutrition sciences, the level of engagement

1 during the 2015 to 2020 Dietary Guidelines  
2 development process, and representation of the  
3 diversity across the food and beverage  
4 categories.

5 There are three Listening Sessions  
6 being held and include representation from  
7 professional health organizations and consumer  
8 advocacy groups, trade organizations, and other  
9 federal agencies.

10 Your remarks will be recorded and  
11 shared verbatim with the Institute of Medicine  
12 Food and Nutrition Board prior to their  
13 initiation of a comprehensive study of the  
14 development process of the Dietary Guidelines.  
15 This was a directive outlined in the FY 2016  
16 Consolidated Appropriations Act.

17 Today your remarks may address how the  
18 Dietary Guidelines can prevent chronic disease,  
19 insure nutritional sufficiency for all Americans,  
20 and accommodate a range of individual factors  
21 including age, sex, and metabolic health. Your  
22 remarks may address processes for selecting the

1 Advisory Committee, methods used to review  
2 scientific evidence, processes for developing the  
3 Dietary Guidelines across a life span. And this  
4 is actually per the 2014 Agriculture Act which  
5 states that the 2020 edition of the Dietary  
6 Guidelines will expand to include nutrition  
7 guidance for infants and toddlers birth to 24  
8 months, and women who are pregnant.

9           We have a few housekeeping notes. The  
10 first is, I want you to admire this beautiful  
11 table that you're sitting at. It's a 36 by 12  
12 mahogany and leather table and it was built in  
13 this room specifically for the Summit of  
14 Industrial Nations. It was held here in the  
15 Williamsburg Room in May of 1983 and hosted by  
16 President Reagan. And we have -- no food or  
17 beverage are allowed in the room because we want  
18 to make sure that we maintain this historical  
19 treasure.

20           Your remarks, you have the opportunity  
21 to provide up to five minutes of oral remarks at  
22 this Listening Session. And again, all your

1 remarks are going to be recorded, and that's what  
2 the machines are on the table. At the beginning  
3 of your remarks please clearly state your name  
4 and the organization, and make sure that the  
5 button on your mic is green so that the recorder  
6 can hear everything.

7 Timekeepers are available, the ladies  
8 here, and they're going to hold up a card and  
9 indicate when you have one minute, 30 seconds,  
10 and then when your time is up. Please respect the  
11 five-minute time limit so that we insure that  
12 everyone gets that time. And I will be firm on  
13 that five-minute timeline, but you do have the  
14 opportunity to provide your written remarks and  
15 drop them as you're leaving. If say you don't get  
16 through everything, you can drop those remarks at  
17 the desk on your way out and those will be  
18 incorporated into the notes so it's not like it  
19 won't get included.

20 To reiterate, this is a Listening  
21 Session. This is an opportunity for USDA to hear  
22 your perspective on the Dietary Guideline

1 development process. We're going to go in  
2 alphabetical order by name of the organization  
3 with one exception. We do have someone that has  
4 to leave us early and so she's asked if she can  
5 go first, so we will accommodate that.

6           Following today's session, USDA is  
7 going to provide an unedited transcript to the  
8 IOM, and this preliminary assessment is not meant  
9 to override the IOM's plan to gather its own  
10 insights from stakeholders, which USDA  
11 anticipates they're going to do as part of their  
12 independent study.

13           So let's go ahead and get started, and  
14 Ms. Wilcox, you can go ahead, and your time  
15 starts now.

16           MS. WILCOX: Good afternoon. I'm  
17 Kristin Pearson Wilcox. I'm Vice President of  
18 Government Relations for the International  
19 Bottled Water Association, and thank you again.  
20 Our members include those companies that produce  
21 all kinds of water. Sugar is not included in our  
22 products. We represent those that make spring,

1 sparkling, mineral, artesian, and purified  
2 bottled water, and water plays a vital role in  
3 supporting nutritional health.

4 Bottled water producers are strong  
5 supporters of the First Lady's Drink Up  
6 Initiative, and we appreciate that based on the  
7 2015 Dietary Guidelines, MyPlate, MyWin Nutrition  
8 Guide, that it encourages Americans to drink  
9 water instead of sugary beverages.

10 Our recommendations on how future  
11 Dietary Guidelines processes should be conducted  
12 is based on four pillars of advice. Number one,  
13 to be clear about your intentions up front.  
14 Number two, fight misinformation about your  
15 conclusions when they arise. Number three,  
16 include all relevant and as much science as you  
17 can in your evaluations. And number four, be  
18 transparent. These pillars should be based on the  
19 foundational goal of focusing your advice on how  
20 to promote good behavior.

21 Let's look at this as it relates to  
22 the debate over added sugar. In order to be

1 transparent from the start and clear with the  
2 intentions we would recommend that the process  
3 for preparing the 2020 Guidelines and any future  
4 Guidelines include water and beverages as a topic  
5 for discussion by the Advisory Committee. Looking  
6 at water will allow the nation's best scientists  
7 and nutritional experts to consider all the  
8 relevant research on how water and beverages  
9 impact healthy hydration among all ages and  
10 populations.

11           If we're going to look at how best to  
12 fight chronic disease we need to look at food,  
13 beverages, and lifestyle. Moving forward the  
14 process should continue to include all available  
15 science. Studies have shown that drinking plain  
16 water instead of sugar sweetened beverages is  
17 associated with decreasing incidences of obesity,  
18 Type 2 diabetes and cardiovascular disease.  
19 People of all ages need to maintain proper  
20 hydration to function optimally; however, for  
21 example, much of the research submitted by IBWA  
22 and our comments in 2015 Guidelines appear not to



1 have been included. This leaves questions about  
2 what science was left unexamined. Further DGA  
3 efforts should not ignore where there is  
4 consensus in the scientific community.

5 We recommend you be clear with your  
6 intentions and transparent in your process, and  
7 to let other policy objectives that may creep in  
8 be dismissed immediately. So, for example, if the  
9 focus is reducing sugar intake the next Dietary  
10 Guidelines should place a greater emphasis on  
11 what people drink and encourage Americans to  
12 reach for water instead of less healthy  
13 beverages.

14 The 2020 Guidelines and future  
15 Guidelines need to be aware of people's habits  
16 and acknowledge that convenience and availability  
17 are key to getting people to change their ways.

18 The process needs to fight  
19 misinformation as soon as it arises and be aware  
20 that the DGAs is where science meets policy, and  
21 that impacts what people think about what they  
22 eat and drink. It impacts sales and what people

1 do with their daily lives. So, for example, if  
2 you talk about reducing sugar intake, the  
3 question might not be how do we reduce sugar  
4 intake but how do we get people to drink more  
5 water? It's important that bottle water, for  
6 example, is an avenue for people to get to water  
7 because 47 percent of added sugar in our diets  
8 comes from beverages, and beverages make up 20  
9 percent of our daily calorie intake. It's clear  
10 that Americans need guidance on beverages if  
11 reducing sugar intake would be a focus in the  
12 future.

13 We can't stress enough the importance  
14 of being transparent and focusing on good  
15 behavior. Adults and children alike, I know this  
16 as a mother, don't like to be told don't eat  
17 that, or don't do this. The 2015 Guidelines took  
18 a great step forward in recognizing that  
19 Americans need realistic, obtainable, incremental  
20 advice on how to improve their diets. And because  
21 water needs to be -- and so in 2020 the DGAs need  
22 to focus on and will focus on children from birth

1 to 24 months, and also pregnant women, we think  
2 water is a good focus.

3 There is an increased risk of  
4 developing chronic diseases that start at any  
5 early age, and so do good eating habits, good  
6 exercise habits, and good drinking habits.

7 NHAYNES IV data shows that children in New York  
8 and Los Angeles, for example, don't get the  
9 adequate hydration they need before they go to  
10 school. Water accounts for only 29 percent of  
11 children's total intake, and children four to  
12 eight, 75 percent of them fail to satisfy their  
13 DRI recommendations for water.

14 So, in conclusion, the role of food,  
15 and beverages, and lifestyle need to be  
16 considered; what people eat, what they drink,  
17 what they do. We need to look at the whole  
18 package and that needs to be based on a  
19 foundation of good behavior and promoting good  
20 habits.

21 The 2020 DGA is -- all future DGA  
22 efforts should do this by focusing on the four

1 pillars of advice; be transparent, include all  
2 science, fight misinformation, focus on good  
3 behavior, and be clear with their intention.

4 Thank you.

5 MS. ROMERO: Thank you.

6 Okay, Ms. Sanders.

7 MS. SANDERS: Good afternoon. I'm Lee  
8 Sanders, Senior Vice President, Government  
9 Relations and Public Affairs for the American  
10 Bakers Association. Thank you for the opportunity  
11 to provide stakeholder comments to USDA CNPP on  
12 the process for developing future editions of the  
13 Dietary Guidelines for Americans. My comments  
14 today provide feedback not only for the American  
15 Bakers Association but for the members of the  
16 Grain Chain, a grain industry coalition  
17 representing farm to table.

18 With regard to how the Dietary  
19 Guidelines can prevent chronic disease and insure  
20 nutritional sufficiency for all Americans and  
21 accommodate a range of individual factors  
22 including age, sex, and metabolic health. During

1 the 2015 review process, the Advisory Committee  
2 was primarily comprised of public health experts.  
3 While those experts provided value, moving  
4 forward it will be critical to also include  
5 highly credentialed practicing registered  
6 dietitians, food scientists and other clinical  
7 experts that understand not only the complex  
8 individual factors impacting food choices, but  
9 also the regulatory process to best determine the  
10 impact the DGA recommendations will have on the  
11 public.

12 To more effectively develop nutrition  
13 messages that will resonate with the public,  
14 including low income consumers, special expertise  
15 is needed. This includes highly credentialed  
16 practicing registered dietitians who have  
17 practical hands on experience working with  
18 clients. This science expertise is needed to  
19 insure recommendations can be applied in a  
20 variety of typical settings including home  
21 cooking, restaurant food selection, and school  
22 meal plan development.

1           The DGAC must stay within its scope of  
2 practice which is nutritional recommendations.  
3 This scope needs to be clearly communicated to  
4 the Committee before it commences its work. The  
5 DGA recommendations should be based on a balance  
6 of nutrients.

7           Over the last couple of cycles of the  
8 DGAC reviews there's been movement away from  
9 dialogue on nutrients. This movement is not  
10 beneficial to public health. We believe that a  
11 review of nutrients and emerging science in this  
12 area is crucial to any future DGAC review and  
13 assists in directing nutritional sufficiency for  
14 all Americans with a range of individual factors.

15           Additionally, the ABA and Grain Chain  
16 believe that it is critical for future DGAC  
17 members to have an educated appreciation of the  
18 importance of Enrichment and Fortification.  
19 Enrichment was enacted in 1941 when servicemen  
20 and women were found to be under-nourished. This  
21 single health initiative virtually eliminated  
22 pellagra and beriberi in the U.S. The success of

1 this initiative resulted in enriched grains being  
2 chosen as a vehicle for folic acid fortification  
3 to help prevent neural tube birth defects. NTDs  
4 have dramatically decreased in the last decade  
5 since enactment and folic acid fortification is  
6 one of the CDC's top public health achievements  
7 in the last decade.

8 Little attention was given to cereal  
9 fiber in the 2015 review despite grain foods  
10 contributing vital and often under-consumed  
11 nutrients to the American diet, including 43.7  
12 percent of all fiber. Approximately two-thirds of  
13 grain contribution to total fiber intake comes  
14 from enriched grains. The contribution of whole  
15 and enriched grains to total fiber intake are  
16 important because more than 90 percent of adults  
17 and children fall short of dietary fiber  
18 recommendations.

19 With regards to processes for  
20 selecting the Advisory Committee, we believe it's  
21 important for NAM to review the current Advisory  
22 Committee selection process and structure itself

1 is adequate for future DGA reviews, especially  
2 given the growing list of questions that it's  
3 expected to address.

4 It will also be important to insure  
5 that the selection process is fully transparent.  
6 To streamline the process, the Agency should  
7 develop and finalize questions the Advisory  
8 Committee will address prior to the nomination  
9 process so that the nominations can be targeted  
10 to the appropriate expertise. We believe an  
11 Advisory Committee with diversified knowledge and  
12 expertise is needed, including in such areas as  
13 food science, nutrition, regulatory, food supply  
14 chain, and human behavior.

15 Committee members should be selected  
16 from a variety of environments such as  
17 universities, industry, and research settings, as  
18 well as those who work directly with consumers.  
19 We urge the agencies and NAM to explore a 10-year  
20 standing committee with broad expertise in the  
21 areas of carbohydrates, protein, fat, sugars, and  
22 sodium that can review emerging science for each



1 macronutrient. The standing committee could  
2 assist the Agency in developing the overall list  
3 of questions and then prioritize those questions  
4 for the five-year DGAC Committee to address. This  
5 approach organizes the five-year process so it is  
6 more efficient and focused.

7 More linkage to Dietary Reference  
8 Intakes is needed. It would be beneficial for the  
9 Advisory Committee to have more interaction with  
10 the IOM's Food and Nutrition Board to maximize  
11 the efficiency of limited government resources.

12 With the 2020 edition of the new set  
13 of recommendations from birth to two years old,  
14 the Grain Chain believes a dedicated Committee is  
15 needed comprised of pediatricians, life cycle  
16 nutritionists with practical experience,  
17 pediatric allergists, and pediatric feeding issue  
18 experts. Furthermore, some of the best expertise  
19 and research in this area is through industry. To  
20 discount this resource would potentially be  
21 damaging to those --

22 MS. ROMERO: Thank you.

1 Ms. Jack.

2 DR. JACK: Good afternoon. I am Dr.  
3 Maia Jack, Vice President of Science and  
4 Regulatory Affairs for the American Beverage  
5 Association. ABA represents the U.S. nonalcoholic  
6 beverage industry. We welcome the opportunity to  
7 share our thoughts.

8 The Dietary Guidelines provides  
9 nutrition guidance that assists all Americans to  
10 choose dietary patterns that not only meet  
11 individual nutrient needs but also promote health  
12 and reduce chronic disease risk, while allowing  
13 for food enjoyment. Narrowly focusing on any  
14 single nutrient, food, or beverage is unlikely to  
15 promote good dietary practices and instead may  
16 result in unintended consequences. The ideology  
17 of chronic diseases is multi-factorial and there  
18 is no silver bullet. To reach the intended goal  
19 of promoting balance, moderation, and a healthy  
20 diet and supported by science is key. An unbiased  
21 review of the totality of the evidence is  
22 imperative as it's placing more weight on

1 intervention studies that specifically look at  
2 dietary impact on health and well-being.

3 Randomized controlled clinical studies are  
4 considered the gold standard in evidence-based.

5 The Guidelines chartered purpose to  
6 provide science-based nutritional advice must be  
7 its guiding principle. In that vein, the Agency  
8 should insure that the Guidelines stay true to  
9 its charter and not venture outside its intended  
10 scope, such as making policy recommendations that  
11 do not add to the discussion on science-based  
12 nutrition advice.

13 Likewise, addressing ingredient  
14 safety, FDA's responsibility is not about  
15 nutrition but rather requires an expert panel in  
16 toxicology. Yet another example would be the  
17 setting of DRIs, IOM's responsibility. The  
18 Dietary Guidelines should be objective,  
19 practical, and achievable in the real world  
20 across population groups.

21 The DGA Advisory Committee selection  
22 process is critical to the outcome, but first the

1 right questions should be identified. That is  
2 scoping and problem formulation. Identifying key  
3 research questions before an Advisory Committee  
4 is empaneled will allow relevant qualified  
5 experts to be nominated. A formal notice and  
6 common practice meets this with this task.  
7 Learning and leveraging best practices from other  
8 credible groups such as IOM, EPA, and NTP will  
9 provide insights on how to manage an open,  
10 transparent, and public process relative to  
11 scoping and problem formulation.

12           Once areas of potential inquiry have  
13 been determined qualified cross-disciplinary  
14 experts from government, industry, academia and  
15 NGOs should be nominated to the Committee who  
16 could not only review the evidence but also to  
17 set relevant, meaningful, and balanced nutrition  
18 science-based dietary recommendations. While each  
19 qualified expert comes with inherent conflicts  
20 and biases, it is their expertise that should  
21 determine their qualifications. It is in  
22 everyone's interest to promote public health and

1 reduce chronic disease risk.

2 Other methodological experts should be  
3 included on the Committee to enhance rigor of the  
4 evidence-based review process. These additional  
5 experts can insure that the totality of the  
6 evidence is considered and graded consistently,  
7 fairly, and objectively. They may also provide  
8 oversight by clarifying working parameters  
9 relative to the reviews and insuring relevant  
10 metrics are met. This will lead to a more  
11 rigorous and unbiased process and likely result  
12 in objective nutrition science-based dietary  
13 recommendations.

14 Implementation of a transparent  
15 process will insure integrity. Should there be a  
16 need for expert consultants after the Committee  
17 is established understanding how this applicants  
18 are vetted and identified and having access to  
19 their findings likewise lends more credibility to  
20 the robustness of the process.

21 Also, IOM should determine a more  
22 appropriate time frame for updates to the

1 Guidelines; perhaps 10 years in view of limited  
2 new scientific research in a five-year period.  
3 The NEL grading rubric used to assess the  
4 strength of the evidence should be applied  
5 consistently to all of the evidence considered,  
6 and the recommendations should consistently align  
7 with the strength of the evidence. Inconsistent  
8 application of criteria and of recommendations  
9 based on varying levels of evidence have  
10 previously been an issue.

11 In the last DGAC process while  
12 moderate evidence supported the benefits of low  
13 or no calorie sweeteners for short-term weight  
14 loss the Committee recommendation was to avoid  
15 low and no calorie sweeteners all together. In  
16 some instances recommendations were based on no  
17 evaluation of the evidence. IOM should be engaged  
18 in setting standards and criteria on how and when  
19 dietary recommendations may be made.

20 The selected Committee should be  
21 responsible for conducting de novo NEL evidence-  
22 based reviews either for a new research question

1 or to build on prior NEL reviews. Streamlining  
2 this process slowly by leveraging other  
3 organizations' reviews would move to the level of  
4 rigor necessary for consistent and objective  
5 nutrition science-based dietary recommendations.

6 Finally, the 1990 Nutrition Act  
7 instructs that the Dietary Guidelines be based on  
8 the preponderance of scientific and medical  
9 knowledge current at the time of publication.

10 While the most recent Guidelines were published  
11 in 2016, the Committee last met in 2014 to  
12 finalize its recommendations based on scientific  
13 evidence no more current than September 2014. A  
14 mechanism to consider additional scientific  
15 studies published in the interim must exist prior  
16 to the Guidelines release to insure that the  
17 recommendations are not already out of date at  
18 time of publication. If a major finding  
19 potentially alters a recommendation before --  
20 then IOM with the Agency should evaluate the  
21 strength of the evidence prior to releasing the  
22 final Guidelines.

1           Thank you for your consideration and  
2 we've submitted written comments, as well.

3           MS. ROMERO: Thank you. Remember to  
4 turn your mic to green if you're speaking.

5           Mr. Gummalla.

6           DR. GUMMALA: Thank you, and good  
7 afternoon. My name is Sanjay Gummalla. I'm the  
8 Vice President of Regulatory and Technical  
9 Affairs at the American Frozen Food Institute.  
10 The American Frozen Food Institute or AFFI thanks  
11 the Center for Nutrition, Policy, and Promotion  
12 for the opportunity to comment on the Dietary  
13 Guidelines for Americans, or DGA, and its  
14 process.

15           AFFI is the voice of the frozen food  
16 community and at the National Trade Association  
17 it represents frozen food manufacturers and  
18 distributors throughout the United States.

19           First, AFFI commends the U.S.  
20 Department of Agriculture and the U.S. Department  
21 of Health and Human Services for their efforts in  
22 developing the science-based dietary guidance



1 document, and certainly the IOM and the Institute  
2 of Medicine for this review.

3 As the DGA has far-reaching  
4 implications and impacts important nutrition  
5 policies, AFFI appreciates the attention given to  
6 how the DGAs are researched as they are  
7 developed. Indeed, the scope of the DGA has  
8 evolved since its inception from providing  
9 general nutrition guidance to making more  
10 obesity-specific guidance, and more recently  
11 tackling chronic and metabolic disease  
12 conditions.

13 Given this evolution, we urge that the  
14 process of developing dietary guidelines also  
15 evolve, particularly as it relates to, one,  
16 identifying research questions as the primary  
17 step of the process and prior to constituting the  
18 Committee, that the development of these  
19 questions be transparent and possibly available  
20 for public comment. Two, that the expertise  
21 representing the Dietary Guidelines for Americans  
22 Committee be broad and representative of public

1 health and nutrition experts, but also for  
2 instance, involvement of expertise in food  
3 science and food production as industry efforts  
4 are critical and their role can be critical to  
5 creating change.

6 To recognize that the evolving -- and  
7 third, to recognize that the evolving areas of  
8 dietary guidance represent extended term health  
9 outcomes and reliance on data accumulated over  
10 longer periods of time. Consequently, we urge  
11 that in its review the IOM, USDA, and HHS  
12 consider allowing sufficient time maybe in future  
13 recommendations to fully collect and review data.  
14 Cholesterol is a great example of this that  
15 demonstrates the changing nature of scientific  
16 evidence and the value of taking time and being  
17 patient to generate the valuable data that is  
18 required to guide these documents.

19 Additionally, as AFFI has expressed in  
20 the previous comments, to enhance the scientific  
21 rigor applied in the development of the Dietary  
22 Guidelines by using only relevant literature and

1 expanding its reference to data from the  
2 Nutrition Evidence Library.

3 As a last point, the DGA process will  
4 be well served with identifying metrics on the  
5 impact of DGA on public health initiatives. As an  
6 example again, promoting the intake of fruit and  
7 vegetables has been a central message of the  
8 current and past DGAs; yet, a recent Produce for  
9 Better Health, PBH Foundation 2015 State of the  
10 Plate report found that fruit and vegetable  
11 intake has actually decreased over time. PBH  
12 research also revealed that while fruit and  
13 vegetables are recommended -- that when fruit and  
14 vegetables are recommended in all forms such a  
15 frozen, canned, and dried, consumer perception  
16 and intake -- and intent to consume fruits and  
17 vegetables increases. So the message communicated  
18 by the DGA can be very beneficial in directing  
19 such desired outcomes.

20 AFFI is committed to aiding the  
21 agencies and the Institute of Medicine in their  
22 review of the Dietary Guidelines for Americans

1 process, and we are invested in supporting  
2 science-based public health-related guidance.

3 Thank you again for the opportunity to  
4 provide this feedback.

5 MS. ROMERO: Thank you.

6 Okay, Ms. Johnson.

7 MS. JOHNSON: Good afternoon. My name  
8 is Beth Johnson, and I very much appreciate the  
9 opportunity to provide comments today.

10 As many of you know, I've been engaged  
11 in Food and Nutrition Policy for nearly 25 years,  
12 seven of those while at USDA. I was fortunate  
13 enough to watch the Dietary Guidelines process up  
14 close and personal. I saw the dedication of the  
15 staff both at USDA and HHS, as well as the  
16 Advisory Committee members as they worked to  
17 develop and publish the U.S. Government's  
18 official Nutrition Recommendations. And though I  
19 didn't experience the controversy and questioning  
20 of today in watching the '05 Guidelines being put  
21 together, I did personally experience it in other  
22 science-based policy matters such as food safety,

1 animal health, and the update of My Pyramid. In  
2 each of these areas, debates over the  
3 interpretation of the science and the subsequent  
4 policy decisions led to significant disagreement  
5 and skepticism by industry, consumer and public  
6 health advocacy groups, and even Congress.

7 My point only is that it's important  
8 to remember that although this conversation is  
9 about the Dietary Guidelines, identify a more  
10 widely trusted process to evaluate scientific  
11 data and make relevant policy decisions could  
12 have enormous benefits beyond nutrition.

13 The law passed by Congress governing  
14 the Dietary Guidelines dates back to 1990. They  
15 received broad support from public health and  
16 scientists to put the DGA process in law, and  
17 actually the first Dietary Guidelines was  
18 published before this table was built. At the  
19 time, we didn't have nutrition facts label on  
20 packaged foods, trans fats were still largely  
21 believed to be better than saturated fat, and the  
22 USDA organic standard did not yet exist. It makes

1 good sense to review our nutrition guidelines  
2 process now.

3 I believe I can safely say that  
4 there's nearly unanimous support for insuring  
5 that our nutrition recommendations are based in  
6 sound science, but that is pretty much where it  
7 ends. Accordingly and admittedly, these are  
8 thoughts based on conversations with real experts  
9 in scientific review processes rather than my own  
10 infinite wisdom. I will outline some specific  
11 thoughts that I hope will be considered at USDA  
12 and the National Academy of Science in its review  
13 of the Dietary Guidelines process. Inclusion in  
14 this list does not mean that it isn't currently  
15 part of the process; rather, it is a holistic  
16 view of a possible future process.

17 Number one, we've learned much about  
18 nutrition over the years and we still have a lot  
19 to learn. Accordingly, we need to make sure we  
20 have the best and most appropriate methodology  
21 for compiling and reviewing scientific data to  
22 formulate scientific consensus statements. This

1 should include coordination with mandatory  
2 updates to the Dietary Reference Intakes or DRIs.  
3 It must evaluate or evolve to appropriately allow  
4 for updated ideas based on new data and new ways  
5 of analyzing data, and the methodology should  
6 eliminate as much bias as possible so it doesn't  
7 matter who funded research, or who was involved  
8 in that research. Good research is good, bad is  
9 bad, and inconclusive is inconclusive period.

10           Transparency early and throughout the  
11 process is paramount in developing the research  
12 questions, compiling and analyzing the data, and  
13 forming the consensus statements. All  
14 stakeholders should be able to identify the  
15 breadth and quality of currently available data  
16 before the DGA process even begins. Having an  
17 open and transparent repository of broad data  
18 could make that happen. Questions continue in  
19 regard to how the research questions carry over  
20 from one version of the Dietary Guidelines to  
21 another. Identifying the research questions with  
22 adequate input and time to conduct research to

1 answer the questions should be part of the  
2 process.

3 With this information early in the  
4 process, those outside a particular research  
5 project could provide valuable input to  
6 strengthen the quality and usefulness of the  
7 research being conducted leading to more widely  
8 accepted results. A transparent systematic  
9 evidence-based review process where all  
10 stakeholders have ongoing access can take us a  
11 long way in setting a generally agreed upon  
12 research agenda leading to the next revision of  
13 the Dietary Guidelines, establishing relevant and  
14 agreed upon research questions, the development  
15 of science-based recommendations that  
16 consistently take into consideration the quality  
17 of research regardless of who funds it, and  
18 determining the foundation for updates as new  
19 data emerges.

20 Additionally, to help reduce so called  
21 inherent bias of Committee members there should  
22 be consideration of including life science



1 systematic review experts who do not have food or  
2 nutrition expertise.

3 In summary, over the last 25 years I  
4 have been engaged in food and nutrition policy.  
5 I'm not aware of a complete and detailed review  
6 of the manner in which we establish national  
7 nutrition recommendations. Getting politics out  
8 of science is impossible, every group including  
9 academics, scientists and industry are political  
10 and use the political process when it's  
11 advantageous to them.

12 I hope we take this opportunity to  
13 really look at the process. Thank you.

14 MS. ROMERO: Thank you.

15 Mr. Burns.

16 DR. BURNS: I'm Robert Burns, and I'm  
17 here on behalf of the Grocery Manufacturers  
18 Association. We fully support the development of  
19 the Dietary Guidelines for Americans and its  
20 importance to help guide nutrition policies, and  
21 assist consumers in developing healthier diets.  
22 We appreciate the huge amount of work contributed

1 by Advisory Committees, staff from USDA and  
2 Department of Health and Human Services over the  
3 past 35 years that's updated the information  
4 every five years. However, the route to that  
5 final policy document is not always an easy one.  
6 Thus, we truly appreciate the opportunity today  
7 to share some of our thoughts on ways that the  
8 process could be improved.

9           Perhaps the most critical component is  
10 the selection of the Advisory Committee itself.  
11 This will be a familiar theme, you've heard it  
12 before, but in order to facilitate selection of  
13 the panel members we suggest that USDA and DHHS  
14 first prioritize detailed topic areas which  
15 should be reviewed. This will require much more  
16 specificity than the current practice. For  
17 transparency these priority areas could be open  
18 for public comment before finalization. The  
19 finalized list should be used to select Committee  
20 members best equipped to address the priority  
21 topics.

22                           Specific areas of expertise

1 notwithstanding, each DGA, Dietary Guidelines  
2 Advisory Committee should include expertise in  
3 dietetics, nutrition, medicine biostatistics,  
4 food technology, consumer behavior, physiology,  
5 and epidemiology. In situations where the Dietary  
6 Guidelines Advisory Committee needs to assess  
7 additional expertise these experts should be  
8 selected in a manner transparent that allows for  
9 public input. On controversial topics a range of  
10 scientists with varying points of view should be  
11 recruited and cross-examined by the DGAC in an  
12 open format. Scientists who work in or have  
13 worked in industry should be considered because  
14 of their practical knowledge.

15 If DGAC recommendations leads to  
16 changes in food composition then appropriate  
17 outside experts should be consulted to provide  
18 safety and risk assessments of those changes to  
19 help avoid unintended consequences.

20 To alleviate concern that the DGAC  
21 process has been politicized, appropriate  
22 measures must be taken to provide greater

1 transparency around any bias or conflict of  
2 interest that exists on the panel. Most  
3 scientists have their biases so a balance of  
4 divergent opinions is critical to assure the  
5 credibility of the DGAC.

6 On methods used to review scientific  
7 evidence, we feel that the Nutrition Evidence  
8 Library under USDA is a rigorous methodology that  
9 was designed specifically to maximize  
10 transparency, minimize bias, and insure  
11 systematic reviews of high quality that are  
12 relevant and timely. This process should be  
13 consistently applied when reviewing the  
14 scientific evidence and the Dietary Guidelines  
15 process.

16 In the last iteration, the DGA chose  
17 to use existing systematic reviews, meta analyses  
18 and reports rather than the NEL to address many  
19 research questions. Were the reports chosen  
20 because they were of high standard, or because  
21 the Committee agreed with the conclusions? A more  
22 transparent process such as the NEL that starts

1 with primary publications and performs a rigorous  
2 evaluation of them will result in recommendations  
3 that better reflect the strength and limitations  
4 of the evidence-base.

5 If systematic reviews are to be  
6 included they should adhere to the same standards  
7 utilized by the NEL to review the evidence-base.  
8 Additionally, a quality assessment should be done  
9 on all meta-analyses and systematic reviews prior  
10 to their consideration.

11 Many of the DRI reports on micro  
12 nutrients and macro nutrients which form the  
13 basis for Dietary Guidelines are now well over 10  
14 years old, some of them over 15 years old and  
15 don't include much new research. The DGAC is not  
16 constituted with the charge, nor does it have the  
17 resources or expertise to revise DRIs; therefore,  
18 we urge you to consider ways that the DRIs can be  
19 systematically updated more frequently or at  
20 least those critical ones so that the Dietary  
21 Guidelines can focus on their priorities which is  
22 diets for the American public.

1           Ideally, the DGA and DRI cycles should  
2 be synchronized so that updated DRIs inform the  
3 DGA recommendations. Without updated DRI values,  
4 the DGAC is forced to use outdated information or  
5 develop informed opinions rather than a thorough  
6 review of the totality of the evidence.

7           As the Dietary Guidelines expand to  
8 cover birth to 24 months, it will be important to  
9 note the relative lack of quality research when  
10 developing balanced guidelines that address the  
11 full spectrum of infant feeding and they're also  
12 practical for use by new parents.

13           In summary, we feel the Dietary  
14 Guidelines can be used across the life span, but  
15 we must strive for credible, science-based  
16 recommendations coupled with practical advice on  
17 topics such as portion size that can help  
18 Americans make wise food choices within the  
19 context of total diet.

20           MS. ROMERO: Thank you very much.

21           Mr. Johnson.

22           DR. JOHNSON: Deliciousness, if there's

1 one word I would like to see you folks take away  
2 from this proceeding it's that, deliciousness.

3 I'm Guy Johnson, Executive Director of  
4 the McCormick Science Institute, and I'd like to  
5 first start out by thanking CNPP and the  
6 Departments for pulling together the 2015 Dietary  
7 Guidelines; obviously, a formidable task. The  
8 data are complicated and everybody has a  
9 different idea of what they mean, but it's  
10 really, really important, and it's really  
11 important to the McCormick Science Institute  
12 because four or five years ago we realized that  
13 the 2010 Dietary Guidelines provided a great  
14 framework for us to fund future research. So we  
15 made the decision that our studies would be  
16 designed to find out if spices and herbs could  
17 help support the major areas of the 2010 Dietary  
18 Guidelines, and potentially even help them be  
19 more implementable. And what we found out during  
20 that process -- and by the way, we are definitely  
21 going to do that with the 2015 Guidelines, too,  
22 but what we found out during that process is that

1       deliciousness is an amazingly important  
2       characteristic if people are going to follow the  
3       Dietary Guidelines. I suspect most of the people  
4       in this room were aware of the data from the  
5       International Food Information Council that shows  
6       that taste trumps all other factors that people  
7       weigh in making decisions about the food they  
8       eat; healthfulness, price, convenience, you name  
9       it.

10               The good news is research funded by  
11       the McCormick Science Institute shows that herbs  
12       and spices can help overcome that barrier. We  
13       have studied that show that after five months a  
14       group of people reduced their sodium intake by  
15       nearly 1,000 percent through using herbs and  
16       spices. We have data to show that herbs and  
17       spices can make lower sodium tomato soup more  
18       acceptable. We have data to show that herbs and  
19       spices can compensate for dramatic reduction in  
20       fat and calories at certain meals. We have data  
21       to show that herbs and spices can increase the  
22       intake and acceptability of vegetables, so we're



1 guardedly optimistic. We think there's something  
2 here to work with.

3 We are heartened that the departments  
4 put in the policy document that it encourages  
5 consumers to enjoy a healthy diet, and we were  
6 delighted to see that the document said to flavor  
7 foods with herbs and spices instead of salt. We  
8 can get on board with that. However, if you do a  
9 search on the policy document as I did, you'll  
10 find that there are 426 occurrences of the word  
11 "healthy" or iterations of it, and guess how many  
12 times taste was mentioned, nada.

13 So what we're thinking is that there's  
14 an opportunity here, and so we realize that the  
15 recommendations were science-based. We're not  
16 suggesting that considerations about taste trump  
17 science in future recommendations, but we do  
18 think that it's critical that the importance of  
19 taste acknowledged in the development of these  
20 guidelines, their importance to consumers, and we  
21 look for ways to encourage consumers and help  
22 them understand that they don't have to give up

1 taste for healthfulness.

2 As far as the McCormick Science  
3 Institute goes, we are going to continue to do  
4 research that will hopefully demonstrate that  
5 herbs and spices can increase the acceptability  
6 of healthier foods. We are eager to share that  
7 information with the departments, and we will  
8 continue to do that. So our thought is together  
9 let's make deliciousness the new destiny for  
10 healthier eating. Thank you very much.

11 MS. ROMERO: Thanks very much.

12 All right. Ms. Butts.

13 MS. BUTTS: Hi, I'm Kristina Butts with  
14 the National Cattlemen's Beef Association. NCBA's  
15 membership has a long history of supporting  
16 nutrition research, education, and communication  
17 programs to help consumers incorporate beef as  
18 part of a healthy and balanced diet. Our industry  
19 has a Statement of Principles regarding nutrition  
20 and health that have been in place since 1984 and  
21 are updated every five years. We've also engaged  
22 in the Dietary Guidelines process since the very

1 first edition and have a long history of  
2 supporting the Dietary Guidelines of Americans.

3 NCBA recognizes the importance of  
4 developing Dietary Guidelines based on the most  
5 relevant nutrition research, but the 2015  
6 Advisory Committee's process raised concerns the  
7 agencies need to address for future Guidelines.  
8 The agencies should expand requirements to  
9 recognize the unique nature of the evidence  
10 review process and add additional time for true  
11 scientific peer review. For example, strong  
12 scientific evidence was inappropriately excluded  
13 from the NEL database without a real process to  
14 formally request for the Committee or the Agency  
15 to reconsider the evidence.

16 The Department should also develop a  
17 way to insure scientific input is truly  
18 considered. Three-minute oral statements do not  
19 provide an opportunity to provide significant  
20 scientific input on the Advisory Committee's  
21 report.

22 Additionally, to insure sound science

1 is involved in the development process, the  
2 Agency should develop a way to evaluate that the  
3 recommendations are, indeed, effective. There is  
4 a need for large-scale clinical trial data to  
5 document positive health outcomes from the  
6 healthy eating patterns apart from association or  
7 observational data which is not always adequate  
8 for establishing health claims and, therefore,  
9 should not be the pillar used to define a healthy  
10 eating pattern, in our opinion.

11 The use of modeling data as the  
12 standard for evaluating levels of consumption is  
13 flawed. For example, the statement in the Final  
14 Guidelines, "average intakes of meat, poultry,  
15 and eggs for teen boys and adult men are above  
16 recommendations in the Healthy U.S. Style Eating  
17 Pattern." This statement is based solely on a  
18 comparison of current intake to theoretical  
19 modeling. While the healthy eating pattern is  
20 modeled at 18 percent protein, the Guidelines  
21 clearly recommends protein intakes within the  
22 acceptable macro nutrient distribution range of

1 10 to 35 percent calories from protein. Had the  
2 Guidelines modeled a range of protein intakes  
3 including higher protein intakes within the AMDR  
4 which strong evidence supports positive health  
5 outcomes, it would be clear that the subgroup of  
6 the population is not over-consuming the  
7 recommendation for protein foods such as meat,  
8 poultry, and eggs.

9           The modeling is a method but not a  
10 means to a recommendation, and can even mislead  
11 the actual recommendations. The Agency should  
12 consider expanding the time between updates of  
13 the Dietary Guidelines for Americans. The updates  
14 should be based upon significant scientific  
15 evidence to warrant a change or reevaluation of  
16 the previous edition. Currently, some federal  
17 programs take more than five years to implement  
18 the current guidelines before new recommendations  
19 are finalized or close to finalization. This  
20 change would also allow for a greater focus on  
21 implementation, public education, and monitoring  
22 changes in the composition of the food supply.

1           We also suggest the membership of each  
2           Advisory Committee should completely turn over  
3           without any previous members serving more than  
4           once to insure that evidence is fully reviewed  
5           and independent from previous Committees. The  
6           Advisory Committee should include a more diverse  
7           group of experts and research interests,  
8           including fields of study like food technology,  
9           education, and economics just to name a few.

10           NCBA also suggests the process needs  
11           to be remodeled to account for today's accepted  
12           evidence standards; that is to say, if the  
13           Guidelines were evidence tested today, would they  
14           hold up? For example, population-based patterns  
15           may not be helpful and could be harmful to  
16           individuals. There is a need to address the core  
17           question of whether population-based dietary  
18           patterns should be developed given new knowledge  
19           about how individuals differ or vary. The  
20           reductionist approach in nutrition science itself  
21           may not be the best approach to develop healthy  
22           eating guides. Individuals respond differently to

1 reduction or negative messages over positive  
2 messages on how to have a more healthful diet.  
3 There's a real need to return to the fundamental  
4 underpinnings of the recommendations and nutrient  
5 targets in light of today's standards of  
6 evidence.

7 Finally, our membership would support  
8 the Agency going back to the development of a  
9 simple eating guide for healthy Americans to  
10 follow. The Department should develop eating  
11 patterns by life stages and different levels of  
12 physical activity, not just guidelines for  
13 sedentary individuals with unhealthy lifestyles.  
14 It should be noted that the BMI or even body  
15 weight should not be the main measurement for  
16 overall health as there's many more factors to be  
17 considered.

18 In closing, NCBA and our membership  
19 appreciates the opportunity to provide a few  
20 suggestions for USDA to consider. We welcome  
21 further dialogue and discussions to insure future  
22 guidelines for Americans are scientifically

1 sound, remain within the scope of nutrition and  
2 health, and are easily translated by Americans.

3 Thank you.

4 MS. ROMERO: Thank you, Ms. Butts.

5 Mr. Rubin.

6 DR. RUBIN: Good afternoon. I'm Micky  
7 Rubin, Vice President of Nutrition Research at  
8 the National Dairy Council representing America's  
9 dairy farmers. Thank you for the opportunity to  
10 offer comments to the USDA and the Institute of  
11 Medicine, Food, and Nutrition Board on the  
12 process of developing future editions of Dietary  
13 Guidelines for Americans. National Dairy Council  
14 will also plan to send more complete comments to  
15 the Institute of Medicine Committee when given  
16 the opportunity, but offers the following points  
17 for consideration at this time.

18 First, in support of developing the  
19 Dietary Guidelines for Americans, the Dietary  
20 Guidelines Advisory Committee would benefit from  
21 a clear scope of work established at the  
22 beginning of the process and the necessary tools



1 to accomplish that work.

2 Second, the five-year time frame to  
3 revise the Dietary Guidelines for Americans seems  
4 appropriate from a scientific standpoint in order  
5 to insure that new evidence can come to light and  
6 be evaluated, as well as to insure some  
7 continuity between editions of Guidelines.

8 In light of the five-year cycle, it  
9 may of value to carry over a core set of  
10 questions from cycle to cycle to allow for a  
11 better understanding of how the science on key  
12 recommendations has evolved. At the same time,  
13 the Committee's ability to provide the most  
14 current scientific recommendations would be  
15 advanced if it had the flexibility and tools to  
16 add new and emerging topics that may not have  
17 been relevant five years prior in addition to the  
18 core topics that would be consistent from cycle  
19 to cycle.

20 Third, insuring the quality of Dietary  
21 Guidelines requires that the Dietary Guidelines  
22 Advisory Committee review all high quality

1 studies on key topics based on publicly  
2 available, transparent standards for evidence-  
3 based evaluation of the science. Diet and health  
4 relationships of eating patterns, foods, and  
5 nutrients from both observational studies and  
6 randomized controlled trials should be considered  
7 taking into account the strengths and weaknesses  
8 of each type of study design. If dietary guidance  
9 is developed based solely on observational data  
10 without randomized controlled trials that have  
11 tested the associations identified the need for  
12 accuracy indicates that the level of certainty  
13 regarding these conclusions should be  
14 communicated as part of the recommendations.

15 Fourth, due to the large and growing  
16 volume of research on diet and health  
17 relationships new approaches to objectively  
18 evaluate and integrate large bodies of data may  
19 be required. Therefore, ongoing data collection  
20 and synthesis regarding key questions may be more  
21 effective and efficient in the long run than a  
22 one-time review every five years.

1 Fifth, the Dietary Guidelines Advisory  
2 Committee membership, a process that includes  
3 qualified experts should include a process on  
4 qualified experts in food, nutrition, and health  
5 from multiple types of organizations not only  
6 academic nutrition experts, and could contribute  
7 valuable perspective to complex topics.

8 Furthermore, if a specific or specialized topic  
9 is to be reviewed by the Committee, the  
10 Committee's ability to conduct that review will  
11 be dependent on the presence of appropriate  
12 expertise on the Committee.

13 Lastly, updating the Dietary Reference  
14 Intakes regularly would insure accurate data on  
15 nutrient needs is used in the development of the  
16 Guidelines.

17 In closing, the National Dairy Council  
18 commends the USDA Center for Nutrition, Policy,  
19 and Promotion and the Institute of Medicine Food  
20 and Nutrition Board for their commitment to  
21 science-based dietary recommendations for  
22 Americans, and appreciates the opportunity to

1 provide input on the process of developing future  
2 Guidelines. Thank you.

3 MS. ROMERO: Thank you, Mr. Rubin.

4 Ms. Kleiner.

5 MS. KLEINER: Hello, and thank you for  
6 the opportunity to speak to you today about the  
7 2020 Dietary Guidelines process. My name is Rima  
8 Kleiner. As a registered dietitian, I work with  
9 individuals, particularly pregnant women and  
10 parents of young children, as well as companies  
11 such as the National Fisheries Institute who I am  
12 here on behalf of today.

13 So first I would like to applaud USDA  
14 and HHS on the recently released 2015 Dietary  
15 Guidelines for Americans. As a dietitian who  
16 works with people and consults with food  
17 companies, I appreciate that the focus is on  
18 eating patterns and how to shift towards a  
19 healthy eating pattern. And this seems to be a  
20 real improvement from just providing  
21 recommendations to actually providing ideas to  
22 help us health care professionals help move

1 people closer to those recommendations.

2 On behalf of the National Fisheries  
3 Institute, which is a nonprofit organization  
4 dedicated to educating consumers, and health care  
5 professionals, and media about seafood nutrition,  
6 I would like to outline some areas that we feel  
7 can be improved upon to make the 2020 Dietary  
8 Guidelines more effective at reducing chronic  
9 disease and helping to insure that Americans meet  
10 their nutrient needs.

11 First and foremost, the 2020  
12 Guidelines should continue to build on the  
13 positive changes that were made in 2015 towards  
14 including more specific examples of how to fit  
15 nutrient-rich foods into American's eating  
16 patterns. What we have found particularly useful  
17 with the 2015 Guidelines is the actionable  
18 language around shifting the diet to more fish  
19 and inclusion of real world examples about how to  
20 do this, such as the 2015 Guidelines recommend  
21 choosing a salmon, fillet, or a tuna sandwich as  
22 protein-rich options. We feel that providing

1       actionable specific language around what to eat  
2       makes it healthier -- makes it easier for health  
3       care professionals, and media, and ultimately  
4       consumers to make healthful choices.

5                       We also support including and focusing  
6       on the zero to two years, and pregnant women  
7       populations in the next round of Dietary  
8       Guidelines. Moms-to-be and parents of young  
9       children are particularly risk averse groups as  
10      we know here, and these risk averse groups  
11      receive far too many confusing messages. We feel  
12      the 2020 Guidelines have a real opportunity to  
13      provide clarification around a number of foods,  
14      namely seafood. This would go a long way towards  
15      empowering women to eat seafood during pregnancy  
16      and encouraging parents to introduce fish to  
17      young children, including infants who are eating  
18      solids. As science shows, fish is a food that  
19      provides tremendous health benefits at all life  
20      stages even well before a child is born.

21                      Next we would like to offer a  
22      suggestion regarding the selection of the Dietary

1 Guidelines Advisory Committee. Because the 2020  
2 Guidelines will focus for the first time on the  
3 zero to 24 months age range, we support including  
4 real world obstetricians, pediatricians, and  
5 registered dietitians who work with these  
6 individuals, who work with pregnant women,  
7 infants, and young children on the Advisory  
8 Committee Board, or some type of Committee  
9 capacity.

10 Because pregnant women and parents of  
11 infants and children tend to be risk averse  
12 populations, it's imperative that there be  
13 Committee members who intimately understand both  
14 the needs and fears of these populations, as well  
15 as how to effectively communicate with them.

16 And, finally, we would like to address  
17 suggestions for improving the review of science.  
18 And we request that whomever is brought in to  
19 craft the Dietary Guidelines Advisory Committee  
20 report, whether they sit on the Committee or  
21 serve as consultants, or third-party experts, be  
22 selected in a public way, preferably by

1 nomination. Not only will this help to insure  
2 that the scientific review process is  
3 transparent, it also helps to insure that the  
4 Committee is selecting from a variety of experts  
5 that are credible and well versed in the topic  
6 being explored. Additionally, we support the use  
7 of the Nutrition Evidence Library in the  
8 scientific review process to insure continued  
9 transparency.

10 Again, thank you for your time today  
11 and for all of the hard work that you do to help  
12 us help Americans live a healthier life.

13 MS. ROMERO: Thank you, Ms. Kleiner.

14 Mr. Kovich.

15 DR. KOVICH: Good afternoon. My name is  
16 Dan Kovich, and I'm providing comments on behalf  
17 of the National Pork Producers Council. NPPC  
18 advocates on behalf of its 43 affiliated state  
19 associations which represent an industry that  
20 supports over half a million mostly real jobs and  
21 is very proud of its role in providing lean, high  
22 quality protein to the American diet.



1 As you look towards review of the Dietary  
2 Guidelines development process, we do appreciate  
3 this opportunity to allow us to comment.

4 Let me begin by saying that we  
5 understand the enormous undertaking it must be  
6 for CNPP to review the Guidelines and supporting  
7 research every five years. We do very much  
8 appreciate the dedication of the staff and  
9 volunteers who contribute to this process, and  
10 hope that our comments will be viewed as  
11 opportunities to enhance these significant  
12 efforts.

13 First, NPPC feels that selection and  
14 composition of the DGAC must include pertinent  
15 experts and done in a transparent manner.

16 Considering the food patterns approach that the  
17 DGAC took for the 2015 edition it is the opinion  
18 of NPPC that the Committee was missing experts  
19 that could be crucial in analyzing the new and  
20 emerging scientific evidence.

21 NPPC encourages the agencies to  
22 include representatives from groups that are

1 understanding of both the nutrition dietary  
2 research as well as its real world application.  
3 By way of example, the Committee would be well  
4 served by including registered dieticians or  
5 other health professionals that work with people  
6 with nutritional challenges on a daily basis and  
7 have practical experience with the challenges of  
8 interpreting and applying the Dietary Guidelines  
9 to the populations they serve. Also of value  
10 would be members that have a strong technical  
11 understanding of food production and  
12 distribution. Diversifying the Committee  
13 membership will help insure that its  
14 recommendations are practicable and achievable.

15           Additionally, there does need to be an  
16 emphasis on a transparent nomination and  
17 selection process. While the call for nominations  
18 is done publicly, it is difficult, if not  
19 impossible, to determine how the Committee  
20 members were actually chosen.

21           Second, the DGAC must apply the  
22 rigorous standards required by the Nutrition

1 Evidence Library to the evidence guiding its  
2 deliberations. The NEL maintained by the USDA was  
3 established specifically to insure consistent  
4 high-level scientific rigor, freedom from bias,  
5 and transparency in federal nutrition-related  
6 decision making.

7 We believe it is important to use this  
8 gold standard process versus making  
9 recommendations based on consideration of  
10 existing reports, reviews, and meta analyses from  
11 outside the NEL as we saw occur from the release  
12 75 percent of the 2015 Advisory Committee report.  
13 Outside reviews are not subject to the same level  
14 of screening that the NEL applies and they're  
15 getting independent evidence. Movement away from  
16 the NEL has created the impression that science  
17 has cherry-picked to create the final  
18 recommendations. Use of the NEL would insure a  
19 consistent scientific basis is applied to all  
20 data, studies included, thereby increasing the  
21 transparency and improving public trust in the  
22 process.

1           Additionally, we would like to see  
2 more transparency around which studies are  
3 included in the NEL for consideration. Though  
4 there are criteria published for conclusions --  
5 inclusion, it is not clear if studies submitted  
6 -- it is not clear if studies submitted that we  
7 believe meet the criteria are actually included  
8 for review.

9           Finally, the DGAC must stay within the  
10 scope boundaries set by law which informs its  
11 charter and limits the DGA's scope to diet and  
12 nutrition. While NPPC was encouraged to see that  
13 the agencies acknowledge a scope issue and  
14 disregard the recommendations made by the  
15 Advisory Committee regarding sustainability, we  
16 do want to emphasize our disappointment that it  
17 was so heavily discussed throughout the process  
18 taking time and resources away from other  
19 important nutrition issues.

20           We fully appreciate the importance of  
21 the subject. Sustainability is something that  
22 pork producers take very seriously, but this

1       Advisory Committee did not have the mandate nor  
2       the experience needed to adequately address this  
3       topic. In order to insure that the Dietary  
4       Guidelines Advisory Committee stays within scope,  
5       we recommend that the research questions be  
6       provided publicly in a transparent manner at the  
7       beginning of the process with adequate time for  
8       public comment before the Committee begins its  
9       work.

10                       In conclusion, NPPC is very  
11       appreciative of this Listening Session and the  
12       willingness of the USDA to work with stakeholders  
13       to improve the Dietary Guideline process in 2020.  
14       We believe that modernization of the process will  
15       be an important step forward for everyone. Thank  
16       you.

17                       MS. ROMERO: Thank you, Mr. Kovich.

18                       Ms. Gentile.

19                       MS. GENTILE: My name is Maggie Gentile  
20       and I'm representing the National Turkey  
21       Federation. NTF is pleased to submit the  
22       following comments to the U.S. Department of

1 Agriculture.

2 NTF represents nearly 100 percent of  
3 all turkey processors, growers, breeders,  
4 hatchery owners, and allied companies. It's the  
5 only National Trade Association representing the  
6 turkey industry exclusively.

7 NTF is supportive of the Dietary  
8 Guidelines and is encouraged by the Agency's  
9 interest in improving the process as we look  
10 towards the 2020 edition. This is particularly  
11 important given the process has not been  
12 evaluated since its original conception in the  
13 1980s.

14 Reviewing the 35-year old process  
15 makes good sense given the Guidelines serve as  
16 the cornerstone for not only federal food  
17 policies, but have now begun to take on an even  
18 more critical role as states and local food  
19 policies, voluntary programs, and other standards  
20 look to them.

21 Transparency and scientific rigor  
22 throughout the development process assures the

1 recommendations are based on all available  
2 scientific evidence in order to be viewed as a  
3 credible basis for food and nutrition policies.

4 To achieve this, NTF believes the  
5 Agency should focus its efforts on four key areas  
6 which include choosing diverse and qualified  
7 experts, clarifying the DGAC's scope, relying on  
8 the evidentiary standard, and increasing  
9 transparency throughout the process.

10 NTF appreciates the opportunity to put  
11 forward recommendations of experts to serve on  
12 the DGAC. Recognizing the charter seeks members  
13 who are familiar with current scientific  
14 knowledge in the field of human nutrition and  
15 chronic disease, we believe given the  
16 implications and the attention on the food supply  
17 the addition of a food scientist and someone with  
18 food production expertise should be considered  
19 for future editions. While all industries are  
20 different, some level of agriculture production  
21 or food industry expertise would be to the  
22 benefit of the Guidelines.

1                   Much of this past year was spent  
2 making sure the Committee didn't veer beyond its  
3 charter's mandate to develop a publication that  
4 shall contain nutritional and dietary information  
5 and guidelines based on the preponderance of  
6 scientific and medical knowledge current at the  
7 time of publication.

8                   Clarification of DGAC's roles and  
9 responsibilities at the beginning of the process,  
10 as well as ongoing efforts by the Agency to keep  
11 them on task throughout the process is needed.

12 This would save time and resources that the  
13 Committee should use to focus its attention on  
14 accomplishing the task of developing science-  
15 based advice, while additionally saving time and  
16 resources of the public in responding to those  
17 recommendations. Should the Agency seek to expand  
18 its scope or hone in on particular issues,  
19 efforts to include qualified experts in these  
20 areas should be considered, and the public should  
21 be made aware.

22                   Another issue NTF encountered this



1 year was confusion around the evidentiary  
2 standards. With ever increasing scrutiny on the  
3 role of science on policies, it's imperative that  
4 there is complete transparency in the process,  
5 tools, and information used to evaluate that  
6 science. It's our understanding that the  
7 Nutrition Evidence Library was designed to create  
8 a rigorous protocol-driven methodology designed  
9 to minimize bias, maximize transparency, and  
10 insure relevant, timely, and high quality  
11 systematic reviews, inform federal nutrition-  
12 related policies, programs, and recommendations.  
13 However, it seemed as though modeling and  
14 reliance on previous literature reviews were more  
15 heavily utilized in the last edition. A more  
16 clear understanding of the level of reliance on  
17 USDA's very own gold standard, the NEL, should be  
18 explained at the beginning of the process.

19           Given we fully support the systematic  
20 evidence-based analysis approach that the NEL  
21 provides, it and the DGAC process could be  
22 enhanced by providing stakeholders with

1 information in an ongoing basis in real time. For  
2 example, providing research questions and  
3 literature lists, and identifying how the  
4 literature is used to answer the research  
5 question selected would better inform the public  
6 throughout the process.

7 Thank you for the opportunity to  
8 comment. NTF looks forward to participation  
9 throughout the USDA and IOM review process.

10 MS. ROMERO: Thank you, Ms. Gentile.

11 Ms. Booren.

12 DR. BOOREN: I'm Dr. Betsy Booren, Vice  
13 President of Scientific Affairs for the North  
14 American Meat Institute. I commend you for  
15 affording stakeholders the opportunity to provide  
16 insights and perspectives on the Dietary  
17 Guidelines development process.

18 Improvements to this process can be  
19 used to develop attainable and achievable  
20 nutritional policy to improve the health of  
21 Americans. We believe that the American public is  
22 best served with dietary guidance that helps

1 consumers achieve a healthy diet within their  
2 lifestyle which allows flexibility for cultural  
3 preferences, convenience, and affordability when  
4 they're making their food choices.

5 The Guidelines must measurably improve  
6 the health of Americans. It's a common axiom that  
7 you manage what you measure, and yet there is no  
8 publicly available measurable evaluation of  
9 whether the Guidelines improve American's health.

10 The Guidelines are developed every five years  
11 without any internal or external metrics to  
12 determine what has been effective and what is  
13 not, and we, both the government and the  
14 industry, are developing initiatives and programs  
15 around the Guidelines that have never been  
16 evaluated for their efficacy. This missing  
17 information begs the obvious question. If there's  
18 no publicly shared evaluation during the last 35  
19 years, should we forge ahead on the same path  
20 without such information?

21 Metrics are critically important,  
22 metrics would identify specific areas that need

1 improvement and help focus resources, areas of  
2 research and provide data that would identify if  
3 certain sub-populations have specific needs. For  
4 instance, developing metrics would tell us  
5 whether developing the Guidelines every five  
6 years is effective, or whether the process should  
7 occur more or less frequently.

8 We recognize that such a change would  
9 be a fundamental shift in the Dietary Guidelines  
10 process, but it is a necessary and we believe a  
11 critical step to improve the effectiveness of the  
12 Guidelines and achieve what is needed, a  
13 measurable improvement of American health.

14 The scientific evidence as evaluated  
15 through the Nutritional Evidence Library should  
16 be the foundation of all nutritional policy. It  
17 is incumbent on USDA and HHS to develop  
18 nutritional policy based on recommendations  
19 derived by the NEL process to screen out low  
20 quality reports and reduce bias by the assistance  
21 of impartial NEL librarians, which is one of our  
22 concurs with the 2015 Dietary Guidelines Advisory

1 Committee.

2 Using the NEL provides significant  
3 transparency in developing the Guidelines, and  
4 not utilizing the NEL calls into question the  
5 credibilities and the decisions, and suggests the  
6 process could be biased. Moving the NEL into a  
7 non-policy research-orientated agency of HHS or  
8 USDA should be considered.

9 In addition, the NEL should be made  
10 publicly available throughout the entire process  
11 of developing the Guidelines. Without access at  
12 the very beginning the public may not be able to  
13 provide timely and meaningful comments like  
14 submitting research that may have been  
15 overlooked, or raising concerns with what was  
16 available, or what has been evaluated in the NEL.  
17 Allowing the public to view the current list of  
18 questions with the NEL may greatly improve the  
19 transparency of the process, as well as assist  
20 the Committee in finding data gaps.

21 The Departments must insure that the  
22 Advisory Committee does not exceed the scope of

1 its expertise and its charter. Active management  
2 by the Departments of the Advisory Committee  
3 would prevent extraneous recommendations from  
4 being included, thus guaranteeing that the  
5 Advisory Committee is focused on its mission, and  
6 more importantly respecting their time and energy  
7 that was volunteered.

8 We believe that food scientists and  
9 consumer behaviorists should be on the Advisory  
10 Committee. These disciplines play important roles  
11 in contextualizing the availability of food in  
12 American diet, and are critical in making  
13 nutritional policy recommendations. They offer  
14 practical applied perspectives that would insure  
15 the final Advisory Committee recommendations are  
16 more robust and achievable.

17 We believe that the Advisory  
18 Committee's deliberations should be more readily  
19 accessible to all Americans. The format of the  
20 meetings and the transparency of the Guideline  
21 process we believe needs improvement. They should  
22 -- USDA and HHS should expand the meeting format

1 to include both the webinars and make those also  
2 in-person meetings. The webinar format ignores a  
3 simple fact that the deliberations may trigger a  
4 legitimate comment on site and further thought  
5 process.

6 Finally, we believe that the  
7 Department should publicly summarize the comments  
8 to the Advisory Committee report and provide  
9 stakeholders the rationale on why the comments  
10 were considered or disregarded in the final  
11 policy department. We recognize that this is a  
12 timely and laborious process, but responding to  
13 public comment is something the Departments  
14 regularly do and would provide the transparency  
15 that the comments were at least read and  
16 considered.

17 I thank you for your time and  
18 consideration. We hope that you continue to see  
19 the Meat Institute as a collaborator in improving  
20 American health.

21 MS. ROMERO: Thank you, Ms. Booren.

22 Mr. Walsh.

1           MR. WALSH: Good afternoon. I'm David  
2 Walsh from the Snack Food Association, and would  
3 like to thank the Center for Nutrition, Policy,  
4 and Promotion for providing my organization with  
5 the opportunity to express our thoughts on the  
6 process for developing future editions of the  
7 Dietary Guidelines for Americans.

8           Snack Food Association, or SFA, is the  
9 International Trade Association of the Snack Food  
10 industry representing snack manufacturers and  
11 suppliers. Founded in 1937, SFA represents over  
12 400 companies which produce a wide variety of  
13 snacks ranging from chips, to meat snacks, to  
14 crackers, pretzels, popcorn, cheese snacks,  
15 cookies, snack cakes, granola bars, as well as  
16 dried fruits, vegetables, and nut mixtures.

17           I'd like to begin by commenting on how  
18 the Dietary Guidelines Advisory Committee is  
19 selected. While we appreciate the opportunity to  
20 submit names for consideration, SFA believes it  
21 would be valuable for the Institute of Medicine  
22 to explore the ways in which the DGAC selection



1 process can be made more transparent.

2 One of these ways may be to understand  
3 how the Agency makes its determinations on who  
4 will participate. We would also consider to be  
5 especially valuable for the Committee to include  
6 individuals with deep experience in the fields of  
7 food science and food production, an area that  
8 has lacked in previous editions of the Dietary  
9 Guidelines. To avoid politicizing the DGAC,  
10 measures must be established and implemented to  
11 minimize bias of conflicts of interest.

12 Regarding the research questions, we  
13 believe this is another area where transparency  
14 could be improved. SFA understands that the  
15 Committee along with the Agency identifies and  
16 drafts the research questions. SFA would like the  
17 Institute of Medicine to consider a  
18 recommendation which incorporates public  
19 participation in this process, including  
20 allowance of questions for consideration to be  
21 submitted. Once these research questions are  
22 drafted and decided upon it would help our

1 industry if they were made available sooner in  
2 order to give our industry adequate time to share  
3 information and research in the areas of  
4 question. Additionally, the questions should be  
5 available to other subject matter experts to  
6 gather input on the questions being considered.

7 SFA hopes the Institute of Medicine  
8 can clarify the DGAC's required reliance on the  
9 Nutrition Evidence Library. In previous editions,  
10 it was our understanding that in some cases  
11 rather than conduct a systematic review using  
12 NEL, the Committee adopted conclusions from other  
13 published reports. Given the highlighted scrutiny  
14 we deem use of the NEL essential in order to have  
15 a science-based Dietary Guidelines report.

16 The current statutory mandate for the  
17 DGAC calls for the establishment of dietary  
18 advice based on the preponderance of evidence.

19 The term "preponderance" can be a little  
20 misleading as it suggests a higher value placed  
21 on quantity of evidence over quality.

22 Additionally, SFA strongly believes

1 clarifying the Committee's statutory mandated  
2 duties at the beginning and throughout the  
3 process should be recommended by the Institute of  
4 Medicine. This would help avoid concerns and  
5 comments from the public that the Committee has  
6 ventured outside nutrition recommendations and  
7 insure appropriate qualified Committee members  
8 are chosen.

9           Again, I thank you for the opportunity  
10 provided to my organization to submit comments,  
11 and look forward to working with USDA and HHS to  
12 insure an efficient and transparent process for  
13 2020.

14           MS. ROMERO: Thank you, Mr. Walsh.

15           Ms. Gaine.

16           DR. GAINÉ: I'm Courtney Gaine with the  
17 Sugar Association. The Sugar Association thanks  
18 you for the opportunity to provide comment for  
19 the Institute of Medicine as they embark on their  
20 evaluation of the Dietary Guidelines process.

21           The Sugar Association represents U.S.  
22 sugar beet and sugar cane growers and processors,

1 and has been actively engaged in public comment  
2 throughout the history of the DGA's process, and  
3 we appreciate the opportunity to continue to do  
4 so.

5 It is our hope that this comprehensive  
6 evaluation by the IOM is performed with the same  
7 rigorous methodology that has helped to build  
8 their global reputation. We also hope that the  
9 Secretaries seriously consider the IOM's  
10 findings, and that Congress appropriates adequate  
11 funds to insure meaningful reforms are a reality.  
12 We believe that reform is essential given the  
13 magnitude of impact the DGAs have not only on  
14 government programs, but also on almost every  
15 aspect of our food supply, including agriculture.

16 From its original mandate in 1990 to  
17 present day, the scope and the application of the  
18 DGAs has expanded beyond its original intent;  
19 yet, there are legitimate concerns that the  
20 Guidelines today are based on weaker science than  
21 they were intended to be.

22 We feel that there needs to be more

1 checks and balances built into the process so  
2 that for any guideline cycle no group, person, or  
3 ideal can have more influence over the outcomes  
4 than what a quality transparent evaluation of the  
5 science.

6 First we need to define the DGAs in a  
7 new century. Moving forward it is important to  
8 specifically define the audience, purposes, and  
9 the scope of the DGAs. The DGAs should be  
10 reformed to be practical and contain measurable  
11 goals, and we need to start measuring them. We  
12 need to insure continuity with each successive  
13 iteration of the DGAs. Each DGA cycle has led to  
14 the identification of a large number of important  
15 research needs. Addressing these are critical to  
16 advancing our knowledge of diet and health, yet  
17 they seem to get lost amidst the Guidelines  
18 themselves. Worse yet, many research needs  
19 reappear year after year. It would be beneficial  
20 if these needs were formally submitted to  
21 research funding agencies at the end of the  
22 process with resources allocated and calls for

1 proposals issued to address these gaps. The next  
2 DGAC should start with these research needs and  
3 determine if there are now data to address them.

4 The focus should also shift to the  
5 quality of questions answered and not the  
6 quantity. Topics to be addressed by each DGAC  
7 should be prioritized based on public health  
8 importance, but more importantly they should be  
9 based on those topics where new science would  
10 alter a previous DGA recommendation. Questions to  
11 be addressed should not be based on circumstances  
12 where members of the DGAC's opinions differ from  
13 those of the past DGAC.

14 When the breadth is as expansive as  
15 it's become, the quality of recommendations  
16 suffer and so does the trust of Americans.  
17 Research questions should not be developed in-  
18 house by the DGAC, but instead the questions  
19 should be developed by actual experts in the  
20 field of interest and reviewed by evidence-based  
21 methodologists. Questions should be released for  
22 public comment and input considered. The question

1 is critical to the conclusion and moving forward,  
2 more care needs to be taken to insure the right  
3 question is being asked.

4 The Guidelines should be based on the  
5 DRIs. We recognize the problem with doing this  
6 currently is that there is no formal plan for  
7 regularly updating the DRIs and, therefore, no  
8 funding. Congress should mandate and allocate  
9 funds for DRI updates for each nutrient every 10  
10 years. The Guidelines should also occur only  
11 every 10 years and incorporate these new DRIs.  
12 This will significantly lessen the burden of  
13 numerous evidence reviews for each version of the  
14 DGAs and, thus, will transfer energy and  
15 expertise to translating DRI reports into  
16 guidance that's founded on expert review of the  
17 highest quality literature.

18 Recognizing that this coordination may  
19 not happen immediately there are ways by which  
20 the current process can be enhanced. The NEL  
21 process should be strengthened. This process is  
22 well designed to lead to high quality evidence-

1 based conclusions; however, a few issues have  
2 prevented its effectiveness.

3 First, the NEL has to actually be  
4 utilized in order to work. The NEL should be  
5 employed for all questions except for when a NIH  
6 or IOM report has been published since the last  
7 Guidelines. More checks and balances need to be  
8 put into the NEL process to minimize individual  
9 DGAC member bias, as well as group think. The  
10 data should speak for itself.

11 One important and necessary change to  
12 the process is the engagement of true evidence-  
13 based methodologic experts who would take on the  
14 responsibility of both searching and grading the  
15 evidence independent of DGAC input, but with the  
16 assistance of a topical expert. This process is a  
17 science in itself and it's naive to think that  
18 volunteers with brief training have the expertise  
19 to carry this out in a manner that is required  
20 for reviews of this magnitude.

21 Lastly, USDA food pattern modeling has  
22 too much power. The influence that the food



1 pattern modeling now has over the DGAs is far too  
2 great given these patterns have never been tested  
3 for health benefit. Until trials are conducted to  
4 test these patterns versus other patterns of  
5 similar calories, et cetera, food modeling needs  
6 to be vastly de-emphasized. It's misleading to  
7 base prescriptive recommendations on an untested  
8 modeling exercise. Thank you.

9 MS. ROMERO: Thank you, Ms. Gaine.

10 Mr. Green.

11 MR. GREEN: Well, thank you very much.

12 My name is Randy Green, and it's an honor to be  
13 here on behalf of United Egg Producers.

14 UEP believes that the study the IOM is  
15 going to do can be useful and helpful. Having  
16 said that, I would also say UEP does not proceed  
17 from a belief that the current DGA process is  
18 sort of fundamentally or fatally flawed, nor  
19 frankly do we have any violent criticisms of the  
20 2015 Advisory Committee. No doubt some things  
21 could have been done better, but I think our hope  
22 is that the IOM study will be an opportunity to

1 maybe think through some ongoing issues that have  
2 been around for some time and are not necessarily  
3 peculiar to 2015. People don't follow the Dietary  
4 Guidelines, the process for developing them is  
5 not well understood, and the public has a feeling  
6 that dietary guidance has been inconsistent over  
7 time. So let's take each of the three topic areas  
8 you mention.

9 Topic one, the DGAs should be timely  
10 and current because nutrition science does evolve  
11 and change. We think every five years is about  
12 the right interval. I think our concern with a  
13 longer period like 10 years is that we'd be  
14 running the risk of perpetuating outdated advice  
15 even when the government knew that it was no  
16 longer valid. I'm going to mention cholesterol in  
17 a moment, but it won't surprise you that I think  
18 that's a good example. We have a number of other  
19 incisive points in this area. I don't have time  
20 to say them now, but I'll leave my paper with  
21 you.

22 The only other thing I'd add is, UEP

1 would hope that going forward that the DGA can  
2 try to bring some additional clarity to the  
3 longstanding arguments over fats and  
4 carbohydrates because if you think about it, this  
5 is probably the single biggest area of  
6 controversy in dietary guidance. You know, the  
7 advice to consume fruits and vegetables, dairy,  
8 other nutrient-dense foods is longstanding. It's  
9 certainly not fully successful, but it's not  
10 particularly controversial, and it's been pretty  
11 consistent. When people say the government tells  
12 me to eat one thing today and another thing  
13 tomorrow, the fat carb arguments are usually what  
14 they have in mind, and sometimes they don't even  
15 mean dietary guidance. What they mean is the fad  
16 diet I'm on now is different from the fad diet I  
17 was on last year, and it's got to be the  
18 government's fault. But it's also true that  
19 advice about lipids has changed over time. There  
20 is no longer much emphasis on total fat, for  
21 instance, there would have been 10, 20 years ago.  
22 And, obviously, the limit on cholesterol has

1 dropped this year quite rightly in our view given  
2 the science and consistent with the American  
3 Heart Association and other guidelines. But  
4 going forward our hope is the DGA can grapple  
5 with these controversies, including some of the  
6 newer evidence about saturated fat, and also  
7 maybe even focus on whether some of the older 50-  
8 60 year old studies in some cases were actually  
9 valid to begin with.

10 Topic two, I would just ask do all the  
11 members really have to be college professors? And  
12 immediately add, as Jerry Seinfeld would if he  
13 were here, not that there's anything with that,  
14 but UEP thinks that USDA and HHS ought to  
15 consider appointing, for example, retired experts  
16 in nutrition science from the private sector and  
17 from government, as long as they don't have any  
18 current conflict of interest, and that would  
19 really bring some valuable perspective and  
20 diversity to the discussion.

21 Identify the topics to be covered up  
22 front, as several other people have said. If a

1 topic is legitimate, get one or more experts on  
2 the Committee who knows something about that. Now  
3 the obvious example from 2015 is sustainability.  
4 From our standpoint, it's not unreasonable to  
5 think about sustainable nutrition in this  
6 context, but if there are going to be  
7 recommendations they need an evidence-base rather  
8 than an emotion-base. And we would add that right  
9 now as best we can tell the integration of  
10 several different scientific fields that would be  
11 necessary to make recommendations in this area  
12 just is not there yet.

13 Topic three, I won't say much here  
14 because I'd be dittoing what other people have  
15 said, but up front transparency I think is a good  
16 mantra. You can't over-explain the steps to the  
17 public. Err on the side of being more transparent  
18 about it.

19 And again, a couple of other points  
20 that will be in my written statement, but I'd end  
21 by saying that there really needs to be better  
22 integration of the DGA process with the

1 development and updating of the Dietary Reference  
2 Intakes. And a couple of other people have  
3 mentioned this, as well. We need to look for ways  
4 to get the DRIs updated on a schedule that will  
5 be maximally useful to the DGAC and to USDA and  
6 HHS as they write the actual guidelines.  
7 Unfortunately, this probably is going to require  
8 some money from somewhere but we need to have  
9 that conversation. So thank you very much again  
10 for the opportunity to appear.

11 MS. ROMERO: Thank you, Mr. Green.

12 Ms. DiSogra.

13 DR. DiSOGRA: Thank you. Good  
14 afternoon, everybody. I'm Lorelei DiSogra. I'm  
15 the Vice President for Nutrition at United Fresh  
16 Produce Association, and thanks very much for the  
17 opportunity to be here and to comment.

18 I'm really glad that my colleague  
19 sitting next to me said we don't have any --  
20 didn't have any problems. I'm going to ditto  
21 that part. We don't have any problems either with  
22 the 2015-2020 Guidelines. Maybe those of us are

1 all at this end of the table because we start  
2 with the end of the alphabet here.

3 So, anyway, I have a long history with  
4 the Dietary Guidelines. It seems like my whole  
5 career. And, you know, specifically around how do  
6 we translate the Dietary Guidelines around fruits  
7 and vegetables into something that's actionable  
8 for the public and into easy to understand  
9 recommendations. And, you know, worked really  
10 hard when I was a fed in the summer of 2004 and  
11 creating the earlier version of MyPlate and kind  
12 of the distribution of everything, and the half a  
13 plate being fruits and vegetables. That's not a  
14 surprise to most of you.

15 Okay. So we really believe that the  
16 Dietary Guidelines are really important, and  
17 maintaining the integrity of the Dietary  
18 Guidelines is really important. And I really find  
19 as a public health nutritionist this fight that  
20 everybody is having over everything nutrition,  
21 when many of us want the Dietary Guidelines to  
22 instantly improve public health, so do I. But

1 look at the environment that everything is  
2 happening in, and what role we all play or don't  
3 play in trying to improve that environment.

4 The Dietary Guidelines matter, and  
5 they matter almost more now in the last 10 years,  
6 8 years than they've ever mattered before, at  
7 least for me. They matter because now they're the  
8 foundation of policy, and lots of federal  
9 nutrition policies have changed. They've been  
10 aligned with the Dietary Guidelines and that  
11 makes them very, very important. They are still  
12 national nutrition programs that need to change,  
13 need to be aligned with the Guidelines, and so  
14 they're going to stay important. But clearly,  
15 they're very, very important and have many  
16 ramifications.

17 United Fresh believes the 2015-2012  
18 Dietary Guidelines accurately reflects the  
19 decades of science on fruits and vegetables,  
20 including the role that fruits and vegetables  
21 play in promoting good health, and how a diet low  
22 in fruits and vegetables contributes to increased



1 risk of chronic disease and poor health.

2 We have watched over many cycles of  
3 the Dietary Guidelines. Yes, in fact, they've  
4 always said eat more fruits and vegetables, but  
5 we've gone from eat more fruits and vegetables to  
6 eat five servings of fruits and vegetables a day,  
7 to eat five to nine, to now half a plate. So the  
8 science behind that and the specificity and the  
9 clarity of the recommendations have changed.

10 And we believe that the conclusions  
11 that were made by the Dietary Guidelines Advisory  
12 Committee regarding fruits and vegetables were  
13 the right conclusions. There's one line in the  
14 Committee's report that we particularly like,  
15 that when they say a diet that's high in fruits  
16 and vegetables are the only dietary  
17 characteristics consistently associated with  
18 positive health outcomes. And again, we believe  
19 that's based on decades of research from all  
20 types of research, U.S., international, et  
21 cetera.

22 It's a serious problem in the U.S.

1 People eat a very low intake of fruits and  
2 vegetables, so this is a really serious problem.  
3 And, you know, we believe that reinforcing this  
4 message and making it as clear as possible is  
5 important.

6 As we all know, the Dietary Guidelines  
7 can only improve public health if they're  
8 adopted. I wish I had a magic wand. I wish that  
9 every time the publication came out every five  
10 years we could wave that magic wand and instantly  
11 we would improve public health, but that's a  
12 really big task, and that involves individual  
13 change, policy, environmental change, change in  
14 norms in society. And there hasn't really been a  
15 lot of attention on many of those avenues of  
16 really improving diet -- you know, using the  
17 Dietary Guidelines to improve public health.

18 As I've mentioned, the last 8 to 10  
19 years we've seen real action in putting the  
20 Guidelines into place for federal nutrition  
21 programs. We believe that bold action and policy  
22 changes are really important, and that's probably

1 across the board, but our area is fruits and  
2 vegetables.

3 We urge policy makers to align all  
4 federal programs with the Dietary Guidelines, the  
5 2015 Guidelines to accomplish this goal, and to  
6 think about the broad range of policy changes and  
7 environmental strategies that are necessary. We  
8 are big proponents, obviously, of make half my  
9 plate, make half your plate fruits and  
10 vegetables, a really positive message. And if  
11 we're thinking about positive graphics and  
12 positive messages, if all Americans did that we  
13 wouldn't have to worry so much about them over-  
14 consuming perhaps other things. Thank you.

15 MS. ROMERO: Thank you.

16 Ms. Kinnaird.

17 MS. KINNAIRD: Our comments for the  
18 Wheat Foods Council were incorporated in the  
19 comments made by Ms. Sanders for the American  
20 Bakers Association and the Grain Chain.

21 MS. ROMERO: Thank you very much. Okay,  
22 on behalf of USDA, I want to thank you for

1 participating in this session, and thank you for  
2 respecting the five-minute timeline. Please  
3 remember that your written comments, especially  
4 those of you that didn't get through all of your  
5 comments, you ca leave them with Susan as you're  
6 leaving. We must exit the room immediately after  
7 this, so please, if you have discussions with  
8 each other, please take those outside.

9           Following today's session, USDA is  
10 going to provide the unedited transcript to IOM  
11 prior to their initiation of that comprehensive  
12 study of the Dietary Guidelines development  
13 process, and USDA encourages you to stay in  
14 contact with the IOM once it begins the study. So  
15 as you exit this room, please stop by the  
16 security desk and return your visitor badge, and  
17 Susan will escort you out now. Thank you.

18           (Whereupon, the proceedings went off  
19 the record at 2:23 p.m. and resumed at 3:30 p.m.)

20           MS. ROMERO: Okay, great. We'll go  
21 ahead and get started.

22           On behalf of USDA, I want to thank you

1 for participating in this Listening Session. USDA  
2 appreciates your insights as a leading  
3 organization interested in the Dietary Guidelines  
4 for Americans.

5 My name is Kathy Romero, and I'm your  
6 facilitator, and our host is USDA's Center for  
7 Nutrition, Policy, and Promotion. And listening  
8 in we have the CNPP Director, Angela Tagtow, and  
9 we have the Deputy Director, Jackie Haven.

10 The purpose of the session is to get  
11 comments from leading member-based organizations  
12 like yours to get greatest diversity of  
13 perspectives on the process for developing future  
14 editions of the Dietary Guidelines. And in  
15 addition to considering a member-base, USDA also  
16 considered other factors, including  
17 representation across health and nutrition  
18 sciences, having folks that had a level of  
19 engagement during the 2015 to 2020 Dietary  
20 Guidelines development process, and  
21 representation of the diversity across food and  
22 beverage categories.

1           There are three Listening Sessions  
2 being held and they include representation from  
3 the professional health organizations, consumer  
4 advocacy groups, trade organizations, and other  
5 federal agencies.

6           Your remarks are going to be recorded  
7 and shared verbatim with the Institute of  
8 Medicine Food and Nutrition Board prior to their  
9 initiation of a comprehensive study of the  
10 development process for the Dietary Guidelines.  
11 This was a directive that was outlined in the FY  
12 2016 Consolidated Appropriations Act.

13           Today your remarks may address how the  
14 Dietary Guidelines can prevent chronic disease,  
15 insure nutritional sufficiency for all Americans,  
16 and accommodate a range of individual factors,  
17 including age, sex, and metabolic health. Your  
18 remarks may address processes for selecting the  
19 Advisory Committee, methods used to review  
20 scientific evidence, and processes for developing  
21 the Dietary Guidelines across a life span. And  
22 this is actually per the 2014 Agriculture Act

1 which states that "The 2020 edition of the  
2 Dietary Guidelines will expand to include  
3 nutrition guidance for infants and toddlers,  
4 birth to 24 months, and women who are pregnant."

5 We have a couple of housekeeping  
6 items. The first thing is I want to talk about  
7 this beautiful table that you're sitting at. It's  
8 36 by 12. It's mahogany and leather, and it was  
9 built specifically in this room for the Summit of  
10 Industrial Nations. And that was held here in the  
11 Williamsburg Room in 1983, May of '83, and it was  
12 hosted by President Ronald Reagan. And that's why  
13 they don't allow food and beverages in here is  
14 because they want to protect this national  
15 treasure.

16 You're going to have the opportunity  
17 to provide up to five minutes of oral remarks at  
18 this Listening Session, and as I said before, all  
19 the remarks will be recorded. That's what these  
20 items are in the middle of the table, to record.

21 At the beginning of your remarks,  
22 please clearly state your name and organization,

1 and make sure your green light is on your  
2 speaker. There are timekeepers available. The two  
3 ladies right here are timekeepers and they will  
4 hold up signs at the one-minute mark, the 30-  
5 second mark, and when you have no time remaining.  
6 I'll be very firm on the no time remaining, and  
7 just let you know that it's time to move on.  
8 Please respect the five-minute time limit to  
9 insure that everyone has their full time for  
10 remarks.

11 One of the things we can say is that  
12 you have the opportunity to provide your written  
13 remarks. If you shouldn't get through everything,  
14 you can provide those written remarks as you're  
15 leaving today. You can provide them to Susan and  
16 they will be included in the transcripts, et  
17 cetera.

18 So to reiterate, this is a Listening  
19 Session. It's an opportunity for USDA to hear  
20 your perspective on the Dietary Guidelines  
21 development process. We're going to go in  
22 alphabetical order by name of the organization



1 with one exception. We do have someone who has to  
2 leave early so we'll let that person go first.

3 And then following today's session,  
4 USDA is going to provide an unedited transcript  
5 to IOM. This preliminary assessment is not meant  
6 to override IOM's plan to gather its own insights  
7 from stakeholders, which USDA anticipates they're  
8 going to do as part of their independent study.

9 I'm going to apologize in advance for  
10 any mispronunciation of anyone's name. So let's  
11 go ahead and get started with Ms. Ritchie. Thank  
12 you. Turn your mic on.

13 DR. RITCHIE: On behalf of the  
14 University of California's Nutrition Policy  
15 Institute, I would like to offer support first  
16 for the Dietary Guidelines Advisory Committee's  
17 evidence analysis process. And secondly, for the  
18 expansion of the Dietary Guidelines to include  
19 pregnant women, infants, and toddlers.

20 I'm the Director of the Nutrition  
21 Policy Institute and a Cooperative Extension  
22 Specialist. I have a doctorate in nutrition and

1 am a registered dietician, and I've conducted  
2 nutrition research for over two decades.

3 The Nutrition Policy Institute and its  
4 predecessor, the Center for Weight and Health,  
5 are known for conducting rigorous research and  
6 evaluation to inform and strengthen nutrition  
7 policy with an emphasis on the federal nutrition  
8 system's programs, young children and families.

9 Through research, our aim is to  
10 improve public health and prevent obesity and  
11 chronic disease, diabetes, and other illnesses.

12 While I have not served on the Dietary Guidelines  
13 Advisory Committee in 2005, I was among the first  
14 evidence analysts trained in the Academy of  
15 Nutrition and Dietetics, Evidence Analysis  
16 Process, after which much of the DGAC Committee's  
17 work is closely modeled.

18 In 2006, I was the lead author of the  
19 first Academy paper to use the systematic review  
20 process, and also co-authored a subsequent paper  
21 using the process in 2013.

22 Collectively at NPI we have reviewed

1 hundreds of scientific publications involving a  
2 spectrum of research designs. We also have  
3 reviewed evidence tabulated by other analysts to  
4 answer questions and drive recommendations, the  
5 same process used by the DGAC Committee.

6 I have carefully examined the methods  
7 chapter of the 2015 report and can attest that  
8 the Committee did an outstanding job of following  
9 the systematic review protocol, the highest bar  
10 for evidence analysis. In addition to the Academy  
11 of Nutrition and Dietetics, the Committee's  
12 state-of-the-art methodology is informed by the  
13 Agency for Health Care Research and Quality, the  
14 Cochrane Collaboration, and the IOM.

15 There are five reasons why I believe  
16 the DGA Committee's evidence analysis process is  
17 to be commended and to be continued. First, it is  
18 systematic. Strictly prescribed procedures were  
19 followed for each and every step of the process.  
20 Second, it is thorough because studies are  
21 identified by skilled librarians searching  
22 multiple databases. The studies were then

1 screened to meet pre-identified inclusion  
2 criteria and articles were hand searched for  
3 additional studies not identified through the  
4 electronic searches. Third, the process is  
5 inclusive. Not only were randomized controlled  
6 trials included, which as you know are the gold  
7 standard for causal inference, but also other  
8 controlled trials, observational studies,  
9 reviews, and meta analyses. Fourth, it is  
10 transparent in that all materials utilized in the  
11 process are maintained on line and public comment  
12 and public hearings are held throughout. Lastly,  
13 the process is designed specifically to minimize  
14 bias. All studies were abstracted and quality  
15 rated by trained analysts so that the evidence  
16 could then be appropriately weighed by the  
17 Committee to answer questions and drive their  
18 recommendations. In this way, all relevant  
19 studies were considered in relation to their  
20 strengths and their limitations.

21 This rigorous approach is warranted  
22 given the national importance of the Dietary

1 Guidelines. The Guidelines are the evidence-based  
2 foundation for recommendations for health of the  
3 population as a whole. They are the basis for the  
4 Federal Nutrition Assistance Programs, determine  
5 the WIC food package, WIC education, the school  
6 meal requirements, the meal patterns of the child  
7 and adult care food programs, SNAP benefits, and  
8 SNAP education. Health care practitioners and  
9 nutrition professionals can also use the  
10 Guidelines as the starting point for counseling  
11 individuals, adapting them to accommodate a range  
12 of factors such as age, sex, and metabolic health  
13 in order to provide individualized  
14 recommendations.

15 In addition, public health  
16 professionals, researchers, advocates, and the  
17 like rely on the Guidelines to design and  
18 evaluate nutrition education interventions and  
19 improve environments to support healthy eating.  
20 And because nutrition environments do matter from  
21 the very beginning of life, I applaud the USDA  
22 and Health and Human Services for their plans to

1 include pregnant women and young children from  
2 birth to 24 months of age in the next Guidelines.

3 When I first my research career, the  
4 scope of the obesity epidemic and our  
5 understanding of the causes were such that  
6 obesity was thought to be a concern only for  
7 older children and adults, not infants and  
8 toddlers, but we now know that we can't wait  
9 until children are teens because nearly one in  
10 four adolescents have diabetes or pre-diabetes.  
11 We now know that we can't wait until children are  
12 school aged because one in five are overweight or  
13 obese by the time they start kindergarten. And we  
14 now know that nutrition early in life is critical  
15 for setting the stage both biology and behaviors  
16 for a lifetime of health.

17 In conclusion, nutrition is  
18 continuously evolving science and it's critical  
19 that we continue the Dietary Guidelines. Thank  
20 you.

21 MS. ROMERO: Thank you.

22 Okay, Ms. Maslow.

1 DR. MASLOW: Thank you. Good afternoon,  
2 and thank you for the opportunity to comment on  
3 the process for developing future editions of the  
4 Dietary Guidelines. I'm Dr. Lindsey Haynes-  
5 Maslow, Food Systems and Health Analyst with the  
6 Union of Concerned Scientists. Union of Concerned  
7 Scientists puts rigorous independent science to  
8 work to solve our planet's most pressing  
9 problems. Working with citizens and scientists  
10 across the country we combine technical analysis  
11 and advocacy to create practical solutions for a  
12 healthy environment.

13 Today, I will be focusing on six  
14 points regarding the purpose and process for the  
15 Dietary Guidelines. First, we need to determine  
16 and clearly communicate the purpose of the  
17 Dietary Guidelines. Should the Guidelines serve  
18 as scientific dietary advice for the American  
19 public, or are they a public policy statement for  
20 various stakeholders, including but not limited  
21 to federal food programs, schools, health care  
22 institutions, and the food industry?

1           Now, the National Nutrition Monitoring  
2           and Related Research Act states that the Dietary  
3           Guidelines shall contain nutritional information  
4           for the general public. However, as demonstrated  
5           by the process surrounding the 2015 Dietary  
6           Guidelines report, Congress and industry lobby  
7           groups actively worked to reshape the Guidelines  
8           as a statement of policy, rather than a statement  
9           of science.

10           Second, we commend the 2015 Committee  
11           that developed the Guidelines in a two-year  
12           process. This was scientifically rigorous, open,  
13           and transparent. We advise the USDA to educate  
14           all stakeholders, including Congressional leaders  
15           about the robustness of this process early on and  
16           consistently throughout to limit the corporate  
17           and political interference to which the 2015  
18           Guidelines were subject to.

19           The Committee did a critically  
20           important work to bring together various aspects  
21           of evidence-based dietary recommendations, and as  
22           scientists with food and agricultural expertise



1 we concur with the recommendations and the  
2 overall assessment that a healthy diet is one  
3 that includes higher fruits and vegetables, whole  
4 grains, lower red meat, and sugar sweetened  
5 beverages, and we included the environmental  
6 sustainability considerations.

7 Third, to assure impartiality and  
8 respect for the scientific process there is a  
9 need for greater transparency once the Dietary  
10 Guidelines leave the Committee and go to the  
11 USDA's administrators for review. Analysis of  
12 29,000 public comments on the 2015 Committee's  
13 report found that 75 percent of the comments  
14 submitted were supporting recommendations tying  
15 nutrition with sustainability. However, the much  
16 weaker recommendations actually seen in the  
17 Dietary Guidelines report clearly show that in  
18 the current framework there is a scientific phase  
19 of the process followed by a political phase, and  
20 that in that latter phase industry interests  
21 displace rigorous science, as well as the  
22 interest of the public and other stakeholders.

1           Fourth, in the implementation phase of  
2           the 2015 Dietary Guidelines, as well as in the  
3           development of the next Guidelines, the public  
4           agencies involved should prioritize  
5           responsibility to the public at large. They  
6           should focus on highlighting the differential  
7           impacts of diet-related chronic disease on  
8           vulnerable populations, especially children,  
9           people of color, and low income individuals. We  
10          should also consider ways that the Dietary  
11          Guidelines can be disseminated and implemented to  
12          benefit those that are most vulnerable.

13           Fifth, for the 2020 Dietary  
14          Guidelines, the USDA should include experts to  
15          advise on the dietary needs of infants ages zero  
16          to 24 months, a crucial period for child  
17          development.

18           Lastly, there is an urgent need for  
19          the USDA to adopt a scientific integrity policy  
20          that will protect the Advisory Committee and  
21          agency scientists from political interference.  
22          The Committee plays such an important role in our

1 democracy by providing critical expertise to  
2 policy makers and the American public. To fulfill  
3 this responsibility, they must be able to  
4 communicate clearly and freely with the media,  
5 the public, and their peers. Last year, the Union  
6 of Concerned Scientists evaluated 17 federal  
7 agencies' media policies and practices, and we  
8 concluded that the USDA's policies were some of  
9 the weakest among all of the 17 agencies.

10 Therefore, we would encourage the USDA to create  
11 a scientific integrity policy that will offer  
12 agency scientists and the Advisory Committee  
13 clear guidance and protections against any type  
14 of political interference.

15 Thank you again for the opportunity to  
16 comment today, and for the Dietary Guidelines  
17 Advisory Committee's excellent scientific work.

18 MS. ROMERO: Thank you, Ms. Maslow.

19 Ms. Heimowitz.

20 MS. HEIMOWITZ: Good afternoon. My name  
21 is Colette Heimowitz. I am Vice President of  
22 Nutrition and Education in Atkins Nutritionals. I

1 have been with the company for 18 years. Before  
2 joining Atkins, I was a practitioner for 10 years  
3 directing patients' diet and exercise routine to  
4 address their overweight conditions. It was  
5 during that time that I gained a strong  
6 understanding and an appreciation of the positive  
7 clinical outcomes of a lower carbohydrate diet,  
8 especially for people who are insulin-resistant,  
9 pre-diabetic, or diabetic.

10 Today more than half of the American  
11 population is either diabetic or pre-diabetic  
12 according to the Journal of the American Medical  
13 Association, yet the current U.S. Dietary  
14 Guidelines is not meeting the needs of this  
15 segment of the population. According to the CDC,  
16 one in three Americans are obese, almost 70  
17 percent are overweight, and this is precisely the  
18 target population that a lower carbohydrate diet  
19 can be effective for.

20 The cost of diabetes to the United  
21 States economy is estimated to be \$245 billion a  
22 year in health care costs and lost wages, an

1 amount that is expected to double by the year  
2 2020. We need to start the conversation on the  
3 impact of a high carbohydrate eating pattern to  
4 avoid the onset of the disease.

5 To insure that the Guidelines provide  
6 recommendations to all Americans, we need a  
7 greater diversity in the science advisory panel,  
8 inclusion in the emerging science surrounding low  
9 carbohydrate diets, and transparency in the  
10 Advisory Committee selection process. By  
11 mandating this diversity and inclusion of the  
12 most recent research it will insure that all of  
13 the science is considered and would enable a  
14 diverse group of experts to participate in the  
15 development of the recommendations. A lower  
16 carbohydrate recommendation is consistently  
17 omitted from the Guidelines even though during  
18 its 40 years with a low fat, high carbohydrate  
19 recommendation we've seen a strong increase in  
20 obesity and diabetes; yet, the science supporting  
21 low carbohydrate eating is overwhelmingly strong  
22 in the last two decades and support the safety

1 and efficacy, especially for people with  
2 metabolic syndrome and pre-diabetes.

3           None of the peer reviewed studies on  
4 low carbohydrate can be found in the National  
5 Education Library despite the fact that many of  
6 them were funded by the NIH, and met the  
7 inclusion criteria. There are 55 independent peer  
8 reviewed clinical trials that I know of in my  
9 brief look in the library reporting results of  
10 low carbohydrates that are missing, some  
11 comparing them to low fat, demonstrating that  
12 it's as good as, if slightly better than in some  
13 cases than low fat and should be a viable option  
14 in the consideration set before making  
15 recommendations in the future.

16           In addition, all of this research  
17 consistently demonstrated that individuals with  
18 metabolic syndrome, insulin-resistance, and Type  
19 2 diabetes, all diseases from carbohydrates are  
20 likely to see symptomatic as well as objective  
21 improvements in biomarkers of disease risk. And  
22 for clarification, the low carbohydrate diet I am

1 referring to include carbohydrates in the form of  
2 nutrient-dense vegetables, low glycemic fruits,  
3 nuts, controlled portions of whole grains,  
4 legumes, and offer a wide range of beneficial  
5 nutrients giving them a healthy place in a lower  
6 carbohydrate diet. It also recommends a moderate  
7 level of protein, dietary protein of both animal  
8 and vegetable origin that preserves lean tissue  
9 and aids in satiety. Additionally, natural fats  
10 are a critical part for energy, essential body  
11 functions, and for satiety, as well.

12 We applaud the Guidelines that are  
13 focused on improving public health and wellness  
14 through better nutrition. However, the process  
15 for the development needs to be revised to insure  
16 that the mandate is clear. It should address the  
17 growing needs of the overweight pre-diabetic  
18 population and include a greater diversity of  
19 science in the NEL, in the science advisory  
20 panel. Again, thank you to allow me to provide  
21 some of my insights, and I look forward to  
22 continuing to be part of the ongoing dialogue.

1 MS. ROMERO: Thank you, Ms. Heimowitz.  
2 Ms. Koch.

3 DR. KOCH: Hi, I'm Pamela Koch from the  
4 Laurie M. Tisch Center for Food, Education and  
5 Policy, Program and Nutrition, Teachers College  
6 Columbia University. I am honored for the  
7 opportunity to provide comments to help inform  
8 the 2020 to 2025 Dietary Guidelines for  
9 Americans. Thank you for the invitation.

10 Sometimes looking ahead means first  
11 looking back. In the foreword of the 1977 Report  
12 for the Dietary Goals for the United States, the  
13 late Senator George McGovern said, "The purpose  
14 of this report is to point out that the eating  
15 patterns of this century represent a critical  
16 public health concern as any now before us. We  
17 must acknowledge and recognize that the public is  
18 confused about what to eat to maximize health. If  
19 we as the government want to reduce health costs  
20 and maximize quality of life for all Americans,  
21 we have an obligation to provide practical guides  
22 to the individual consumer, as well as a set of



1 national dietary goals for the country as a  
2 whole. Such an effort is long overdue."

3 We have been making this effort  
4 through the Dietary Guidelines for Americans  
5 every five years since 1980, yet as the message  
6 from the Secretaries in the 2015 to 2020 Dietary  
7 Guidelines states we still have 117 million  
8 Americans that have one or more preventable  
9 chronic diseases, many of which are related to  
10 poor quality eating patterns and physical  
11 inactivity. We still have a critical public  
12 health concern, and sadly a lot of the public is  
13 still confused about what to eat to maximize  
14 health.

15 The science that needs to be reviewed  
16 for the 2020 to 2025 Guidelines needs to be  
17 broad. Since the first vitamins were discovered  
18 just a century ago, nutritional science has grown  
19 tremendously. This science is important to  
20 continue to review, especially to make  
21 recommendations for pregnant women, babies, and  
22 toddlers. We need to understand what dietary

1 patterns maximize brain development and minimize  
2 risk for chronic disease; yet, we need to review  
3 more important science.

4 As described in Guideline One of the  
5 2015 Dietary Guidelines, we want people to  
6 consume a nutritious diet that includes a variety  
7 of vegetables, fruit, whole grains, some low fat  
8 dairy and fat-free dairy, and some protein foods  
9 including meat, poultry, seafood, legumes, nuts,  
10 and seeds. We also want people to limit foods  
11 that are high in certain nutrients, saturated  
12 fats, trans fats, added sugar and sodium. This  
13 includes processed snack foods, sweetened  
14 beverages, and fast food. This basic message of  
15 what to eat more of, and what to eat less of has  
16 been consistent since the 1980 Dietary  
17 Guidelines, and yet Americans are still far from  
18 eating this -- far from this eating pattern.

19 The Healthy Eating Index, HEI,  
20 measures how Americans are doing. In the 1999 to  
21 2000 National Health and Nutrition Examination  
22 Survey, NHANES, Americans were averaging 49.1 on

1 100 points HEI scale. By 2010 -- 2009 to 2010,  
2 NHANES data had moved up to 57.8. This is in the  
3 right direction but not far enough.

4 As discussed in the 2015 Dietary  
5 Guidelines Advisory Committee report, we need to  
6 review the science on social, economic, and  
7 cultural contexts in which people eat. This area  
8 is an area where research and evidence has  
9 expanded tremendously. To heed Senator McGovern's  
10 mandate to produce practical guides for  
11 consumers, understanding these determinants of  
12 behavior are essential to create dietary guidance  
13 that is communicated in simple to understand,  
14 practical, relevant, and motivational ways.

15 Third, in order for all Americans to  
16 be able to achieve healthy patterns promoted by  
17 the Dietary Guidelines we need to understand the  
18 disparities in food access across different  
19 communities, and how household food insecurity  
20 hinders ability to consumer a nutritious diet.  
21 There is emerging scientific evidence about the  
22 serious and long-term consequences of food

1 insecurity, especially for children. There is  
2 also emerging scientific evidence on the  
3 effectiveness of multi-component programs to help  
4 all Americans be more food secure. Reviewing and  
5 using this scientific evidence will help all  
6 Americans be able to eat the right amount and  
7 right kinds of food.

8           And fourth, and this is the issue that  
9 caused a lot of controversy from the 2015 Dietary  
10 Guidelines Advisory Committee report, is  
11 sustainability of the food system. Stop for a  
12 minute and think, the babies born in 2020 will be  
13 50-years old in 2070. We want them still to be  
14 able to eat well. There is scientific evidence  
15 that our planet will continue to warm over the  
16 decades and weather patterns will become more  
17 erratic. It is essential for our dietary guidance  
18 to consider how food production will change due  
19 to climate change, and what kind of dietary  
20 patterns to recommend so that people are eating  
21 in ways that will allow us to keep producing  
22 adequate nutritious food in the changing world.

1 MS. ROMERO: Thank you very much, Ms.  
2 Koch.

3 Ms. Kucinich.

4 MS. KUCINICH: Thank you. It's a  
5 pleasure to be here today. My name is Elizabeth  
6 Kucinich, and I offer these comments on behalf of  
7 the Plant-Based Foods Association, a new trade  
8 association representing the nation's leading  
9 plant-based food companies. A similar group of  
10 companies submitted comments regarding the 2015  
11 Dietary Guidelines for Americans Committee  
12 report.

13 In looking forward, we wish to  
14 reaffirm many of the scientifically sound  
15 recommendations from that report, some of which  
16 unfortunately did not make it into the final  
17 version of the 2015 Dietary Guidelines. For  
18 example, we support the Advisory Committee's  
19 conclusion that the DGA should include a  
20 recommendation to limit red and processed meats.  
21 According to the World Cancer Research Fund, and  
22 most recently the World Health Organization, red

1 meats and processed meats increase the risk of  
2 certain cancers. That's why the American Cancer  
3 Society, among other health organizations,  
4 recommends limiting consumption of red and  
5 processed meats. The failure to include a clear  
6 recommendation in the DGA to reduce red meat does  
7 a serious disservice to the American people and  
8 their health. We are hopeful that the 2020  
9 version of the DGA will accurately reflect the  
10 science to include this recommendation.

11 The DGA should also make stronger  
12 recommendations regarding consuming healthier  
13 plant-based protein sources, such as legumes, soy  
14 foods, seeds, and nuts, especially in place of  
15 red and processed meats. Major health  
16 organizations are already supporting  
17 recommendations for plant proteins. For example,  
18 the American Cancer Society emphasizes a diet  
19 based on plant foods.

20 Moreover, plant-based diets can help  
21 solve the nation's nutrient deficiencies.  
22 America's population is overfed and under-

1       nourished; 85 percent of Americans do not get  
2       sufficient vitamins and minerals required for  
3       healthy functioning minds and bodies. The  
4       majority of nutrients of concern for under-  
5       consumption are found primarily in plant foods.  
6       And increasing vegetables, fruits, legumes, whole  
7       grains, nuts, and seeds will help to solve this  
8       problem.

9                 Plant-based foods also tend to be high  
10       in fiber, vitamins, and minerals, and low in  
11       saturated fat and cholesterol in contrast to  
12       animal-based products which tend to be high in  
13       saturated fat and cholesterol, and low in fiber.

14                Finally, we wholeheartedly endorse the  
15       2015 Committee's recognition of sustainability as  
16       an essential component of federal dietary  
17       guidance. Simply put, how food production impacts  
18       our limited natural resources is critical to the  
19       nation's health and food security.

20                In sum, we were disappointed that the  
21       DGA did not include the Advisory Committee's  
22       quite specific and clear conclusion that a diet

1 high in plant-based foods such as vegetables,  
2 fruits, whole grains, legumes, nuts, and seeds  
3 and low in calories and animal-based foods is  
4 more health promoting and is associated with less  
5 environmental impacts than is the current U.S.  
6 diet. This is the type of science-based guidance  
7 that the American public needs from the DGA.

8           You also asked about the process for  
9 Committee selection. It's vitally important that  
10 members are free of conflicts of interest, and in  
11 the past we have seen how members with ties to  
12 certain sectors of the food industry can bias the  
13 review process. Ironically, despite the  
14 controversy over the recent Advisory report, the  
15 2015 Committee was relatively free of such  
16 conflicts.

17           The problem in process of the 2015  
18 were not with the Committee members, nor with  
19 members of scientific review, but with politics.  
20 Concerns over science was used as a smoke screen  
21 by some who have vested interest in the outcome.  
22 We hope that going forward for 2020 and beyond



1 the science that clearly demonstrates the need to  
2 shift away from eating animal food such as red  
3 meat and towards more plant-based foods trumps  
4 the politics we saw in 2015.

5 Thank you for the opportunity to  
6 comment on this important matter, and we look  
7 forward to working together on the common goal of  
8 improving America's health. Thank you.

9 MS. ROMERO: Thank you, Ms. Kucinich.

10 Ms. Teicholz.

11 MS. TEICHOLZ: My name is Nina  
12 Teicholz. I'm here -- I'm a scientist journalists  
13 and a member of the Nutrition Coalition, and I  
14 thank you very much for the opportunity to speak  
15 today. I'm speaking on behalf of the Nutrition  
16 Coalition, a fledgling group of doctors, Ph.D.s  
17 and others not backed by any industry who want to  
18 be sure that nutrition policy is based on a  
19 rigorous and comprehensive review of the science  
20 in the interest of the public health. We don't  
21 endorse any particular diet.

22 The problem that we might agree upon

1 today is that the Guidelines have been unable  
2 over the past 35 years to effectively combat  
3 obesity, diabetes, and other nutrition-related  
4 diseases. Several explanations are usually given  
5 for this conundrum. One is that Americans don't  
6 adequately follow the DGAs; yet, this explanation  
7 is contradicted by USDA data showing that the  
8 public has on the whole been compliant.

9 A second explanation for why the  
10 Guidelines have failed is that Americans simply  
11 eat too much, calorie consumption has risen. This  
12 is a possible explanation; yet, the evidence is  
13 unclear. A large body of evidence now shows that  
14 the human body does not respond to all types of  
15 calories equally, and that the over-consumption  
16 of carbohydrates because they stimulate insulin  
17 production might be uniquely fattening, as well  
18 as contribute to diabetes.

19 In the U.S. because the increase in  
20 per capita calorie consumption in recent decades  
21 has come almost entirely from carbohydrates, it  
22 is impossible to disentangle whether it's the

1 increased calories or the increased carbohydrates  
2 that might have been responsible for growing  
3 obesity.

4 A third explanation for obesity and  
5 diabetes rates today is that junk food alone is  
6 to blame; yet, in the last 15 years Americans  
7 have cut their consumption of sugar and refined  
8 carbohydrates which are the best available  
9 proxies for junk food consumption, while the  
10 rates of obesity and diabetes have not abated.

11 An alternative explanation for the  
12 problem of nutrition-related diseases is that the  
13 Guidelines recommendations themselves are somehow  
14 flawed, or that the advice only works in a  
15 minority of the population. There's only time to  
16 touch on a few issues today, but an important one  
17 is the use of the Nutrition Evidence Library, or  
18 NEL, which undergirds all the Guidelines.

19 It is problematic that the NEL is not  
20 consistently used by the Committee on several  
21 peer reviews in 2015, including the one on  
22 saturated fats that NEL was not consulted. A

1 larger problem, however, is that the NEL is  
2 incomplete. In fact, I think it's safe to say  
3 that does not include a majority of the  
4 scientific literature on nutrition and disease.  
5 Remember that the National Heart, Lung, and Blood  
6 Institute and its predecessor agency have since  
7 1948 been virtually obsessed with the hypothesis  
8 that a fat of some kind of amount causes heart  
9 disease and has spent billions of dollars trying  
10 to get an answer. What has happened to that  
11 research? Unsaturated fats, for instance, there  
12 have been huge clinical trials, several funded by  
13 the NIH, conducted on all together 75,655 men and  
14 women in experiments lasting one to 12 years.  
15 None of these are in the NEL. The major  
16 epidemiological trials on saturated fats from the  
17 1960s and '70s on tens of thousands of people are  
18 also missing.

19           Moreover, in the last five years  
20 there's been a seat change in the thinking on  
21 saturated fats with at least 13 major meta  
22 analyses and systematic reviews, several of which

1 received NIH funding, and most of those are also  
2 missing from the NEL. The low fat diet is another  
3 recommendation that has been studied extensively  
4 in a half dozen NIH-funded multi-center clinical  
5 trials on all together more than 57,000 men and  
6 women in experiments lasting one to eight years.  
7 From those studies, 13 publications reported the  
8 major results, only one of which is in the NEL.

9           Possibly because those trials did not  
10 show any benefit of a low fat diet for health,  
11 Guidelines Advisory Committees since 2010 have  
12 backed off from any low fat language. We've been  
13 advised to eat a low fat diet for decades now,  
14 and if that is no longer the recommendation, then  
15 I believe funds should be spent to re-educate the  
16 public.

17           Furthermore, in a brief search we  
18 found that there are more than 58 papers on the  
19 low carbohydrate diets that are not in the NEL.  
20 It seems worth questioning, therefore, if there  
21 should be an NEL, why should reviews not take  
22 place simply by searching the major electronic

1 databases such as PubMed directly which is the  
2 standard method for scientific reviews. The  
3 process of admitting studies into the NEL  
4 introduces the possibility of bias, and clearly  
5 has led to major deficiencies.

6           There's an additional problem in the  
7 2015 Committee's report in that it made  
8 recommendations based on weak or inconclusive  
9 evidence. The vegetarian diet is one such  
10 recommendation, and although the Committee  
11 recommended eating lean meat and reducing red and  
12 processed meats, it did not do any comprehensive  
13 review of the science on those topics. The  
14 Committee looked at data in which the category of  
15 meat was mixed together with eggs and dairy.

16           The over-reliance of the Guidelines on  
17 epidemiological data which can only show  
18 association but not causation is a crucial issue  
19 and a problem with the Guidelines. The case for  
20 using epidemiology has been made in instances  
21 where clinical trial data are lacking, but as  
22 described above in this instance there are

1 numerous clinical trials that have been  
2 conducted. They've simply been ignored or  
3 forgotten. These studies clearly need to be  
4 entered into the record and properly prioritized  
5 as more rigorous kind of evidence.

6 The lack of nutritional sufficiency is  
7 also an urgent problem for the Guidelines.  
8 Preliminary modeling has shown that this problem  
9 can be eliminated by listing the caps on  
10 saturated fat since many of the borderline  
11 nutrients are found in animal foods. I'm sorry.

12 MS. ROMERO: Thank you.

13 MS. TEICHOLZ: Thank you very much for  
14 having the opportunity to comment.

15 MS. ROMERO: Thank you. On behalf of  
16 USDA thank you for participating in this  
17 Listening Session. Following today's session,  
18 USDA is going to provide an unedited transcript  
19 to the IOM prior to their initiation of the  
20 comprehensive study of the Dietary Guidelines  
21 development process. USDA encourages you to stay  
22 in contact with the IOM once it begins the study.

1                   We must leave the room immediately  
2           after this meeting, and as you exit the  
3           Williamsburg Room, please drop off your written  
4           comments to Susan so that in case anything was  
5           missed, we actually have that as part of the  
6           transcript. And please stop at the security desk  
7           to return your badge, visitor badge. Thank you  
8           very much.

9                   (Whereupon, the above-entitled matter  
10          was concluded at 4:05 p.m.)

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