

USDA-HHS ORAL COMMENT MEETING

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ORAL PUBLIC COMMENTS ON THE
SCIENTIFIC REPORT OF THE 2020
DIETARY GUIDELINES ADVISORY COMMITTEE

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TUESDAY
AUGUST 11, 2020

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The meeting was convened via webinar
at 8:30 a.m. EDT, Jackie Haven, Deputy
Administrator, Center for Nutrition Policy and
Promotion, presiding.

PRESENT:

**JACKIE HAVEN, MS, RD, Deputy Administrator,
Center for Nutrition Policy and Promotion,
Food and Nutrition Service, U.S.
Department of Agriculture**

**BRANDON LIPPS, Deputy Under Secretary, Food,
Nutrition, and Consumer Services, U.S.
Department of Agriculture**

**CAPT PAUL REED, MD, Deputy Assistant Secretary
for Health, Medicine & Science, U.S.
Department of Health and Human Services**

**SCOTT HUTCHINS, PhD, Deputy Under Secretary,
Research, Education, and Economics, U.S.
Department of Agriculture**

**JANET DE JESUS, MS, RD, Nutrition Advisor,
Office of Disease Prevention and Health
Promotion, Office of the Assistant
Secretary for Health, U.S. Department of
Health and Human Services**

**PAM MILLER, Administrator, Food and Nutrition
Service, U.S. Department of Agriculture**

**EVE STOODY, PhD, Designated Federal Officer and
Director, Office of Nutrition Guidance and
Analysis, Center for Nutrition Policy and
Promotion, Food and Nutrition Service,
U.S. Department of Agriculture**

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

2 8:32 a.m.

3 MS. HAVEN: Good morning, everyone.

4 Thank you all so much for joining our USDA-HHS
5 meeting to hear public comments on the scientific
6 report of the 2020 Dietary Guidelines Advisory
7 Committee.

8 This report is foundational to USDA
9 and HHS's development of the 2020-2025 Dietary
10 Guidelines for Americans. We at USDA and our
11 colleagues at HHS deeply appreciate the time
12 you're taking today to provide comments and be
13 with us online for this meeting as we transition
14 from the Committee's work to review the science
15 to the Department's work to develop the next
16 edition of the Dietary Guidelines.

17 This morning we're thrilled to have
18 opening remarks from USDA's Food, Nutrition, and
19 Consumer Services Deputy Under Secretary Brandon
20 Lipps, followed by HHS Deputy Assistant Secretary
21 for Health, Captain Paul Reed. And then USDA's
22 Research, Education, and Economic Under Secretary

1 Dr. Scott Hutchins.

2 Our first speaker, Food, Nutrition,
3 and Consumer Services, FNCS, Deputy Under
4 Secretary Lipps has served in this current role
5 since 2019. He joined USDA in 2017 to serve as
6 the Administrator of the Food and Nutrition
7 Service and also as Acting Deputy Under Secretary
8 of the Food, Nutrition, and Consumer Services.

9 Under his leadership of the FNCS
10 mission area, the Food and Nutrition Service
11 agency, FNS, co-develops the Dietary Guidelines
12 for Americans with HHS's Office of Disease
13 Prevention and Health Promotion.

14 More broadly, FNS works to end hunger
15 and obesity through the administration of 15
16 Federal nutrition assistance programs, including
17 WIC, Supplemental Nutrition Assistance Program
18 (SNAP), and school meals. In partnership with
19 state and tribal governments, our programs serve
20 one in four Americans during the course of the
21 year.

22 We thank Deputy Under Secretary Lipps

1 for his leadership and support through this
2 complex, important process to develop the 2020-
3 2025 Dietary Guidelines for Americans.

4 Deputy Under Secretary Lipps.

5 OPERATOR: Thank you, Ms. Haven.

6 Deputy Under Secretary Lipps, your line is open.

7 MR. LIPPS: Thank you, Jackie. Good
8 morning, everyone, and thank you for joining us
9 today at this meeting to hear from the public on
10 the scientific report of the 2020 Dietary
11 Guidelines Advisory Committee. I am sad we can't
12 be together in person, but I'm glad that we have
13 been able to move forward in this virtual
14 environment.

15 A big thanks to our colleagues at HHS,
16 our partner in developing the Dietary Guidelines
17 for Americans, and my counterpart, Dr. Scott
18 Hutchins, from USDA's Research, Education, and
19 Economic Resources, for providing opening remarks
20 with me this morning.

21 First, on behalf of Secretary Perdue,
22 I'd like to express our deep appreciation for the

1 incredible work of the 2020 Advisory Committee.
2 They dedicated 16 months to conducting a robust,
3 rigorous, and thorough review of the science on
4 a broad range of topics, topics that will be
5 central to USDA and HHS development of the 2020-
6 2025 Dietary Guidelines for Americans.

7 It was an intense 16 months, that last
8 four of which involved juggling this work with
9 new demands on their full-time jobs due to COVID-
10 19. The Committee's work, the work of these 20
11 nationally renowned scientific experts, including
12 review of thousands of articles, Federal data
13 sets, and food pattern modeling analysis.

14 This work will now all the Dietary
15 Guidelines to cover the entire lifespan, so that
16 USDA and HHS can expand the Guidelines to include
17 infants and toddlers from birth to 24 months.
18 And through all of their hard work and
19 dedication, there was an open public comment
20 period where the Committee welcomed input from
21 the public at every stage of the process, the
22 entire 16-month process.

1 The scientific report reflects the
2 Committee's unwavering commitment to scientific
3 integrity and dedication to advancing public
4 health. We greatly value this important
5 essential contribution.

6 Today, we're here to listen to the
7 public on the Committee's scientific report.
8 Public participation has been a key part of USDA
9 and HHS's multi-year process to develop the 2020-
10 2025 Dietary Guidelines for Americans, a
11 commitment we made to you on day one, and a
12 commitment we have followed through on at every
13 step of the process.

14 In addition to a concerted effort
15 resulting in increased transparency, we added new
16 steps to the process to give the public more
17 opportunities than ever to be a part of this
18 process.

19 You'll remember that starting in 2018,
20 we asked the public for the first time ever to
21 provide inputs on the topics and questions that
22 the 2020 Committee would examine. We also added

1 a second opportunity for the public to provide
2 oral comments to the Committee, when in the past
3 there has only been one opportunity.

4 Also, for the first time, because it
5 was important to us that the public be engaged
6 along the way, we posted information during the
7 Committee's review so the public could easily
8 follow their work, including draft protocols and
9 draft conclusion statements.

10 We hosted a meeting for the Committee
11 to discuss their draft report a month before it
12 was posted for public comment. We've been
13 thrilled to see this resulting in more public
14 engagement than ever. Over the course of the
15 Committee's scientific work, more than 62,000
16 public comments came in, compared to about 970
17 during the 2015 process. That's a 6,000%
18 increase.

19 Each of our numerous announcements and
20 updates throughout this time went to more than
21 240,000 individuals who signed up to be on the
22 Dietary Guidelines listserv. And we know there's

1 a lot of interest in the scientific report. In
2 just the first week after it was posted at
3 DietaryGuidelines.gov last month, there were more
4 than 10,000 downloads.

5 So we thank the public very much for
6 accepting our invitation and being an active part
7 of the Dietary Guidelines process with us.

8 A big thanks must go to our teams at
9 USDA and HHS, who worked tirelessly to support
10 the Committee throughout their work. From the
11 Federal scientists who supported the Committee's
12 reviews I mentioned earlier, to the staff
13 handling logistics for the six Committee
14 meetings, including one in Houston, the first
15 outside the national capital region in decades
16 that included the public.

17 Our teams have made it possible for
18 the public to see more of the Committee's work
19 and be a more significant part of this process
20 than ever before from the very beginning. Our
21 dedicated colleagues were vital to bringing life
22 to our commitment to ensure this process is

1 transparent, inclusive, and science-driven.

2 As we move now to the final phase of
3 our process, that is the USDA and HHS getting to
4 work on developing the 2020-2025 Dietary
5 Guidelines for Americans, the work will be led by
6 the HHS Office of Disease Prevention and Health
7 Promotion and my team at the Center for Nutrition
8 Policy and Promotion for final consideration by
9 the Secretaries from both Departments.

10 The Dietary Guidelines for Americans
11 in the cornerstone of all Federal nutrition
12 programs and policies at USDA Food, Nutrition,
13 and Consumer Services.

14 That means everything from WIC, the
15 Special Supplemental Nutrition Assistance Program
16 for Women, Infants, and Children, to our school
17 lunch and breakfast program; from SNAP and the
18 Supplemental Nutrition Assistance Program, to our
19 food distribution program that serves the public
20 during disasters. All to say we take our work on
21 the Guidelines very seriously.

22 As we enter this final phase of our

1 process to develop the next edition, we want you
2 to know and understand the rest of this process.
3 If you're interested in what's involved in this
4 final phase, I hope you've seen the information
5 we added to DietaryGuidelines.gov last month,
6 when we posted the Committee's scientific report.
7 It's on a new page aptly called USDA-HHS
8 Development of the Dietary Guidelines. And stay
9 tuned for more information coming from us.

10 Thanks again to our dedicated teams,
11 and to each member of the public who has joined
12 us today for commitment in helping us develop
13 transparent, inclusive, and science-driven
14 Dietary Guidelines. With that, I will turn it
15 back over to our colleagues at the Center on
16 Nutrition Policy and Promotion. Thank you.

17 OPERATOR: Thank you, Deputy Under
18 Secretary Lipps. Ms. Haven, your line is open
19 once again.

20 MS. HAVEN: Thank you, Deputy Under
21 Secretary Lipps. Now I'd like to introduce our
22 next speaker for this morning, Captain Paul Reed

1 from U.S. Department of Health and Human
2 Services, our partner with whom we jointly
3 develop the Dietary Guidelines for Americans
4 every five years.

5 Captain Reed is the Deputy Assistant
6 Secretary for Health, Medicine, and Science and
7 the Acting Director of the Office of Disease
8 Prevention and Health Promotion. Thank you,
9 Captain Reed, for your partnership on behalf of
10 HHS, of your dedicated team and at the Office of
11 Disease Prevention and Health Promotion working
12 hand in hand with here at USDA.

13 Captain Reed.

14 OPERATOR: Thank you, Ms. Haven.
15 Captain Reed, your line is now open.

16 CAPTAIN REED: Thank you and good
17 morning, everyone. I'd like to join my USDA
18 colleagues this morning in welcoming everyone to
19 this public meeting for oral testimony on the
20 2020 Dietary Guidelines Advisory Committee
21 scientific report.

22 On behalf of Admiral Brett Giroir, the

1 Assistant Secretary of Health and the Department
2 of Health and Human Services, as well as USDA,
3 and truly all Americans, I would like to start by
4 expressing my sincerest thanks to the 2020
5 Advisory Committee members for their willingness
6 to serve and dedicate their valuable time and
7 unequaled scientific expertise for this critical
8 public health effort.

9 Their comprehensive review of the
10 science on nutrition and health has provided the
11 evidence base we need to develop the next edition
12 of the Dietary Guidelines for Americans. For the
13 first time, we asked this Committee to review
14 evidence on nutrition across all life stages,
15 including pregnancy, lactation, and the first few
16 years of childhood.

17 The Committee worked tirelessly for 16
18 months, and this staggering effort culminated in
19 a 830-page report that was submitted to HHS
20 Secretary Azar and USDA Secretary Perdue at the
21 end of June. The responsibility for moving
22 forward is now in the hands of the U.S.

1 government, and I am confident that the
2 Committee's report will enable USDA and HHS team
3 to base the 2020-2025 Dietary Guidelines for
4 Americans on the best available science.

5 I'd also like to thank the public for
6 your engagement in this transparent, inclusive,
7 and science-driven process. Throughout its
8 appointment, the Committee received more than
9 60,000 public comments, which helped inform their
10 work.

11 The public comment period for the
12 Departments on the completed Advisory Committee
13 Report opened on July 15, and since then we have
14 already received more than 14,000 comments to
15 consider in combination with the Committee's
16 scientific report to inform the next edition of
17 the Dietary Guidelines.

18 And if you haven't commented yet,
19 there is still time. The public comment period
20 closes later this week on Thursday, August 13 at
21 11:59 p.m., just before the midnight hour. And
22 thanks to all of you who are dialed in today to

1 provide oral comments here.

2 Finally, I'd like to thank the
3 hardworking career staff at HHS and USDA for
4 supporting the Committee and for ensuring that
5 the next edition of the Dietary Guidelines
6 promotes public health for all of our citizens.
7 I know how much they gave of themselves to
8 complete this phase despite the historic
9 obstacles we now face as a nation.

10 Now, more than ever, in the midst of
11 the COVID-19 pandemic, the importance of
12 protecting public health is foremost for all of
13 us. In fact, aside from the elderly, those at
14 highest risk for the most serious outcomes of
15 COVID-19, including hospitalization and death,
16 are people with chronic diseases, such as obesity
17 and type 2 diabetes and hypertension, chronic
18 diseases that healthy dietary patterns can help
19 prevent.

20 As if we needed more reason, the
21 pandemic only reinforces the importance of
22 developing evidence-based Dietary Guidelines that

1 help reduce the burden of chronic diseases and
2 their multiple negative impacts on health and
3 quality of life.

4 I finish my remarks this morning by
5 making just a few comments on how the Dietary
6 Guidelines are used here at HHS. Quite simply,
7 the Dietary Guidelines form the basis of the
8 Federal food and nutrition policy.

9 At HHS, we use the Dietary Guidelines
10 to inform consumer dietary guidance delivered
11 through grants and educational materials, food
12 assistance programs like the Older Americans Act
13 Nutrition Programs; national health objectives
14 such as the nutrition and weight status
15 objectives in Healthy People; nutrition
16 monitoring and research and regulations on food
17 labeling and fortification.

18 And since the body of evidence on the
19 role of nutrition in disease prevention and
20 health promotion is rapidly expanding, HHS and
21 USDA are committed to reviewing the science on
22 food, nutrition, and health every five years and

1 updating the Dietary Guidelines based on the
2 latest evidence.

3 I look forward to hearing all of your
4 remarks. And now I'll turn it over to Jackie
5 Haven from USDA again. And thank you very much.

6 OPERATOR: Thank you, Captain Reed.
7 Ms. Haven, your line is open.

8 MS. HAVEN: Thank you. And our final
9 speaker this morning will be Dr. Scott Hutchins,
10 Deputy Under Secretary for USDA's Research,
11 Education, and Economics mission area.

12 REE's Agricultural Research Service,
13 ARS, took on a new role during the work of the
14 Advisory Committee, and we are grateful to Dr.
15 Hutchins. As another new step in our process, we
16 asked ARS to facilitate peer review of the
17 systematic reviews that the Committee conducted.
18 This involved coordinating peer reviews conducted
19 by more than 40 Federal scientists across USDA
20 and HHS.

21 Thank you, again, Dr. Hutchins, for
22 making this possible. It was a critical

1 contribution to the rigor of the scientific
2 review phase of our process, which yields the
3 scientific foundation for the next edition of the
4 Dietary Guidelines.

5 Dr. Hutchins.

6 OPERATOR: Deputy Under Secretary
7 Hutchins, your line is now open for remarks.

8 DR. HUTCHINS: Well, thank you very
9 much, and good morning, everyone. It's a
10 pleasure to speak with you all again today about
11 the work being done to improve American diets.

12 Let me add my personal appreciation to
13 this Committee for its outstanding work on the
14 scientific report and our Federal team of
15 partners for their commitment to provide clear,
16 transparent, and evidence-based guidance to
17 inform the development of Dietary Guidelines.

18 As the research function for USDA, the
19 Research, Education, and Economics mission area
20 supports this Committee by providing scientific
21 information to help the policy decisions that
22 critically impact American dietary habits.

1 Recently, our in-house scientists with the
2 Agricultural Research Service led the peer review
3 process to evaluate the systematic reviews of the
4 literature provided to the Committee.

5 This process included scientists from
6 both ARS and the Economic Research Service, along
7 with researchers from the National Institutes of
8 Health, Centers for Disease Control and
9 Prevention, Food and Drug Administration,
10 Department of Defense, and Department of Veterans
11 Affairs.

12 ARS is also actively involved in
13 expanding food composition and food intake data,
14 as well as data on composition of human milk.
15 Children account for a large portion of milk
16 drinkers, particularly infants, as milk is meant
17 to be the sole source of nutrition for infants
18 until age six months.

19 However, there is a critical gap in
20 estimating nutrient requirements of infants,
21 which have usually been extrapolated from
22 requirements determined for older children.

1 That's only one reason why it's crucial that we
2 strengthen our understanding of dietary reference
3 intakes, DRIs. I'm honored to co-lead, with
4 Admiral Giroir, the Interagency Committee on
5 Human Nutrition Research, and can say
6 unequivocally that USDA and HHS remain committed
7 to prioritizing DRI reviews to ensure the most
8 current information is available.

9 We know that sound research leads to
10 innovation and better outcomes that enhance human
11 health while improving economic, environmental,
12 and social sustainability. As part of our
13 responsibility at USDA, we recently released the
14 USDA Science Blueprint, which is a roadmap of our
15 research priorities for the next five years, and
16 we hope beyond.

17 One of the core components of the
18 Science Blueprint here at USDA is food and
19 nutrition translation. Within that framework,
20 USDA hopes to provide guidance to promote
21 healthier diets for Americans, especially to
22 reduce the incidence of obesity and chronic

1 diseases, such as diabetes.

2 One innovative approach outlined in
3 the Blueprint is precision nutrition, which we
4 believe offers the next great paradigm for
5 nutritional guidance. This personalized approach
6 to food is rooted in science and based on
7 individuals' unique dietary and health needs from
8 their genetic perspective.

9 During this pandemic, where nutrition-
10 related conditions have been recognized as a
11 contributor to additional risk for individuals
12 affected by COVID-19, it's clear that the urgency
13 of improving human health through nutrition has
14 never been more important.

15 When I first addressed you at the
16 beginning of this process, I noted that we as
17 humans are unique among all species in that we
18 choose our own nutritional path based on our own
19 values. I also shared with you that my adult
20 children have each selected a different path
21 themselves. One's a vegetarian, one's high
22 protein, and the other more balanced.

1 However, I'm pleased to say that each
2 of them has used the Guidelines and the best
3 information available to select diets for their
4 own children, not just their own choices.

5 The Guidelines that emerge will
6 provide all Americans the same ability to choose
7 a dietary path with knowledge and insights based
8 on the most current available information. You
9 know, in 1918, the average lifespan of an
10 American was 47 years old. Today, it's
11 approaching 80 years.

12 And while intervention via modern
13 medicine has certainly been critical over this
14 period, U.S. agriculture has made a tremendous
15 impact on this by improving the health and
16 quality of the life of our citizens and indeed
17 much of the world through an abundant, safe, and
18 affordable food supply.

19 Certainly as a grandfather of seven,
20 all born after I was 47 years old, I'm very
21 appreciative of this progress. So again, I thank
22 the Committee for their work and for the Federal

1 partnerships that continue to support nutrition
2 as a national priority.

3 USDA's mantra, and it's dedicated to
4 it, is to do right and feed everyone. And we
5 value all of those who seek to join us in this
6 quest and on that mission. Thank you very much.

7 OPERATOR: Thank you, Deputy Under
8 Secretary Hutchins. Ladies and gentlemen, at
9 this time the meeting will be turned over to
10 Janet de Jesus for a review of procedures for
11 public oral comments. Ms. de Jesus, your line is
12 now open.

13 MS. DE JESUS: Good morning, and thank
14 you all for your participation today. We
15 appreciate your input on the scientific
16 foundation for the development of the Dietary
17 Guidelines for Americans.

18 Many staff from USDA and HHS are
19 viewing this meeting today. Pam Miller, Jackie
20 Haven, and I are representing the Department as
21 the panel receiving comments.

22 I will now review the instructions for

1 providing oral comments. Individuals who are
2 registered to provide oral comments will be able
3 to provide up to three minutes of comments.
4 There are 70 individuals registered to provide
5 comments. If time permits, those on the standby
6 list will be able to participate as well.

7 Our USDA-HHS webcast operator will
8 connect the individuals registered to provide
9 comment to the audio line at the appropriate
10 time. Please note your order in the list
11 distributed by email and available on
12 DietaryGuidelines.gov. Please be prepared to
13 accept the phone call from our operator
14 approximately five minutes before it is your turn
15 to speak.

16 The operator will move to the next
17 individual on the list if you are unable to pick
18 up your phone. Our webcast operator will
19 announce your number and unmute your telephone
20 line when it is your turn to speak.

21 At this point, the three-minute timer
22 will begin. Once your number is called, please

1 state your name and organization, or self if
2 you're representing yourself, and proceed with
3 your remarks to the panel.

4 The webcast operator will monitor the
5 time. Commenters will be asked to end the
6 remarks at the allotted time of three minutes.
7 When you are finished with your remarks, the
8 operator will disconnect your audio line. You
9 may return to the webcast by clicking on the link
10 in your registration email, or switching back to
11 use computer audio option in the webcast.

12 Commenters must be prepared to accept
13 the operator's phone call. Otherwise, you will
14 forfeit the opportunity to provide comment during
15 the meeting. Individuals on the standby list
16 should be prepared to provide remarks if time
17 allows in today's meeting. We will provide an
18 update on the available time during our meeting
19 break.

20 One final note, this meeting is being
21 recorded and a video will be posted online at
22 DietaryGuidelines.gov. At this point, we will

1 take a five-minute break and ask our event
2 operator to connect the first individuals
3 registered to provide comment. Thank you.

4 OPERATOR: Ladies and gentlemen, thank
5 you for your patience. The webcast will resume
6 shortly with oral comments to the Federal panel.
7 Thank you.

8 (Whereupon, the above-entitled matter
9 went off the record at 8:54 a.m. and resumed at
10 9:01 a.m.)

11 OPERATOR: Ladies and gentlemen, we
12 will now resume the webcast. We will begin with
13 the oral comments to the Federal panel.
14 Commenter 1, your line is now open. Please begin
15 your remarks.

16 MS. MILLER: --- dietitian at American
17 Dairy Association Northeast. Thank you for the
18 opportunity to provide comments today. The
19 Dietary Guidelines must consider healthy eating
20 patterns for all Americans, including those
21 Americans who face food insecurity, to be
22 effective.

1 In 2018, over 37 million Americans
2 struggled with food insecurity. The COVID-19
3 pandemic has placed even more people at risk.
4 More than 54 million Americans may face hunger in
5 2020, especially minority populations.

6 Before the pandemic, over 16 percent
7 of Hispanic Americans and over 21 percent of
8 Black Americans were food insecure. Now, you may
9 know these statistics already, but what you may
10 not know is that the face of hunger in America
11 may be somebody you recognize. I learned this
12 firsthand in 2008, when the recession hit, and my
13 father lost his job. When unemployment ran out,
14 my family was not able to obtain food in the same
15 way they used to. My upper-middle class family
16 needed food assistance. Again, the face of food
17 insecurity may not be what you expect. The goal
18 of the Dietary Guidelines is to provide
19 recommendations for all generally healthy
20 Americans.

21 Today, I'll address two barriers that
22 food insecure families face in adopting

1 recommended healthy eating patterns. The first
2 barrier is access. Food banks and pantries work
3 hard to get nutritious food for their clients,
4 but some foods present additional challenges.

5 Dairy foods are one example. Fresh
6 dairy foods are a challenge for hunger relief
7 organizations, in terms of accessibility,
8 transportation, and refrigeration. On average,
9 Feeding America, the largest hunger relief
10 organization in the country, is only able to
11 provide about one gallon of milk per person, per
12 year.

13 The U.S. dairy community is dedicated
14 to ensuring all Americans have access to
15 nutrient-dense dairy foods. In 2012, the Dairy
16 Checkoff Program began a partnership with Feeding
17 America, which has more than doubled the amount
18 of dairy foods distributed through the food banks
19 and pantries. Over 353 million pounds of dairy
20 foods were distributed in 2019, alone, as a
21 result of this program.

22 My organization, ADA Northeast, has

1 distributed over 650,000 gallons of milk to the
2 greater New York area this year. By the end of
3 August, we will have distributed over 800,000
4 gallons of milk to families in need.

5 Another barrier to healthful eating
6 patterns is education about food preparation.
7 When I worked as a retail dietitian, I
8 encountered clients facing food insecurity who
9 had a general sense of how to eat healthfully,
10 but did not always know how to use or prepare
11 nutrient-dense foods. Food knowledge and cooking
12 skills present additional hurdles to healthy
13 eating during times of food insecurity.

14 While many Americans are reliant on
15 food banks and pantries to meet Dietary Guideline
16 recommendations, especially during this pandemic,
17 they're out of reach to many families, especially
18 in communities of color. The Dietary Guidelines
19 are intended for all Americans, yet millions of
20 Americans face food insecurities, so please
21 consider them, too. Thank you.

22 OPERATOR: Thank you, Commenter 1.

1 Next is Commenter 2. Commenter 2, your line is
2 now open.

3 DR. JONES: Good morning. My name is
4 Dr. Julie Miller Jones, distinguished scholar and
5 professor emeritus of foods and nutrition at St.
6 Catherine University. I'm commenting on behalf
7 of USA Rice Federation, the global advocate for
8 all segments of the U.S. rice industry.

9 I would like to thank USDA and HHS for
10 the opportunity to provide comments on the report
11 that is foundational to the 2020-25 Dietary
12 Guidelines for Americans. I will comment on four
13 areas.

14 First, we applaud the Committee's
15 affirmation that whole grains are key to a
16 healthy diet. They deliver dietary fiber
17 designated as a nutrient of concern. In fact,
18 half the fiber in the U.S. diet comes from whole
19 and refined grains. This is important because
20 the consumption of whole grains and dietary fiber
21 is associated with numerous health benefits,
22 including decreased risk of chronic diseases,

1 such as diabetes, type II, colon cancer, and
2 coronary heart disease. Brown, whole grain, and
3 enriched U.S. rice are documented in national
4 surveys to provide over 15 vitamins and minerals.
5 The folic acid in enriched grain, such as rice,
6 has been shown to reduce neural tube defects.

7 NHANES analysis shows that rice eaters
8 have higher nutrient profiles with more iron,
9 dietary fiber, and less saturated fat than no
10 grain patterns. The recommendation that
11 consumers make half their grains whole allows for
12 consumption of refined grains.

13 Yet this is confusing because calls to
14 limit refined grains appear throughout the
15 report. However, staple foods, such as rice, are
16 dramatically different from indulgent,
17 high-calorie, high-sugar, refined grain foods.

18 Second, I address the role of
19 fortified rice products as a vehicle for
20 delivering under consumed nutrients for all,
21 especially children under 2. Easily digested
22 foods, iron and zinc fortified cereals, such as

1 rice cereals, are good first food choices for
2 breastfed infants during the second six months of
3 life.

4 Third, since rice is a cultural staple
5 across the U.S. and the world, I applaud the
6 report's recognition that allowing for cultural
7 patterns and budgetary constraints promotes
8 adherence to the guidelines.

9 Fourth, we are gratified that the
10 Committee did not enfranchise low or
11 no-carbohydrate food patterns as general guidance
12 given that the supporting science is unsettled,
13 and that they restrict nutritious foods, such as
14 fruits, vegetables, and whole grains.

15 Finally, we ask that the Guidelines do
16 the following. One, distinguish between refined
17 grain staple and indulgent foods -- refined and
18 staple and indulgent foods; recognize the role of
19 accessible staple, low-carbohydrate foods, such
20 as rice, in the diets of various cultural,
21 socio-economic and age groups and tout their role
22 in providing low-cost accessible sources of

1 nutrients such as iron, protein, and dietary
2 fiber. Thank you.

3 OPERATOR: Thank you, Commenter 2.
4 Commenter 3, your line is now open.

5 MR. TORRES-GONZALEZ: Hi, I'm Moises
6 Torres-Gonzalez, vice president of nutrition
7 research at National Dairy Council. Thank you
8 for the opportunity to offer comments. Today, I
9 will be sharing two points for consideration by
10 USDA and HHS. First, dairy foods like milk,
11 cheese, and yogurt make valuable nutrient
12 contributions to the eating patterns of Americans
13 across the life span.

14 Dairy foods offer a unique nutrient
15 package that is difficult to replace and are
16 important sources of food components of public
17 health concern, including calcium, potassium, and
18 vitamin D. Consuming dairy foods is part of all
19 healthy eating patterns recommended in the DGAC
20 report.

21 Second, the eating patterns that the
22 DGAC report recommends for Americans 2 years and

1 older include low-fat and fat-free dairy foods,
2 which contain less saturated fat than whole and
3 reduced fat options.

4 However, the report also acknowledges
5 that the health effects of saturated fat intake
6 depend on the type of saturated fatty acids, as
7 well as the food source and food structure.

8 Personally, I have been drinking and eating whole
9 fat dairy foods since I was a kid. A glass of
10 whole milk was the first thing my mom used to
11 feed me in the morning, and I continue doing so.
12 By the way, my mom is not a nutritionist. She
13 only was able to finish elementary school, but
14 for sure, she was dedicated to nourishing her
15 children.

16 Now, as a scientist, we have been
17 learning that it is difficult to predict the
18 health outcomes of eating whole and reduced fat
19 dairy foods based simply on the fatty acid
20 content and profile.

21 Emerging evidence indicates that
22 consuming dairy foods, regardless of fat content,

1 and within healthy eating patterns, is not linked
2 with a higher risk of cardiovascular disease,
3 type II diabetes, or weight gain. Dairy fat is
4 the most complex fat naturally occurring in a
5 food.

6 This complexity might help explain why
7 the links between consuming dairy foods and
8 health trouble or chronic disease risk are
9 independent of the saturated fat content.

10 National Dairy Council's comment to the DGAC on
11 whole and reduced fat dairy foods showed cases, a
12 body of research on this topic. Allowing the
13 option to incorporate whole or reduced fat dairy
14 foods in healthy eating patterns would give
15 Americans more options to meet dairy
16 recommendations, which most Americans do not
17 currently meet. Dairy foods, regardless of fat
18 level, are an important source of nutrients in
19 the American diet.

20 In fact, whole and reduced fat dairy
21 foods can fit into calorie balanced eating
22 patterns, while staying within the 2020 DGAC's

1 recommended limit of saturated fat intake. In
2 closing, dairy foods are an integral nutrient
3 dense component of healthy eating patterns that
4 are linked with reduced risk of key chronic
5 diseases.

6 One serving of whole and reduced fat
7 dairy foods can fit into recommended healthy
8 eating patterns for Americans across the life
9 span, while staying within saturated fat and
10 energy limits. Thank you.

11 OPERATOR: Thank you, Commenter 3.
12 Commenter 4, next, your line is now open.

13 MS. MAITIN-SHEPARD: Hello. My name
14 is Melissa Maitin-Shephard. On behalf of the
15 American Institute for Cancer Research, or AICR,
16 thank you for the opportunity to provide comments
17 today. AICR is the leading U.S. authority on the
18 links between diet, weight, physical activity,
19 and cancer prevention and survival. As part of
20 the World Cancer Research Fund International
21 Network, AICR funds, gathers, and comprehensively
22 analyzes global scientific research on the roles

1 of diet, weight, and physical activity in cancer
2 risk and publishes expert reports that are
3 trusted, authoritative, scientific resources that
4 underpin current cancer prevention
5 recommendations and policy priorities.

6 Overall, AICR supports the DGAC's
7 recommendation for a healthy dietary pattern
8 across the lifespan, with mostly plant-based
9 foods and limits on or avoidance of unhelpful
10 components.

11 The Committee's conclusions on the
12 relationship between dietary patterns and cancer
13 that underpin these recommendations are
14 consistent with AICR's systematic literature
15 review, citing strong evidence that red and
16 processed meat intake is a causative factor in
17 the development of colorectal cancer.

18 We also support the DGAC's inclusion
19 of whole grains as a dietary component
20 contributing to positive health outcomes,
21 particularly when part of a healthy dietary
22 pattern that also includes fruits and vegetables.

1 The Guidelines should also address the strong
2 evidence that excess body weight causes 12 types
3 of cancer and highlight the DGAC's conclusion
4 that dietary patterns emphasizing vegetables,
5 fruits, and whole grains, and low in
6 sugar-sweetened foods and drinks and refined
7 grains, are associated with a healthy body
8 weight.

9 It is important to emphasize that the
10 greatest health benefit comes from following the
11 Guidelines as a package. With respect to
12 alcoholic beverages, the DGAC's recommendation to
13 reduce alcohol intake in males is consistent with
14 AICR's recommendation stating for cancer
15 prevention, it's best not to drink alcohol.

16 There is strong evidence that
17 consumption of alcoholic drinks increases the
18 risk for six types of cancer. In fact, less than
19 one drink per day significantly increases risk
20 for cancers of the breast, esophagus, and mouth,
21 pharynx, and larynx.

22 For every cancer type associated with

1 alcohol consumption, cancer risk increases with
2 increased intake. We also support the DGAC's
3 recommendation to reduce added sugars to no more
4 than 6 percent of daily calories. In particular,
5 intake of sugar-sweetened beverages should be
6 replaced by water and unsweetened drinks.

7 As you proceed with the Guideline
8 development process, we ask the Departments to
9 carry forward the DGAC's evidence-based
10 conclusions and recommendations and be
11 transparent and explicit if any of them are not
12 included in the Guidelines.

13 In addition, clear evidence-based
14 recommendations for educational and policy
15 systems and environmental change strategies aimed
16 at increasing adherence to the Guidelines are
17 needed. Thank you for considering our comments.
18 AICR will also submit detailed written comments
19 that expand on the points made today.

20 OPERATOR: Thank you Commenter 4.
21 Next is Commenter 5. Commenter 5, your line is
22 open.

1 MR. QUARLES: Thank you. I'm Kam
2 Quarles, the CEO of the National Potato Council.
3 We represent the interests of all U.S. commercial
4 potato growers. Potatoes are the most widely
5 grown vegetable in the U.S., with production in
6 over 20 states. Potatoes are so widely produced
7 because they are a nutritional powerhouse,
8 provide a good source of eight different vitamins
9 and minerals, are easily accessible and
10 affordable, and are available in shelf stable
11 forms.

12 Potatoes require minimal processing
13 and can be prepared in any number of ways to suit
14 the general population, including the young and
15 the old. We support the DGA's recommendations to
16 increase vegetable consumption and include more
17 plant-based options in the diet for all age
18 groups.

19 NPC was disappointed to see potatoes
20 missing from the DGA's list of good potassium
21 sources, specifically for birth to 24 months,
22 given the noted challenge in meeting their

1 potassium and iron needs. In fact, one medium
2 potato with the skin provides a good source of
3 potassium, and also contains iron and vitamin C.

4 NPC requests the agencies recommend
5 potatoes as a complementary food across all life
6 stages. We support the Committee's emphasis on
7 dietary patterns, rather than individual foods,
8 but methodological issues with the dietary
9 pattern studies could lead to erroneous
10 conclusions when making references to individual
11 foods. Future dietary patterns research should
12 rise to the DGA's new direction to meet a higher
13 standard of rigor. Further, the agencies should
14 also exercise caution around making statements on
15 the negative health impacts of individual foods.

16 Including potatoes with other
17 vegetables in the school lunch and breakfast
18 programs encourages more vegetable consumption
19 overall. Therefore, the springboard vegetable
20 plays a valuable role within Federal feeding
21 programs.

22 In WIC, potatoes are an expensive and

1 easy source of key nutrients needed during
2 pregnancy. One challenge in these programs is
3 that despite potato benefits, arbitrary vegetable
4 color classification paired with the term starchy
5 is confusing.

6 We encourage the agencies to move away
7 from this subjective metric of color
8 classification and toward one based on nutrient
9 content. An objective metric will better reflect
10 the actual contributions of various vegetables
11 and serve to clearly inform the public. If
12 current vegetable classifications continue, we
13 urge the inclusion of positive language around
14 starchy vegetables to mitigate any negative
15 connotations. In closing, potatoes are a
16 nutrient rich vegetable, fit within multiple
17 healthy dietary patterns, and provide much needed
18 health benefits across various socioeconomic and
19 age groups.

20 Thank you for your attention today and
21 your hard work during this process. We ask the
22 Committees to recognize and reinforce the

1 benefits of potatoes in the new DGAs. Thank you.

2 OPERATOR: Thank you, Commenter 5.

3 Next is Commenter 6. Commenter 6, your line is
4 now open.

5 MS. HIXSON: Good morning. My name is
6 Jessica Hixson, and I am the director of
7 government affairs at SNAC International, which
8 represents over 400 snack food manufacturers and
9 suppliers worldwide.

10 SNAC appreciates the hard work of the
11 DGAC to help draft the updated Dietary Guidelines
12 of America. As highlighted in the DGAC report,
13 the American diet has shifted from a focus on
14 larger meals to that of smaller eating occasions.
15 Each snack is a nutrient-rich opportunity and can
16 be an important part of a healthy diet.
17 Therefore, SNAC was disappointed to see comments
18 from the DGAC encouraging a decrease in snacks
19 within dietary pattern recommendations.

20 Eating patterns that include snacks
21 are beneficial across life stages. Research
22 suggests that adults who consume three meals and

1 two snacks per day have the best overall nutrient
2 intake patterns, compared to those who skipped
3 meals or who omitted snacks.

4 Most Dietary Guidelines around the
5 world recommend two snacks per day for the
6 general population, and the majority suggest at
7 least two, and as many as four snacks per day for
8 children.

9 For children, snacks can be an
10 important vehicle to both facilitate nutrient
11 intake and promote intake from under consumed
12 food groups. For adults, eating patterns that
13 include snacks, despite being varied in food
14 types, play a role in weight reduction and
15 maintenance.

16 With over 70 percent of the U.S. adult
17 population categorized as overweight and/or
18 obese, this is an important consideration. Lack
19 of a consistent definition of snacks and snacking
20 in research poses a hurdle in translating
21 research into dietary guidance and the DGAC's use
22 of the term does not fully capture combinations

1 of foods that are often considered snacks.

2 More and more, snacks are considered
3 mini meals that can provide essential vitamins,
4 minerals, and nutrients between larger eating
5 occasions. SNAC appreciates that the DGAC noted
6 that more research, such as the standardization
7 of terms, is needed in the area of frequency of
8 eating.

9 These will be important before
10 recommendations around frequency of eating can be
11 translated into future dietary guidance. Outside
12 of research considerations for frequency of
13 eating, SNAC would also like to highlight other
14 concerns within the DGAC's recommendation that
15 are not based off robust scientific assessment,
16 including those around sugar.

17 In translating DGAC recommendations to
18 dietary guidance, USDA and HHS should exercise
19 caution considering recommendations that are not
20 supported by the strong evidence or require
21 additional research to make such conclusions. In
22 conclusion, snacks can play an important role in

1 healthy dietary patterns across life stages. Our
2 members continue to innovate across the snack
3 categories to provide nutrient dense, better for
4 you, and healthy options in a variety of portion
5 sizes.

6 SNAC International encourages USDA and
7 HHS to recognize this benefit, protect the role
8 of snack consumption, and refrain from negatively
9 portraying snacks within the 2020-2025 DGA.

10 Thank you for your time.

11 OPERATOR: Thank you, Commenter 6.
12 Next is Commenter 7. Commenter 7, your line is
13 now open.

14 DR. HALEY: Good morning. This is
15 Sean Haley. I'm Dr. Sean Haley. I'm chair of
16 the Alcohol, Tobacco, and Other Drug section of
17 the American Public Health Association. I'm also
18 an assistant professor at the CUNY School of
19 Public Health in New York City.

20 We bring a collective voice in strong
21 support of the Committee's alcohol
22 recommendations and encourage an expansion of one

1 recommendation, given existing and mounting
2 evidence of alcohol's role with cancer. Two
3 quick points about alcohol consumption. First,
4 alcohol is responsible for lots of mortality.
5 Alcohol-related deaths have doubled over the last
6 two decades, such that excessive alcohol
7 consumption is the third leading cause of
8 preventable death in the United States.

9 Second, alcohol use is on the rise.
10 Over the last two decades, we have seen steady
11 increases in alcohol consumption among women and
12 across age and racial ethnic groups, as well as
13 increases in alcohol-related emergency room
14 visits. All of this was turning up when COVID-19
15 arrived.

16 Early results suggest sharp increases
17 in alcohol use among adults who had not
18 previously qualified for a diagnosable condition.
19 Of course, all of this is costly. We would like
20 to lend our support specifically for three
21 proposed changes involving alcohol.

22 First, we strongly concur with the

1 Advisory Committee that no evidence exists to
2 relax current Dietary Guidelines, and there is
3 evidence to tighten them to read, and I quote,
4 for those who drink alcohol, recommended limits
5 are to one drink per day for both women and men,
6 end quote. The evidence on alcohol-related harms
7 is clear. Those who recommend higher thresholds
8 serve no public health interest. Other
9 high-income countries have already tightened
10 alcohol drinking guidelines for men and
11 harmonized those guidelines with those for women.

12 Second, we concur with the Committee's
13 statement, and again, I quote, to not begin to
14 drink alcohol or purposefully continue to drink
15 because you think it will make you healthier, end
16 quote. It is consistent with the World Health
17 Organization's statement that, and again I quote,
18 there is no merit in promoting alcohol
19 consumption as a preventive strategy, end quote.

20 Third, while we agree with the spirit
21 of the Committee's recommendation, and I quote,
22 if you drink alcohol at all levels of

1 consumption, drinking less is generally better
2 for health than drinking more, end quote, we urge
3 the addition of the following to the end of this
4 sentence, but it is best not to drink alcohol,
5 end quote, since alcohol is causally associated
6 with at least six types of cancer, as recognized
7 by both the World Health Organization and our own
8 U.S. government. Thank you for giving me the
9 attention to alcohol in the Dietary Guidelines.

10 OPERATOR: Thank you, Commenter 7.
11 Next is Commenter 8. Commenter 8, your line is
12 open.

13 MS. HANSELMAN: Good morning. My name
14 is Miquela Hanselman, and I'm the manager of
15 regulatory affairs for the National Milk
16 Producers Federation. First, I would like to
17 thank and commend the Advisory Committee for
18 their work on the scientific report.

19 The recognition of low-fat and non-fat
20 dairy in a healthy diet further cements the need
21 for people to consume dairy products across the
22 lifespan. Dairy was associated with many

1 beneficial health outcomes for adults, including
2 reduced risk of hip fractures, decreased risk of
3 cardiovascular disease, favorable outcomes
4 related to body weight and risk of obesity and
5 lower risk of colorectal cancer.

6 Furthermore, the Committee gave a nod
7 to dairy's nutrient density and included it in
8 food recommendations developed for 6 to 24
9 months. We applaud the Committee for maintaining
10 low-fat and non-fat dairy in the healthy eating
11 patterns and for recommending three servings in
12 the healthy U.S. and vegetarian diets, and two
13 servings in the healthy Mediterranean diet. The
14 Committee correctly, in our view, maintained
15 dairy as its own group and did not allow the
16 inclusion of any plant-based beverages or foods,
17 other than fortified soy beverage.

18 However, the Committee did fall short
19 on one topic, the recognition of the newer
20 science on dairy fats. Although we are pleased
21 that the Committee didn't lower the saturated
22 fats daily limit, we wish they had included the

1 newer science on dairy fats in the
2 recommendation.

3 While the Committee did acknowledge
4 the need for more research and analysis on fat
5 sources in food matrices, they failed to include
6 the breadth of science that already exists in
7 this area in their review.

8 For this reason, we urge USDA and HHS
9 to review the scientific literature on dairy
10 foods at all fat levels and draw their own
11 conclusions. The scientific report also stated
12 that 88 percent of Americans are under-consuming
13 dairy. This is startling, given dairy is
14 recognized as a good source for four nutrients of
15 public health concern for ages 1 year and older,
16 including vitamin D, potassium, calcium, and
17 iodine in pregnant women. Dairy is also a great
18 source of protein, which is a nutrient of public
19 health concern for teenage girls. A glass of
20 milk, on average, contains 8 grams of complete
21 proteins.

22 The micronutrient package, paired with

1 the protein milk offers, makes it an invaluable
2 addition to the diet. Lastly, I would be remiss
3 not to discuss the current situation in our
4 country and the increase in food insecurity.

5 Although the Committee didn't comment
6 on the current pandemic, COVID-19, they did
7 repeatedly bring up the need to look at how
8 socioeconomic status impacts a person's nutrition
9 and overall health. Historically, about 1 in 6
10 Americans are food insecure.

11 Now, in light of the pandemic, that
12 number has dramatically escalated. It is
13 important, now more than ever, that people have
14 access to healthy, affordable food. One study
15 found that dairy products were an inexpensive
16 sources of potassium and vitamin D, with cheese
17 and milk being the least expensive source of
18 calcium. Dairy continues to be a nutrient rich,
19 budget friendly option for Americans. As USDA
20 and HHS begin to put together the guidelines, we
21 urge you to follow the lead of the Advisory
22 Committee and maintain dairy's important role in

1 the diet, as well as consider the newer science
2 on milk fat. NMPF appreciates the opportunity to
3 provide these comments, and thank you for your
4 time.

5 OPERATOR: Thank you, Commenter 8.
6 Next is Commenter 9. Commenter 9, your line is
7 open.

8 MS. GARRISON: Good morning. I'm
9 Becky Garrison with the American Pulse
10 Association. Thank you for the opportunity to
11 comment. It may surprise you, but for decades,
12 the Dietary Guidelines have labeled a vegetable
13 category inaccurately, and this year, you have
14 the chance to finally make it right.

15 First, I will begin with a quick
16 terminology lesson. Legumes are a huge and broad
17 category of plants that all grow in pods. Think
18 soybeans, peanuts, fresh beans, fresh peas, as
19 well as dried beans and peas. Sadly, many people
20 are unaware that there is a very specific name
21 for dried beans and peas. That name is pulses.
22 Pulses are the dry, nutritionally dense, edible

1 seeds of beans, peas, lentils, and chickpeas.
2 This also include canned varieties, like canned
3 beans -- like canned black beans, for example.
4 Pulses are an important source of many nutrients,
5 including protein, fiber, potassium, zinc, B
6 vitamins, magnesium, choline, and iron.

7 Despite clear differences between the
8 terms pulses and legumes, the scientific report
9 only used the word pulses one time in all 800
10 pages. Previous editions of the Guidelines have
11 incorrectly referred to pulses as legumes. The
12 most recent edition used the vegetable category
13 name legumes, and in parentheses, beans and peas.

14 Currently, this category only includes
15 kidney beans, pinto beans, white beans, black
16 beans, chickpeas, dry lima beans, split peas,
17 lentils, and green soybeans. With the exception
18 of green soybeans, these foods may technically
19 all be legumes, but they're actually more
20 specifically pulses.

21 We liken this to referring to a milk
22 as a glass of dairy. We know you would never do

1 that, so please stop doing that to pulses by
2 calling them legumes. USDA-HHS, we ask that once
3 and for all, you recognize and acknowledge the
4 food category for what it truly is and name it
5 pulses, not legumes with beans and peas in
6 parentheses. Second, the 2015 Guidelines
7 included eight pages of glossary definitions.

8 Please dedicate a few lines in the
9 2020 glossary to define pulses, so that once and
10 for all, Americans and health professionals can
11 learn the true name of this important food group.

12 The use of this correct verbiage will
13 assist the population in hearing consistent
14 vocabulary and will thereby increase overall
15 understanding to make informed dietary choices
16 within the pulse category.

17 Lastly, consumption of half a cup of
18 pulses per day, or three cups per week, has been
19 associated with decreased risk of cardio
20 metabolic disease, hypertension, obesity, and
21 certain cancers.

22 In the past, three cup recommendations

1 have been reserved only for vegetarian dietary
2 patterns, but we know that all Americans would
3 benefit from higher intakes of pulses.
4 Therefore, we ask that you recommend three cups
5 of pulses per week for all dietary patterns.
6 Please don't repulse us. Include pulses in the
7 2020 Guidelines. Thank you again.

8 OPERATOR: Thank you, Commenter 9.
9 Next is Commenter 10. Commenter 10, your line is
10 open.

11 MS. SILVERMAN: Hi, my name is Jessi
12 Silverman. I am a policy associate and
13 registered dietitian at the Center for Science in
14 the Public Interest, a non-profit consumer
15 advocacy organization that provides science-based
16 food and nutrition advice.

17 Thank you for the opportunity to
18 provide comments today. Overall, the Committee's
19 conclusions reflect a rigorous review of the
20 evidence and most should be adopted without
21 reservations.

22 Specifically, it is critical to uphold

1 the Committee's recommendations regarding, first,
2 the core components of a healthy dietary pattern
3 for Age 2 to older adulthood, including during
4 pregnancy and lactation; second, quantitative
5 limits on saturated fat, added sugars, and
6 alcohol; and third, the duration of exclusive and
7 partial breastfeeding in the first two years of
8 life. CSPI also urges the Departments to
9 consider the following three additional important
10 issues. First, the Departments should advise the
11 public that sugar-sweetened beverages are
12 associated with weight gain. The Dietary
13 Guidelines should include clear advice to drink
14 unsweetened water instead of sugary drinks as a
15 strategy to reduce added sugar consumption and
16 prevent weight gain.

17 The Guidelines should also clarify
18 that low and no-calorie sweetened beverages may
19 be consumed by adults instead of sugar-sweetened
20 beverages, emphasizing that water is preferred to
21 either type of beverage. The Guidelines should
22 also advise against consumption of LNCSBs by

1 children. Second, the Departments should
2 explicitly advise limiting both red and processed
3 meat in the definition of a healthy eating
4 pattern.

5 Both the 2015 and 2020 Committees
6 identified multiple health benefits associated
7 with consuming less red and processed meat as
8 part of a healthy dietary pattern, including
9 reduced risk of cardiovascular disease,
10 colorectal cancer, excess body weight, type II
11 diabetes, hip fracture, negative pregnancy
12 outcomes, and all-cause mortality. Third, for
13 all life stages, the Departments should identify
14 which fish to encourage that are lower in
15 methylmercury and higher in omega-3 fatty acids
16 and which fish to avoid due to their
17 methylmercury content.

18 It would be a mistake to simply defer
19 to recommendations provided by the Food and Drug
20 Administration and the Environmental Protection
21 Agency, as these fail to identify traces that are
22 both lower in methylmercury and higher in omega-3

1 fatty acids.

2 For example, FDA and EPA list cod,
3 light tuna, shrimp, and salmon as best choices,
4 but an individual who switches from eating four
5 ounces per week of cod and light tuna to eating
6 the same amount of salmon and shrimp would more
7 than triple her weekly intake of omega-3 fatty
8 acids, while reducing her methylmercury exposure
9 eight fold.

10 Finally, we urge the Departments to
11 build on the 2015-2020 Dietary Guidelines
12 recommended policy systems and environmental
13 strategies to remove barriers to healthy eating
14 and add strategies to support breastfeeding. To
15 make the Dietary Guidelines applicable in an
16 equitable way, the Departments should pay
17 particular attention to barriers faced by
18 low-income households, Black, Hispanic, and
19 indigenous communities and other socially at-risk
20 populations.

21 For example, there are notable
22 disparities in rate of ever breastfeeding and

1 exclusive breastfeeding at six months by race,
2 income, maternal education, and maternal age.
3 Please refer to our written comments for detailed
4 explanation and additional consideration. Thank
5 you.

6 OPERATOR: Thank you, Commenter 10.
7 Next is Commenter 11. Commenter 11, your line is
8 open.

9 MS. CURTIS: Thank you for the
10 opportunity to speak today. My name is Madeline
11 Curtis, and I am the senior policy associate for
12 the American Academy of Pediatrics, or AAP, a
13 non-profit professional organization of 67,000
14 pediatricians.

15 AAP strongly supports the inclusion of
16 evidence-based dietary guidelines for children
17 from birth to 24 months in the 2020 DGA. Dietary
18 guidelines for this age group will be a crucial
19 resource for pediatricians, parents, and
20 caregivers.

21 While we appreciate the careful
22 evidence review of the DGAC, the lack of

1 sufficient evidence in children, particularly in
2 the first two years of life, and especially
3 including racially and ethnically diverse
4 children, is concerning.

5 We strongly encourage the Federal
6 government to robustly increase its investment in
7 early nutrition research and to prioritize the
8 inclusion of racially and ethnically diverse
9 children.

10 AAP strongly supports the
11 recommendation of the DGAC related to exclusive
12 breastfeeding and introduction of complementary
13 foods. We encourage the 2020 DGA to adopt the
14 message of every bite counts, which we feel
15 relays the importance of carefully choosing
16 complementary foods and beverages.

17 AAP has concerns with the Committee's
18 suggestion that routine iron supplementation of
19 all breastfed infants may not be advisable. This
20 recommendation is against AAP policy and ignores
21 discussion of final outcome. AAP worries that
22 adoption of the Committee's recommendation may

1 lead to denial of coverage for iron
2 supplementation for low-income parents who
3 participate in WIC or Medicaid without costly,
4 uncomfortable blood tests, which will likely
5 result in an increase in iron deficiency anemia.

6 We recommend that the DGA not include
7 a recommendation regarding iron supplementation
8 and, instead, state that iron supplementation
9 needs of infants should be addressed by a
10 physician in accordance with AAP guidance, while
11 addressing the risk versus benefits for each
12 individual child.

13 The recommendations of the DGAC
14 regarding introduction of peanut and egg products
15 are confusing and should be clarified in the DGA.
16 AAP urges USDA and HHS to reword the
17 recommendation of the DGAC to align with the
18 recommendations of the AAP and NIAID that
19 allergens can be introduced as early as between 4
20 and 6 months of age for high-risk infants, and
21 around 6 months for other infants. The DGA
22 should include recommendations regarding

1 consumption of 100 percent fruit juice. AAP
2 recommends that no juice should be offered before
3 6 months of age, and it is best to avoid juice
4 completely until the infant is at least 1. From
5 1 to 3, consumption should not exceed four ounces
6 per day. The DGA should clearly state that cow's
7 milk should not be given to children under 1.

8 For children over 2, AAP supports the
9 DGA's recommendation for a dietary pattern that
10 is higher in vegetables, fruits, nuts, legumes,
11 whole grains, seafood, low and non-fat dairy
12 foods, and unsaturated vegetable oils, while
13 being lower in red and processed meats, saturated
14 fatty acids and cholesterol, and beverages and
15 foods with added sugars. Thank you for the
16 opportunity to speak today.

17 OPERATOR: Thank you, Commenter 11.
18 Next is Commenter 12. Commenter 12, your line is
19 open.

20 DR. RUBIN: Good morning. I'm Dr.
21 Mickey Rubin, executive director of the Egg
22 Nutrition Center, the Science and Education

1 Division of the American Egg Board, which
2 represents America's egg farmers. ENC supports
3 research on the critical role of eggs in a
4 healthy diet. Thank you for the opportunity to
5 offer comments on the DGAC report.

6 Significantly, the Committee highlighted science
7 supporting eggs as a fundamental first food for
8 infants and toddlers. Eggs provide several
9 nutrients noted as important during this time of
10 rapid brain development, including high-quality
11 protein, choline, and iodine.

12 The Committee's thorough review of the
13 science recognized eggs' role in providing these
14 critical nutrients, including eggs in
15 recommendation from the very moment infants are
16 ready for solid foods.

17 While choline is under consumed by
18 most Americans, the Committee noted that this
19 poses special challenges for infants, toddlers,
20 and pregnant women. A recent survey commissioned
21 by ENC showed low levels of awareness of choline
22 amongst both new and expecting mothers and the

1 health professionals who care for them.

2 Over 70 percent of these moms and over
3 40 percent of OBGYNs and pediatricians were
4 unfamiliar with choline. With less than 10
5 percent of pregnant women meeting the adequate
6 intake, this lack of knowledge represents a
7 barrier to adequate choline consumption. These
8 data suggest that the recommendations for choline
9 within the report must be amplified with
10 education and outreach. Related, the report
11 highlighted iodine as a nutrient of public health
12 concern for pregnant women and as a nutrient
13 important for infant brain development.

14 While the report lists several foods
15 that contain iodine, eggs, which contain 20
16 percent of the daily value, were not listed in
17 the foods to help close this nutrient gap.

18 As an excellent source of both choline
19 and iodine, new and expecting moms would benefit
20 greatly from education and outreach on including
21 eggs in their diets to achieve recommendations
22 and support brain development. The report also

1 recommended early introduction of eggs to reduce
2 risk of egg allergy.

3 This conclusion aligns with previous
4 recommendations from the American Academy of
5 Pediatrics. Given older contradictory guidance
6 to avoid early introduction of allergens, it
7 would be especially important to provide clear
8 guidance and education on this new
9 recommendation.

10 The report recognizes eggs can help
11 Americans move towards healthier diet patterns
12 that meet nutrient needs at all ages. In
13 children, the Committee identified the diet
14 quality benefits if energy were to be
15 redistributed from added sugars to the protein
16 group, highlighting eggs as a preferred nutrient
17 dense option. In pre-teen and adolescents,
18 particularly girls, eggs were encouraged for
19 their protein and choline content. Older adults
20 were noted for poor nutritional status related to
21 protein and vitamin B12, two nutrients for which
22 eggs provide greater than 10 percent of the daily

1 value.

2 Eggs also were identified as one of
3 the few natural food sources of vitamin D, a
4 nutrient of public health concern for all
5 Americans. This report represents a tremendous
6 step forward in helping Americans build healthy
7 diets at every age.

8 Egg Nutrition Center stands ready to
9 be a partner in educating the public about the
10 Dietary Guidelines and how eggs, as a nutrient
11 dense food, contribute to health and wellbeing at
12 every age and life stage in a variety of ways.
13 We look forward to providing additional
14 information through written comments. Thank you.

15 OPERATOR: Thank you, Commenter 12.
16 Next is Commenter 13. Commenter 13, your line is
17 open.

18 MS. REINHARDT: Thank you, and good
19 morning. My name is Sarah Reinhardt. I'm a
20 public health dietitian and the lead analyst of
21 food systems and health at the Union of Concerned
22 Scientists in Washington, D.C.

1 I want to first thank the staff and
2 leadership of the USDA and HHS for the work that
3 you've done to make this process transparent and
4 accessible to the public.

5 As you begin the work of developing
6 the 2020-2025 Dietary Guidelines for Americans,
7 I'd like to underscore the critical importance of
8 incorporating all evidence-based recommendations
9 from the Committee's report in identifying
10 actionable steps to ensure effective
11 implementation of the Guidelines based on the
12 Committee recommendations.

13 Our top three priorities at UCS are as
14 follows. First, the Dietary Guidelines must
15 clearly communicate the scientific conclusions
16 reached by the Committee. This includes findings
17 that healthy diets contain low levels of red and
18 processed meat, that added sugar intake should be
19 limited to 6 percent or less of daily calories,
20 except in the case of infants and children under
21 2, who should not consume foods and beverages
22 with added sugar, and that exclusive

1 breastfeeding should be encouraged and supported,
2 particularly during the first six months of life.

3 Should the agencies choose to omit any
4 Committee recommendations in full or in part, we
5 request that they provide detailed rationale for
6 doing so, as recommended by the National
7 Academies of Science, Engineering, and Medicine.

8 Second, the Dietary Guidelines must
9 identify complementary programs and policies to
10 support healthy food access and address the root
11 causes of health disparities.

12 Like previous editions, the 2025
13 Dietary Guidelines should continue to apply a
14 socioecological framework and support policy,
15 systems, and environmental approaches that
16 consider the cultural norms, environments, and
17 other contextual factors that shape healthy
18 eating patterns. This includes the
19 acknowledgment and discussion of the relationship
20 between poverty, racism, and diet-related health
21 disparities. We will also be advocating for
22 substantial investments in the implementation of

1 the Dietary Guidelines to help ensure that the
2 Guidelines reach the populations that need them
3 the most.

4 Third, the USDA and HHS must support
5 the long-term sustainability of the food system
6 in the implementation of the 2020-2025 Dietary
7 Guidelines.

8 The Committee states that long-term
9 maintenances of healthy intakes requires
10 long-term support of associated food systems and
11 directs Federal agencies to support efforts to
12 consider the Dietary Guidelines in relation to
13 sustainability of the food system.

14 We urge the USDA and HHS to work with
15 leading experts to identify the actions it will
16 take to follow the Committee's advice, and we
17 look forward to further communication on the
18 subject. We thank you for the opportunity to
19 provide these comments.

20 OPERATOR: Thank you, Commenter 13.
21 Next is Commenter 14. Commenter 14, your line is
22 open.

1 MR. ZAKHARI: Good morning. My name
2 is Sam Zakhari, and I am presenting, today,
3 serious concerns about the DGAC proposal to
4 change the decades old evidence-based definition
5 of moderate drinking.

6 These concerns are founded on my more
7 than 40 years of expertise, including as head of
8 the NIAAA research portfolio on moderate
9 drinking, which I founded and advanced beginning
10 nearly three decades ago.

11 I bring this expertise and scientific
12 knowledge to my current role as a science advisor
13 to the Distilled Spirits Council of the United
14 States. My opinions remain, as always, founded
15 on the deepest commitment to scientific rigor and
16 ethics.

17 As the Committee's systematic review
18 reaffirms, the preponderance of evidence shows
19 that light to moderate alcohol consumption, as
20 defined in the 2015 DGA, presents little health
21 risk for most adults and is, in fact, associated
22 with reduced all-cause mortality.

1 To quote the scientific report,
2 approximately half of the studies reported
3 significant findings that low/average alcohol
4 consumption was associated with reduced risk of
5 all-cause mortality compared with never drinking
6 alcohol. Only two studies reported that low
7 alcohol consumption was significantly associated
8 with greater all-cause mortality compared to
9 never drinking alcohol.

10 The Committee's systematic review
11 included just one study that examined the
12 differences among men consuming one versus two
13 drinks per day.

14 The Committee reliance on a single
15 study -- I repeat, a single study -- with an
16 extra view to justify halving the daily guidance
17 for men and contradicting the true preponderance
18 of scientific evidence defies logic.

19 The Committee's conclusions on alcohol
20 consumption and all-cause mortality reflect
21 significant procedural and analytical errors.
22 The Committee repeatedly violated its systematic

1 review protocol, establishing parameters for
2 inclusion and exclusion of evidence.

3 Thus, the Chapter 11 relies heavily on
4 evidence excluded from or not addressed in the
5 systematic review, lacks proper and convincing
6 citations, and comments on matters exceeding the
7 purview of dietary guidance. As a result, the
8 Committee's proposal to change the definition of
9 moderate drinking is seriously flawed and is not
10 supported by a preponderance of evidence. One
11 study cannot change the preponderance of
12 scientific evidence accumulated over more than 40
13 years and reaffirmed by previous DGACs.

14 The 2020 DGAC proposal, therefore,
15 should not be included in the 2020 DGA, which
16 should, instead, retain the definition of
17 moderate drinking contained in the 2015 DGA.

18 Thank you.

19 OPERATOR: Thank you, Commenter 14.
20 Next is Commenter 15. Commenter 15, your line is
21 now open.

22 Please go ahead, caller. Your line is

1 open.

2 (No response.)

3 OPERATOR: We move on to Commenter 17.

4 Please go ahead.

5 MR. MCGREEVY: Yes, this is Jim
6 McGreevy, good morning -- Jim McGreevy from the
7 Beer Institute. Thank you for the opportunity to
8 provide my perspective today. I'm here on behalf
9 of the more than 2.1 million Americans who owe
10 their livelihood to our nation's beer industry,
11 including the more than 38,000 agricultural
12 workers, from hops farmers in Washington State to
13 rice growers in Arkansas, to barley growers in
14 the Rocky Mountains.

15 I have two questions for the panel.
16 Will you base your recommendations in the Dietary
17 Guidelines on a preponderance of the evidence, or
18 will you establish a new precedent that the
19 Advisory Committee can disregard its charter and
20 base recommendations outside the standards set by
21 NESR?

22 For three decades, the Dietary

1 Guidelines for Americans have defined moderate
2 alcohol consumption as up to one drink a day for
3 women and up to two drinks a day for men.

4 Without question, the science identified by the
5 NESR's systematic review supported continuation
6 of the current consumption guidelines for
7 alcohol.

8 However, the Beverages and Added
9 Sugars subcommittee acted outside the parameters
10 set forth by the Department of Agriculture and
11 did not follow the standards for systematic
12 review. The decision to have the moderate
13 consumption guidelines for men dropped to one
14 drink a day disregards the evidence in the
15 systematic review in favor of ungraded, out of
16 scope references in conflict with the Committee's
17 responsibilities under the 2020 charter.

18 Dr. Eric Rimm, who chaired the DGAC
19 Alcohol subcommittee in 2010, and at that time
20 led the last extensive scientific review, summed
21 up, in a recent -- summed it up in a recent news
22 article.

1 The science has not changed in the
2 last five years. Thus, I think the Committee got
3 it wrong. Adopting this recommendation in the
4 final Dietary Guidelines will only create
5 confusion. My request to you is simple.
6 Maintain the current moderate consumption
7 guidelines for alcohol.

8 Keeping the current guidelines will
9 send a clear message that you support the
10 recommendation from the National Academy of
11 Sciences on how best to conduct scientific
12 reviews. You will ensure clarity because the
13 preponderance of science will set the foundation
14 for the Dietary Guidelines for Americans. Beer
15 is enjoyed responsibly by millions of adults
16 every day. In fact, overall alcohol consumption
17 has not been higher during the COVID-19 period.
18 Basing the Dietary Guidelines in eligible science
19 in the NESR systematic review will mean Americans
20 can trust the recommendations for how they should
21 continue to enjoy alcohol in moderation if they
22 choose to drink at all. Thank you.

1 OPERATOR: Thank you, Commenter 17.

2 We now move to Commenter 18. Commenter 18, your
3 line is now open.

4 MS. BACKUS: Good morning. I'm Susan
5 Backus with the North American Meat Institute,
6 whose members produce the vast majority of U.S.
7 beef, pork, lamb, and poultry, in addition to the
8 equipment, ingredients, and services needed to
9 produce the safest and highest-quality products.

10 Meat and poultry products play an
11 important role in a healthy, well-balanced diet.
12 The Meat Institute appreciates the opportunity to
13 provide comment on the scientific report of the
14 2020 Dietary Guidelines Advisory Committee. The
15 Guidelines must be clear about the role of meat
16 and poultry in healthy dietary patterns. The
17 overall conclusions of the report regarding meat
18 and poultry intake are inconsistent and could
19 have adverse unintended consequences if the
20 findings are not translated effectively. The
21 report notes that protein foods are generally
22 consumed in the range of recommended amounts.

1 Yet, there are certain populations
2 where specific nutrients and components pose
3 public health challenges, like adolescent girls
4 and older adults who have low intakes of protein
5 and vitamin B12.

6 Additionally, the report finds animal
7 source foods, including red meat, should be
8 prioritized for their nutrient contribution at
9 certain life stages, like complementary feeding
10 and pregnancy, respectively.

11 These findings, combined with the
12 dietary patterns conclusions that healthy
13 patterns are lower in red and processed meats,
14 are confusing and provide mixed messages.

15 USDA and HHS have the opportunity to
16 translate the report's findings into clear,
17 concise language that demonstrates the role meat
18 and poultry can play in healthy dietary patterns.
19 The meat and poultry industry provides diverse
20 products to meet consumers' preferences and
21 expectations. Across the lifespan, nutrient
22 needs vary widely due to each individual's

1 disease status, age, preferences, and there are
2 unprocessed and processed meat and poultry
3 products available to meet everyone's individual
4 nutrient and lifestyle needs.

5 For example, there are more than 40
6 roast beef, 300 sliced turkey, and 250 ham
7 options available that meet low or reduced fat or
8 sodium, American Heart Association certified,
9 organic or natural claims. These are just a few
10 examples of the nutrient dense meat and poultry
11 offerings available.

12 The Dietary Guidelines should be
13 practical, affordable, and achievable. This
14 common sense approach incorporates a broad range
15 of foods to meet nutrition needs over time and
16 allow dietary choices based on taste and cultural
17 preferences, health and economic status, and food
18 availability.

19 As articulated in the report, given
20 the differential patterns within the food groups
21 by age, race, ethnicity, and income, messages
22 could be tailored to meet people where they are,

1 to help them make small positive shifts.
2 Inherent in this is that there's no one diet or
3 food group or individual food to consume or
4 avoid, but rather that it's possible to make any
5 number of changes to move toward a similar
6 healthy end.

7 In conclusion, the benefits of meat
8 and poultry consumption as part of healthy,
9 balanced dietary patterns cannot be overstated,
10 especially in vulnerable population groups.
11 Additional insights on the report will be
12 included in the Meat Institute's written
13 comments. Thank you.

14 OPERATOR: Thank you, Commenter 18.
15 We move back to our commenter at 16. Commenter
16 16, please go ahead.

17 MS. JACK: Thank you. Good morning.
18 I am Dr. Maia Jack of the American Beverage
19 Association, or ABA, representing the
20 non-alcoholic beverage industry.

21 ABA shares the public health goal to
22 reduce the risk of preventable diseases, such as

1 obesity, through improved dietary patterns. A
2 common sense, science-based approach to nutrition
3 advice, one that is centered on moderation,
4 balance, flexibility, and choice, would help
5 advance this important public health goal. We
6 wish to make six points. First, we support the
7 Committee's recognition of the benefits juices,
8 milk, and coffees with no added sugars offer
9 Americans to achieve food group and nutrient
10 recommendations.

11 Second, we support avoidance of
12 sugar-sweetened beverages in toddlers up to two
13 years of age. Third, the Committee identifies
14 portion balance as key to achieving dietary
15 recommendations.

16 To help consumers moderate the sugar
17 they get from beverages, ABA members are offering
18 more beverages in smaller portion sizes and have
19 greatly extended beverage options with less or
20 zero sugar, in part through ABA member companies'
21 ambitious voluntary initiatives to see their
22 sugar-sweetened beverage consumption trends

1 continue their downward decline.

2 We encourage the agencies to support
3 a framework that prioritizes food choice and
4 portion balance over restrictions. Fourth, ABA
5 supports the Committee's recommendations to
6 acknowledge low and no-calorie sweeteners as a
7 useful aid in weight management, especially since
8 obesity problems continue to rise. Importantly,
9 the Committee notes that replacing
10 sugar-sweetened beverages with water or other
11 beverages that do not contribute energy could
12 help with reduced energy balance.

13 The agencies are encouraged to
14 maintain or increase the 2015 Committee's low and
15 no-calorie sweetener's strength of evidence for
16 moderate. More than 20 high-quality, gold
17 standard randomized clinical trials in both
18 children and adults that met the inclusion
19 criteria were not considered this year.

20 Moreover, a Public Health England
21 scientific body reinforces the positive role low
22 and no-calorie sweeteners play in sugar reduction

1 and weight maintenance, while the European Food
2 Safety Authority recognizes value in blood sugar
3 control.

4 Research also shows that these
5 consumers have improved diet quality. Fifth, ABA
6 encourages the agencies to maintain current added
7 sugars target at 10 percent of total calories,
8 which still remains an ambitious goal, consistent
9 with recommendations from FDA's 2016 final rule
10 and the last set of Dietary Guidelines. There
11 were no meaningful differences in output between
12 the past two Committees' food pattern modeling
13 analyses and no significant new science on the
14 topic.

15 Also, both FDA and the agencies
16 previously based the feasibility of their 10
17 percent target on Americans' current consumption
18 of added sugars, which remain similar at 13
19 percent.

20 Finally, so that trends from 2015 can
21 be monitored, the agencies should strive for
22 consistent presentation across and within the

1 Dietary Guidelines for the sake of accuracy and
2 transparency. Examples include beverage
3 terminology, beverage categorizations, data
4 analytics documentation, an illustration of
5 beverage energy and added sugars in the context
6 of the total diet.

7 More details will be provided in our
8 written comments. In summary, the ABA and its
9 member companies are committed to practices that
10 provide transparent and accurate information
11 about its beverages. Thank you.

12 OPERATOR: Thank you, Commenter. We
13 take our Commenter 19. Please go ahead. Your
14 line is open.

15 MS. BIRCH: Good morning. I am
16 Darlena Birch, senior public health nutritionist
17 at the National WIC Association. NWA is the
18 non-profit education arm and advocacy voice of
19 the WIC program, the over 6 million mothers and
20 young children served by WIC and the 12,000
21 service provider agencies who are the front line
22 of WIC's public health nutrition services for the

1 nation's nutritionally at-risk mothers and young
2 children.

3 NWA respectfully submits these
4 comments on the scientific report of the 2020
5 Dietary Guidelines Advisory Committee prepared
6 for the 2020 through 2025 Dietary Guidelines for
7 Americans.

8 For Chapters 2 and 3 of the Advisory
9 report, NWA would like to comment on: 1)
10 seafood; and 2) breastfeeding and alcohol
11 consumption for the pregnancy and lactation life
12 stage. One, seafood. Although NWA supports the
13 Committee's concurrence with existing consumption
14 recommendations, NWA urges the Departments to
15 provide specific advice on which fish are lower
16 in methylmercury and higher in omega-3 fatty
17 acids. Two, breastfeeding and alcohol
18 consumption. NWA supports the advisory report's
19 recommendation to encourage women to follow
20 guidance from the 2015 DGAC and from the American
21 Academy of Pediatrics.

22 However, guidance from the 2015

1 advisory report does not align with those
2 provided by other breastfeeding authorities,
3 including the AAP and the Academy of
4 Breastfeeding Medicine. NWA urges the DGAC to
5 explore this further.

6 For Chapters 5 and 6 of the advisory
7 report, NWA would like to comment on
8 complementary feeding for the birth through
9 24-month life stage. In relation to what to
10 feed, NWA would like to address safety of rice
11 consumption due to arsenic concerns.

12 The advisory report did not address
13 the safety of rice consumption, and thus NWA
14 encourages the next DGAC to explore this topic.
15 Introduction of allergy-induced foods in the
16 first year of life. NWA concurs with the
17 conclusions drawn by the advisory report,
18 particularly that caregivers introduce peanut
19 products between ages 6 and 12 months. NWA
20 proposes that this advice be accompanied by
21 guidance for those at high risk of an allergic
22 response. Beverage intake for infants and

1 children. NWA supports the recommendation for
2 young children to avoid intake of beverages with
3 added sugars.

4 NWA proposes that flavored milks be
5 explicitly labeled as beverages to avoid. While
6 the evidence for avoiding or limiting juice is
7 less clear, NWA encourages future DGACs to
8 further explore this topic.

9 For how to feed, NWA encourages the
10 next DGAC to explore the following:
11 appropriateness of baby-led weaning versus
12 traditional weaning practices; usage of sippy
13 cups and how it impacts child's weight; impact of
14 food pouches on infants' and toddlers' motor
15 development.

16 Regarding Chapter 10 for children 2 to
17 18 years of age, NWA would like to comment on the
18 role of dairy fats, such as 1 percent milk, in
19 brain development. Although the advisory report
20 did not address the role of dairy fats in brain
21 development and was unable to establish a
22 relationship between them and adiposity in

1 children, such research is important for updating
2 the science upon which the WIC food package and
3 nutrition education is based. The National WIC
4 Association greatly appreciates the work that the
5 DGAC has undertaken.

6 We look forward to the publication of
7 the upcoming Dietary Guidelines for all Americans
8 that include important guidance for the
9 population that WIC serves. Thank you.

10 OPERATOR: Thank you, Commenter 19.
11 We will move back to Commenter 15. Commenter 15,
12 your line is now open.

13 MS. HENCHY: Thank you. Good morning.
14 My name is Gerry Henchy. The Food Research and
15 Action Center appreciates the opportunity to
16 provide comments in response to USDA's and HHS's
17 request for comments on the scientific report of
18 the 2020 Dietary Guidelines Advisory Committee.

19 FRAC is a research, policy, public
20 education, and advocacy center working for more
21 effective public and private policies to
22 eradicate hunger and improve the nutrition and

1 health of low-income individuals and families.
2 Today, I'll cover just several of FRAC's
3 recommendations on creating the 2020-2025 Dietary
4 Guidelines based on the Committee's report. No.
5 1, FRAC fully supports the Committee's life
6 stages approach to the next edition of the
7 Dietary Guidelines for Americans and the
8 comprehensive recommendations for pregnant women,
9 infants, and toddlers from birth to 24 months.

10 FRAC also fully supports the
11 Committee's encouraging USDA and HHS to examine
12 topics such as food insecurities of food
13 environments in the overall food access and
14 systems to support and improve dietary intake
15 among Americans.

16 FRAC agrees with the Committee and
17 urges HHS and USDA to focus on food insecurity
18 and equity when updating the Dietary Guidelines.
19 As the Committee points out in their letter, and
20 as we have heard from other speakers, the
21 problems of food insecurity and poverty have
22 become even more important during the Coronavirus

1 pandemic.

2 The pandemic presents a twin threat to
3 public health and the economy. There has been an
4 unprecedented rise in food insecurity. One in
5 four adults are experiencing food insecurity, and
6 communities of color have been disproportionately
7 impacted. Fully 38 percent of Black individuals
8 with children are experiencing food insecurity,
9 and 37 percent of Hispanic individuals with
10 children.

11 This is pushing many families who had
12 not been struggling before the pandemic into food
13 insecurity. Nutrition and the Federal nutrition
14 programs are vitally important during the
15 pandemic, but also in its aftermath, which is
16 going to last a long time from an economic point
17 of view most likely.

18 To be effective, the 2020-2025 Dietary
19 Guidelines recommendations must reflect the
20 realities of these daily struggles. The Dietary
21 Guidelines are the cornerstone of, really, all
22 the food and nutrition policy and communication,

1 including nutrition standards from the Federal
2 nutrition programs.

3 The results of the 2020 Committee's
4 scientific report show that as diet quality
5 improves, health and wellness also improve. This
6 finding serves as an indicator to us that the
7 thrifty food plan for SNAP should be enhanced,
8 and that the school meal standard should not be
9 rolled back. This is what's going to be
10 necessary to ensure diet quality of program
11 participants is maximized.

12 Analysis from FRAC concluded that SNAP
13 benefits are inadequate, in part because they are
14 based on the currently impractical thrifty food
15 plan, which, among other flaws, does not account
16 for the variety called for in the Dietary
17 Guidelines.

18 In addition, we think that these
19 recommendations are going to help for the WIC and
20 CACFP programs, and we just heard before from the
21 National WIC Association on WIC.

22 In conclusion, I would like to thank

1 the Committee and USDA and HHS for all the hard
2 work that went into this report and this process,
3 and this opportunity, again, to speak publicly.
4 For additional details on FRAC's comments, we
5 will be submitting a full set of written comments
6 tomorrow. Thank you.

7 OPERATOR: Thank you, Commenter 15.
8 Next is Commenter 20. Commenter 20, your line is
9 now open.

10 MS. KENDALL: Greetings. This is
11 Karima Kendall, a registered dietitian
12 representing the Calorie Control Council, which
13 is an international association representing
14 manufacturers and end users of low and no-calorie
15 ingredients, foods, and beverages, including
16 dietary fiber and sweeteners.

17 CCC promotes open dialogue between its
18 members in scientific and regulatory
19 organizations, health professionals, and consumer
20 groups on topics related to the benefits and
21 appropriate use of these ingredients.

22 As the agencies develop the final

1 2020-2025 DGA, CCC will request the following
2 messages are clearly communicated. The term low
3 and no-calorie sweeteners should be used
4 consistently in the 2020 DGA.

5 The use of the terms high-density
6 sweeteners and artificial sweeteners to classify
7 this category of ingredients is inaccurate. CCC
8 supports the proposal by DGAC member Dr. Richard
9 Mattes to standardize the term low and no-calorie
10 sweeteners, or LNCS, in order to align all
11 stakeholders on communicating the appropriate use
12 of these ingredients. Second, the science of low
13 and no-calorie sweetened beverages in weight
14 management is clear. They are, indeed, the
15 better choice compared to sugar-sweetened
16 beverages when looking to reduce calories and
17 manage body weight. We appreciate the
18 Committee's acknowledgment of the utility of LNCS
19 sweetened beverages in weight management among
20 adults.

21 However, the characterization of the
22 evidence is limited, but viewed as sufficient,

1 stops short of definitively highlighting these
2 ingredients as effective tools in weight
3 management.

4 The consistent positive association
5 between LNCS and weight management noted across
6 the body of evidence, which includes evidence
7 from randomized clinical trials, raises the level
8 of confidence in these findings and should be
9 clearly reflected in the DGA.

10 Additionally, LNCS should be
11 recognized as a safe and practical means for
12 reducing added sugars in a diet, a key
13 recommendation from the 2020 DGAC. Finally, the
14 DGA should align with the FDA's new definition
15 and list of approved dietary fibers in order to
16 help consumers achieve the dietary fiber
17 recommendations. As dietary fiber was once again
18 identified as a nutrient of concern, it is
19 important to communicate the importance of a high
20 fiber diet, inclusive of sources that extend
21 beyond cereals, grains, fruits, and vegetables.

22 The 2020 DGA should recommend that

1 Americans consume fiber from a variety of
2 sources, including fiber-enriched products, using
3 the nutrition fact label and the ingredient list
4 as a guide.

5 Additionally, the FDA has finalized
6 its definition of dietary fiber and announced the
7 addition of nine non-digestible carbohydrates
8 that meet their definition.

9 This change allows these fibers to be
10 counted in the calculation of total fiber per
11 serving for declaration on the nutrition fact
12 label and supplement facts label, making it
13 easier for consumers to meet the daily
14 recommended amount of dietary fiber.

15 CCC appreciates your consideration of
16 these comments. LNCS and dietary fiber remain
17 important and beneficial tools in helping
18 consumers reduce their intake of added sugar,
19 bridge the fiber gap, manage their weight, and
20 manage chronic conditions. It is critical that
21 the 2020 DGAs reflect this understanding to help
22 Americans meet dietary recommendations and live a

1 healthier and more balanced lifestyle.

2 OPERATOR: Thank you, Commenter 20.

3 Next is Commenter 21. Commenter 21, your line is
4 now open.

5 MS. GARREN: Hello. My name is Donna
6 Garren, executive vice president of science and
7 policy for the American Frozen Food Institute, or
8 AFFI. Thank you for this opportunity to share
9 AFFI's perspective and insights during this
10 critical period of translating the 2020-2025 DGAC
11 scientific report into the Dietary Guidelines for
12 Americans policy document.

13 AFFI is the voice of the frozen food
14 industry as the national trade association that
15 advances the interests of all segments of the
16 frozen food and beverage industry throughout the
17 U.S. and globally.

18 Today, I want to center my comments
19 around three main imperatives, including the need
20 to: 1) facilitate all Americans in adopting
21 healthy eating patterns; 2) increase intake of
22 fruits and vegetables starting early in life; and

1 3) address common misperceptions about frozen
2 food. Perhaps the most important public health
3 goal is to support consumers in meeting fruit and
4 vegetable recommendations.

5 This is punctuated by the statistics
6 in this DGAC report that 9 in 10 of all Americans
7 do not eat the recommended amounts of fruits and
8 vegetables, and that higher fruit and vegetable
9 consumption is associated with lower levels of
10 obesity.

11 Across the lifespan, mean energy
12 intake among children ages 1 to 18 years was
13 significantly lower among those who ate frozen
14 fruits and vegetables. Frozen foods have a key
15 role to play in helping Americans meet fruit and
16 vegetable recommendations, maintain a healthy
17 weight, achieve better diet quality while being
18 affordable, and consumption results in minimal
19 food waste.

20 Yet, frozen foods are often
21 misunderstood and maligned. Shoppers
22 consistently point to the affordability, quick

1 and easy preparation, ease of storage, and
2 reduced waste as key reasons to purchase and
3 consume frozen foods. In addition, menu modeling
4 shows that diets that include 95 percent frozen
5 food can meet MyPlate food group recommendations
6 for grains, fruits, and vegetables, as well as
7 nutrient recommendations for calories, fat,
8 saturated fat, sodium, fiber, vitamin A, vitamin
9 C, and calcium.

10 Further, NHANES data indicates that
11 frozen fruit and vegetable consumers not only eat
12 more fruits and vegetables overall, but also have
13 diets higher in fiber, potassium, calcium, and
14 vitamin D, compared to non-consumers.

15 We are in an unprecedented period in
16 our history from a public health and food
17 security perspective. Historically, frozen foods
18 have been an indispensable source of affordable
19 and non-perishable nutrients, but especially
20 during the COVID-19 pandemic.

21 It is critical that future dietary
22 policies do not limit options when supporting

1 consumers in eating healthfully. Rather,
2 consumers should be encouraged to make healthful
3 choices in the frozen food aisle, particularly
4 given the critical role that frozen foods play in
5 helping consumers get closer to DGA nutrition
6 recommendations. On behalf of the frozen food
7 industry, we look forward to working with the
8 government to facilitate and support Americans in
9 closing the gap between current and recommended
10 dietary patterns. We look forward to sharing
11 more of our perspective on frozen foods and
12 meeting dietary recommendations in our written
13 comments that will be sent in tomorrow. Thank
14 you for this time.

15 OPERATOR: Thank you Commenter 21.
16 Next is Commenter 22. Commenter 22, your line is
17 open.

18 DR. SCIMECA: Good morning. I am Dr.
19 Joseph Scimeca, senior vice president of
20 regulatory and scientific affairs with the
21 International Dairy Foods Association in
22 Washington, D.C.

1 IDFA is a membership organization that
2 represents dairy cooperatives, processors,
3 retailers, and suppliers who process 90 percent
4 of the nation's milk into nutritious products
5 such as infant formula, cheese, yogurt, ice
6 cream, and dairy ingredients.

7 Good nutrition is a foundation of
8 health and wellness for adults and children
9 alike. Dairy is a crucial part of a healthy
10 diet, beginning at a very young age. There's no
11 equal replacement for dairy, which contains
12 essential nutrients, such as protein, calcium,
13 vitamin D, and potassium.

14 Milk is a key component of diets
15 associated with improved bone health and lower
16 risk for cardiovascular disease and obesity.

17 IDFA was pleased to see the Dietary Guidelines
18 Advisory Committee report affirm the unmatched
19 health and nutritional benefits that dairy
20 products provide to people of all ages.

21 However, as the Committee pointed out,
22 dairy is still under consumed by nearly all

1 Americans, meaning that people are missing out on
2 the important nutrition that dairy provides.
3 Recommendations in the 2020-2025 DGA will help
4 Americans make more informed food and beverage
5 choices that increase their consumption of dairy
6 and improve nutrition.

7 We urge the Departments to include
8 some of the Committee's key findings on dairy in
9 the final DGA. First, the Committee confirmed
10 dairy products as an independent food group due
11 to their unique combination of core nutrients.
12 The data analysis conducted by the Committee
13 confirmed that dairy is among the top sources of
14 calcium, vitamin D, and potassium. Second, the
15 Committee confirmed Americans aged 9 and older
16 should consume three servings of dairy per day as
17 part of both the Healthy US-Style and Healthy
18 Vegetarian eating patterns.

19 Third, the Committee identified a diet
20 including low-fat and fat-free dairy, alongside
21 legumes, whole grains, fruits, and vegetables, as
22 the ideal, healthy dietary pattern for all ages,

1 associated with positive health outcomes.

2 Finally, we commend the Committee for
3 making recommendations for infants and toddlers.

4 The Committee report held that as infants begin
5 to eat complementary foods, in addition to
6 formula or breastmilk, it is important that dairy
7 foods, such as yogurt and cheeses, be among those
8 first foods introduced to infants between 6 and
9 12 months of age.

10 Disappointingly, the Committee did not
11 consider, nor include reference to, many
12 important studies regarding the consumption of
13 dairy products at various levels of milk fat
14 content. This is curious considering the DGAC
15 report indicated that there is an important
16 growing body of evidence on the favorable
17 cardiovascular disease outcomes related to
18 specific types of fatty acids, food matrices, and
19 specific sources of fat.

20 This is an important area that should
21 have been considered by the Committee, since
22 there is growing evidence to support a positive

1 health path of milk fat that is different from
2 other saturated fats.

3 Although we included reference to
4 these studies in our original written comments,
5 we are again highlighting the growing body of
6 evidence supporting the health value of dairy
7 fat, including the appropriate scientific
8 references, with our written comments to be
9 submitted by Thursday, August 13th. We
10 appreciate this opportunity to provide these oral
11 comments. Thank you very much.

12 OPERATOR: Thank you, Commenter 22.
13 Next is Commenter 23. Commenter 23, please go
14 ahead.

15 MR. JOHNSON: Hi, everybody. My name
16 is Guy Johnson, executive director of the
17 McCormick Science Institute. If you've heard our
18 previous testimony, you know that one of our
19 favorite words is flavor. That's because 87
20 percent of adults cite flavor or taste as the
21 most important factor they rely on in deciding
22 what foods to buy and consume, according to the

1 most recent data from IFIC.

2 Now, it's interesting that the Dietary
3 Guidelines Advisory Committee agrees. Just a
4 couple of examples from their report, I quote,
5 taste and cost have been reported as primary
6 drivers of food choice, also up-to-date nutrition
7 advice in the Dietary Guidelines can help improve
8 the health of Americans by encouraging food and
9 beverage choices that are affordable and
10 enjoyable, among others.

11 We could not agree more. Fortunately,
12 spices and herbs can add flavor to foods without
13 any of the negatives. The current Dietary
14 Guidelines recognize this when they recommend,
15 quote, flavor foods with herbs and spices instead
16 of salt.

17 Obviously, it's important to continue
18 this message, but it's just the tip of the
19 iceberg. Data from MSI-funded, peer-reviewed
20 studies show that spices and herbs can also
21 partially or fully compensate for the loss of
22 flavor in foods reduced in saturated fat by 60 to

1 65 percent and also added sugars by a third. In
2 addition, vegetable consumption in an inner-city
3 high school cafeteria of low-income students
4 increased by 15 to 20 percent just by increasing
5 the flavor with added spices and herbs.

6 These are just a couple of examples,
7 and many more are provided in our written
8 comments. What are we waiting for? Flavor could
9 really be our best shot to increase public
10 health.

11 We believe that flavor-based messages
12 in the policy document would inspire nutrition
13 educators and other members of the professional
14 community and provide incentives to industry to
15 develop and promote more flavorful healthy foods
16 that can really make a difference in public
17 health.

18 Please follow the Committee's lead
19 about including flavor when you draft the new
20 Dietary Guidelines for Americans. The
21 opportunity is now. Thank you so much.

22 OPERATOR: Thank you, Commenter 23.

1 Next commenter is 24; 24, please go ahead.

2 (No response.)

3 OPERATOR: Commenter 24, your line is
4 now open.

5 MS. REINHARDT KAPSAK: Hello?

6 OPERATOR: Please go ahead. Your line
7 is open.

8 MS. REINHARDT KAPSAK: Hello?

9 OPERATOR: Please go ahead, Commenter
10 24. Your line is open.

11 MS. REINHARDT KAPSAK: Hello? Hello?

12 OPERATOR: Please go ahead. Please go
13 ahead, Commenter 24. You may provide your
14 comments.

15 MS. REINHARDT KAPSAK: Hello? Hello?

16 OPERATOR: Apologies. We are going to
17 move to Commenter 25. Please, Commenter 25, your
18 line is now open.

19 MS. ZELMAN: Hello. My name is
20 Kathleen Zelman. I'm a registered dietitian and
21 a nutrition communicator. I'm also an advisor to
22 the Distilled Spirits Council. Good morning, and

1 thank you for the opportunity to present
2 comments. Also, thank you to HHS and USDA for
3 your service. The Dietary Guidelines are
4 arguably the most important roadmap, as Secretary
5 Lipps noted, the cornerstone that we use to
6 promote public health, and it's vital that every
7 recommendation be based on the preponderance of
8 evidence. This morning, I take issue with the
9 advisory report's recommendation to change the
10 definition of moderation of alcohol for men for
11 multiple reasons.

12 Of note, I consulted my colleague, Dr.
13 Eric Rimm, former member of the 2010 Advisory
14 Committee and Harvard nutrition and alcohol
15 researcher. My first point is that there's no
16 new evidence to support the recommendation. This
17 has been echoed by previous commenters.

18 Both the 2010 and the 2015 Dietary
19 Guideline recommendations on moderate drinking
20 are based on scientifically valid studies that
21 were conducted using the widely accepted protocol
22 of comparing moderate drinkers to those who

1 abstain.

2 The current report is based on only
3 one alcohol study that compared those who consume
4 one versus two alcoholic drinks and did not
5 compare differences to non-drinkers. The
6 standard scientific protocol is to compare a
7 control group with an experimental group. In
8 alcohol research, that means comparing moderate
9 drinkers to non-drinkers. Number 2, the review
10 eliminated research from 2000 to 2010. Instead
11 of using the recommended review of research from
12 2000 to 2020, the Alcohol subcommittee only used
13 from 2010 to 2020.

14 The problem is that this leaves out
15 valuable foundational research, along with the
16 observational studies, which, in alcohol, it's
17 the only way to study long-term health. There
18 are no long-term clinical trials on alcohol.

19 According to Dr. Rimm, 80 percent of
20 the best studies were conducted between 2000 and
21 2010. They resulted with strong evidence that
22 moderate drinkers have the lowest mortality risk.

1 Number 3, men and women are not alike. Women are
2 more vulnerable because of how the liver
3 metabolizes alcohol differently.

4 Limits for men and women need to be
5 different. Lastly, it's quite perplexing why
6 alcohol was viewed in isolation. It was viewed
7 out of context of the total diet and an
8 unrealistic perspective. A recent study, January
9 2020, in the British Medical Journal, concluded
10 that moderate alcohol intake was one of five
11 low-risk lifestyle factors associated with
12 longevity, healthy weight, healthy diet, regular
13 exercise, not smoking, and moderate alcohol.
14 When alcohol was removed from the lifestyle
15 factors, life expectancy was lower.

16 In summary, I think consumer confusion
17 already exists and, when recommendations flip
18 flop, it's unlikely that the intent of the
19 recommendation will actually have impact. Two
20 drinks a day does not promote binge drinking for
21 those who choose to drink.

22 The long-standing U.S. definition of

1 moderate drinking for men has been suggested to
2 change without any new evidence. This
3 recommendation reverses decades of guidance on
4 moderation and contradicts widely accepted
5 scientific research.

6 I respectfully request this not be
7 adopted in the 2020 Dietary Guidelines. Thank
8 you Jackie, Janet, and Pam for your attention to
9 all of these comments.

10 OPERATOR: Thank you, Commenter 25.
11 We move back to Commenter 24. Commenter 24,
12 please go ahead. Your line is open.

13 MS. REINHARDT KAPSAK: Thank you so
14 much. My name is Wendy Reinhardt Kapsak,
15 president and CEO of the Produce for Better
16 Health Foundation, or PBH. On behalf of PBH's
17 members and partners across the produce supply
18 chain, thank you for this opportunity, and thanks
19 for coming back.

20 In addition to my role at PBH, I'm
21 also a registered dietitian and mom of three
22 young children, so I commend all of the hard work

1 of everyone involved with the development of the
2 2020 to 2025 Dietary Guidelines for Americans to
3 assist all consumers, at every life stage, in
4 achieving a healthful diet.

5 As you know, 9 out of 10 Americans
6 don't eat enough fruits and vegetables each day. In
7 fact, we believe America's experiencing a chronic
8 fruit and vegetable consumption crisis that's
9 affecting our culture, our society, and our
10 economy.

11 The effects of this chronic
12 consumption crisis have further been illuminated
13 with COVID-19 and will continue to drive health
14 disparities among many in our population if we do
15 not transform our approach to the fruit and
16 vegetable consumption crisis. At PBH, our
17 mission is to reverse the consumption crisis.
18 Clearly, we need to: 1) elevate new fruit and
19 vegetable consumption behaviors as a national
20 priority to achieve nutrient adequacy; and 2)
21 emphasize the importance of eating all forms of
22 fruits and vegetables, fresh, frozen, canned,

1 dried, and 100 percent juice, as noted in the
2 Guidelines and other national policies.

3 We also must take a different and
4 transformative approach to dietary guidance to
5 better address how Americans feel about healthful
6 eating and, most importantly, what they can do to
7 achieve it. The Dietary Guidelines Advisory
8 Committee and scientific evidence are clear.

9 Eating more fruits and vegetables in
10 all forms is the single most important action
11 Americans can take to improve their health.
12 Knowing this, we at PBH would like to share three
13 ideas for your consideration. First, knowing is
14 simply not enough.

15 PBH consumer research tells us that
16 simply educating on the facts doesn't move the
17 needle on healthful eating. Most Americans know
18 that eating fruits and vegetables promote health,
19 but it doesn't always translate into action. To
20 bridge consumers' intention/action gap, we must
21 show Americans how eating fruits and vegetables
22 can improve not only their health, but also their

1 happiness. We also need to add flavor to their
2 meals and snacks and show them how to do this.

3 Second, we need to tap into how people
4 feel about eating fruits and vegetables to
5 motivate that behavior change. Demonstrate how
6 eating fruits and veggies can create healthy
7 habits in the early years, when food is very
8 emotional for family.

9 Make fruits and veggies trendy for
10 adolescents when fruit and vegetable consumption
11 drops significantly, and reinforce how healthy
12 eating boosts mood and wellbeing. Science shows
13 that people who eat more fruits and vegetables
14 show greater elements of short-term happiness,
15 but also long-term life satisfaction.

16 Finally, make the doing, the
17 actionable ability part of eating fruits and
18 vegetables, easy, fun, and practical. Help
19 ensure fruits and vegetables are readily
20 accessible, in front of people where they
21 purchase food and consuming meals, making it
22 hassle free. For example, supporting

1 environments at schools, workplaces, hospitals,
2 as we often do, and where access to all forms and
3 fruits and vegetables isn't just part of the
4 deal, but it's the top priority. It's central to
5 every single health initiative that the
6 government undertakes.

7 Fresh, frozen, canned, dried, and 100
8 percent juice can deliver nutrition, and they can
9 do it deliciously, affordably, and conveniently.
10 Let's be relevant about how people eat to
11 emphasize flavor and deliciousness.

12 Show how simple it is to pair fruits
13 and veggies with favorite meals and other
14 nutrient rich foods, including lean protein,
15 whole grains, and dairy. Let's meet people where
16 they are and help them do even better with more
17 fruits and veggies.

18 Finally, we must leverage behavioral
19 science to help consumers form new fruit and
20 vegetable consumption habits if we're going to
21 adequately address the fruit and vegetable
22 consumption crisis. In closing, it's key for all

1 of us to work together to translate science into
2 guidance that taps into American feelings about
3 their food, including fruits and vegetables, and
4 demonstrate to them how doing can be easy,
5 delicious, and fun. Thank you so much for the
6 opportunity to provide these comments.

7 PBH will also be rendering more
8 significant written comments for consideration.
9 Thank you again for this opportunity, and
10 remember to have a plant. Join the movement at
11 fruitsandveggies.org. Thank you.

12 OPERATOR: Thank you, Commenter 24.
13 Next is Commenter 26. Commenter 26, your line is
14 open.

15 MS. VAN LIEU: Hi. Good morning. My
16 name is Mollie Van Lieu, and I'm with United
17 Fresh Produce Association, the trade association
18 representing the full fresh produce supply chain.
19 Thank you to the Advisory Committee and the staff
20 at USDA and HHS for their commitment and work
21 during this process and that which lies ahead.

22 We support the recommendations put

1 forth by the Advisory Committee and the report's
2 encouragement of a diet rich in a wide variety of
3 fruits and vegetables across all life stages.

4 The evidence of the impact it has when reducing
5 the risk of all-cause mortality rates,
6 cardiovascular disease, type II diabetes,
7 obesity, bone health, several cancers, and poor
8 maternal fetal outcomes in women has only
9 strengthened since the last DGAs were published.

10 We were also encouraged by the Advisory
11 Committee's examining, for the first time,
12 dietary patterns for children 0 to age 2.

13 Introducing complementary foods under
14 1 year of age serves to empower parents and
15 caregivers to feel confident introducing foods
16 when developmentally appropriate, providing early
17 exposure and setting children on the right path
18 to healthy dietary patterns.

19 At the same time, this comes with
20 enormous responsibility to ensure that these
21 recommendations are accessible for all
22 populations, fair and consistent, and not easily

1 manipulated to target parents trying to do right
2 by their children.

3 We encourage USDA and HHS and any
4 final recommendations to be explicit and focusing
5 on developmentally appropriate whole foods,
6 including fruits and vegetables, in forms that
7 are recommended for children under age 2. As the
8 DGAC pointed out, despite strong DGA's for the
9 past 40 years, Americans have never met the
10 targeted consumption recommendations, including
11 for fruits and vegetables. But we also know that
12 when the Guidelines are implemented effectively,
13 they do work.

14 Within the last decade, both the WIC
15 program and National School Lunch Program have
16 better reflected DGA recommendations.
17 Accordingly, obesity rates in participating 2 to
18 4 year olds has decreased after decades of
19 increases.

20 Today, K through 12 students are
21 eating a wider variety of fresh fruits and
22 vegetables than they did ten years ago. DGAs

1 have the power to positively impact dietary
2 patterns if we put the work in to implement them.

3 With that in mind, we ask the
4 Departments to consider bold, science-based
5 implementation of strategies that will address
6 access and consumption of the foods that
7 Americans are both over consuming and under
8 consuming across all populations and
9 socioeconomic levels. This can come in the way
10 of improvements to nutrition feeding programs,
11 like WIC, SNAP and school meals, increased
12 investment in effective labeling, medically
13 tailored meals, nutrition education, promotion,
14 and behavioral research. We must be relentless
15 in our pursuit of strategies to reverse the
16 obesity epidemic and utilize every opportunity to
17 change dietary patterns to make them consistent
18 with our government's own recommendations. Thank
19 you again for your work, and we look forward to
20 the final Guidelines later this year.

21 OPERATOR: Thank you Commenter 26.

22 Next is Commenter 27. Commenter 27, your line is

1 now open.

2 DR. KOCH: Thank you. I am Dr. Pam
3 Koch, executive director of the Tisch Food Center
4 Program and Nutrition Teachers College, Columbia
5 University.

6 I am also the president of the Society
7 for Nutrition Education and Behavior, which
8 represents over 1,100 nutrition educators
9 worldwide, promoting effective food and nutrition
10 education through research, policy, and practice
11 for equity and public and planetary health. We
12 thank the 20 appointed experts who served on the
13 2020 DGAC and the Federal staff that supported
14 them. We appreciate this invitation, and I have
15 four key points. First, maximize guidance to
16 women who are pregnant and/or lactating infants
17 and toddlers through 24 months. See our written
18 comments for suggestions of key messages for
19 these new populations and complement dietary
20 guidance with support systems for breastfeeding,
21 such as increased paid family leave.

22 Second, maximize CNPP's new

1 infrastructure within the USDA Food Nutrition
2 Service. Now CNPP can work with Federal
3 nutrition assistance programs, especially SNAP
4 education for integrative integration of policy,
5 system changes, and environmental supports to
6 address social determinants of health, especially
7 during the pandemic and depressed economy.

8 This is critical because our current
9 food supply makes it extremely difficult to eat
10 healthfully with extreme disparities for Black,
11 indigenous, and people of color and low-resource
12 communities.

13 The Start Simple with MyPlate campaign
14 states that most Americans lack the motivation
15 and skills to make changes to their eating
16 routines. Instead of focusing on individual
17 deficits, focus on inequities and food supply
18 challenges. While expanding online SNAP, be sure
19 to protect participants from predatory digital
20 marketing. Third, provide guidance for the DGA
21 to transform food systems.

22 It is the position of the Society for

1 Nutrition Education and Behavior that
2 environmental sustainability should be inherent
3 in dietary guidance. Since the 2015 DGAC review,
4 evidence on dietary guidance for ecological
5 sustainability is rapidly expanding.

6 This supports reducing over
7 consumption of animal products, excess energy
8 intake, and food waste, while increasing
9 consumption of plant-based foods. Discussion of
10 sustainability within governmental dietary
11 guidance is common in many countries, is
12 consistent with previous U.S. guidelines, and is
13 within the scope of authorizing legislation.

14 Four, strengthen the process for
15 developing our nation's dietary guidance by
16 reflecting on the 2020 DGAC report process in the
17 new DGA, providing strategic and increased
18 investments in nutrition education research,
19 improving dissemination of dietary guidance to
20 reach the majority of Americans with serious
21 diet-related illnesses. Our society stands ready
22 to assist Federal officials in developing the

1 DGA, and we will integrate the DGA into our
2 efforts to build healthy communities and food
3 systems for all Americans. Thank you, and thank
4 you for this opportunity.

5 OPERATOR: Thank you, Commenter 27.
6 Next is Commenter 28. Commenter 28, your line is
7 open.

8 MS. MOHAMEDSHAH: Hello. I'm Farida
9 Mohamedshah with the Institute of Food
10 Technologists, IFT. IFT, a global organization
11 of individual members from 95 countries committed
12 to advancing the science of food.

13 IFT brings together the brightest
14 minds in food science, technology, and related
15 professionals to solve the world's greatest food
16 challenges. We believe that science is essential
17 to ensuring a global food supply that is safe,
18 sustainable, nutritious, and accessible to all.

19 IFT appreciates the opportunity to
20 provide input on the 2020 Dietary Guidelines
21 Advisory Committee report. We support
22 reinforcing the importance of following healthy

1 dietary patterns and the Committee's recognition
2 about the role of food processing to help meet
3 nutrient needs across all life stages. The
4 recommended dietary patterns allow for
5 flexibility to include all forms of
6 nutrient-dense foods, whether fresh, frozen,
7 canned, or otherwise processed to meet individual
8 and cultural references across the lifespan.

9 Innovations in food science and
10 processing technologies will continue to play an
11 integral role in providing safe, diverse, and
12 healthy food choices that fit within healthy
13 dietary patterns, in addition to meeting
14 consumers' needs of taste, convenience,
15 affordability, accessibility, and cultural
16 preferences.

17 For example, food products low in
18 sodium, added sugars, and all saturated fats in
19 portion control packaging could help reduce
20 energy intake. The Committee reports that food
21 processing approaches, such as fortification,
22 could help increase intake of nutrients,

1 specifically during certain life stages, that fit
2 into healthy dietary patterns, for example,
3 infant cereals fortified with iron and zinc.

4 Food scientists and technologists are identifying
5 novel and effective ways to increase the
6 nutritional quality of fruits and beverages that
7 fit into healthy dietary patterns, while
8 maintaining safety, sensory attributes, and
9 meeting consumer demands. For example,
10 developing novel sources of fiber to increase
11 fiber intake, using non-thermal and high-pressure
12 processing technologies to make stable and
13 affordable foods that taste fresh, creating
14 plant-based foods from omega-3 fatty acids,
15 exposure of mushrooms to UV light to increase
16 vitamin D content, and formulating plant-based
17 food and beverage products.

18 We applaud the Committee's
19 recommendation that future DGACs, USDA, and HHS
20 examine the impact of non-nutritional factors,
21 such as taste and cost, since these are reported
22 to be the primary drivers of food choices.

1 IFT believes that diverse expertise,
2 including expertise in food science and
3 technology, behavioral science, and social
4 science and economics is needed to address
5 non-nutritional factors. IFT strongly urges USDA
6 and HHS to include food scientists and
7 technologists and other experts to adequately
8 represent a needed expertise in future
9 Committees. While the Guidelines need to be
10 evidence based and aspirational, they must enable
11 sustainable implementation to maximize adoption
12 by all Americans.

13 Food scientists and technologists
14 share a commitment to developing healthy food
15 products and the successful implementation of the
16 Dietary Guidelines. We plan to submit written
17 comments. Thank you.

18 OPERATOR: Thank you, Commenter 28.
19 Next is Commenter 29. Commenter 29, your line is
20 open.

21 MS. TWISSELMAN: Good morning. My
22 name is Kiah Twisselman, and I appreciate the

1 opportunity to speak to you today on behalf of
2 the National Cattlemen's Beef Association, the
3 nation's largest and oldest trade association
4 representing U.S. cattle producers.

5 My family has cared for land and
6 cattle on the central coast of California for
7 over 130 years. As a sixth-generation rancher,
8 I'm proud of our industry's commitment to
9 nutrition research and science-based education to
10 help Americans enjoy healthier diets of beef.
11 Cattle producers invest over \$1 million each year
12 in support of beef quality and nutrition research
13 to understand how beef can support healthier
14 diets. I know firsthand how important it is for
15 dietary guidance to be practical, flexible, and
16 clear.

17 Two years ago, I began my journey to
18 better health. I lost over 125 pounds through
19 small life changes, regular exercise, and a
20 healthy diet. I've also built a successful
21 weight loss and life coaching business to empower
22 others to do the same.

1 With that in mind, I'd like to offer
2 the following. Balance and moderation are
3 cornerstones of any healthy eating lifestyle, and
4 healthy diets are most effective when they
5 include the foods consumers love.

6 Like many Americans, beef is my
7 favorite health food because it delivers big
8 nutrition in a small, calorie conscious package.
9 National data indicates that most Americans
10 already eat beef in amounts recommended by the
11 DGAC, so Federal guidance should encourage beef
12 as a healthy protein choice and reinforce pairing
13 with other nutrient rich foods. It surprises me
14 how many people don't realize how lean beef is.
15 The entire beef supply chain has ensured that
16 over 60 percent of beef cuts sold at retail are
17 lean.

18 The DGAC recognizes lean meat as part
19 of a healthy dietary pattern, but the 2020 DGAs
20 should build on their recommendation by clearly
21 identifying beef as a lean meat option and
22 highlighting ways to achieve that recommendation,

1 even naming specific lean beef cuts, like sirloin
2 or 95 percent lean ground beef.

3 The DGAC report identifies nutrients
4 that are critical for health across all life
5 stages and specifically calls out nutrients as
6 special concern for groups like infants and
7 toddlers, adolescent girls, women of childbearing
8 age, and aging adults.

9 With ten essential nutrients and less
10 than 200 calories in a three-ounce serving, no
11 other protein delivers like beef. Recognizing
12 that people eat food, not nutrients, the DGA
13 should highlight beef as a common, readily
14 available food source for essential nutrients
15 like iron, zinc, choline, and B vitamins. Lean
16 beef is a versatile, affordable, nutrient dense,
17 and delicious protein source for a healthy and
18 balanced diet. From my group to yours, thank you
19 for guiding Americans toward healthier diets of
20 beef. Thanks so much.

21 OPERATOR: Thank you Commenter 29. We
22 take Commenter 30. Commenter 30, your line is

1 now open.

2 DR. DODDS: Good morning. My name is
3 Dr. Michael Dodds, and I'm oral health lead
4 scientist at Mars Wrigley and an adjunct
5 professor of dentistry.

6 On behalf of Mars Wrigley, I want to
7 express appreciation to the Dietary Guidelines
8 Advisory Committee for identifying dental care as
9 a chronic nutrition-related disease in its
10 scientific report.

11 In a current pandemic, closures of
12 dental offices, loss of health insurance, and
13 fear of infection has reduced access to dental
14 services, potential increasing dental caries and
15 other oral diseases. A June report from the ADA
16 Health Policy Institute predicted up to 38
17 percent decline in U.S. dental care expenditure
18 in 2020. Adopting routine preventive oral health
19 practices can help reduce the risks of these
20 dental problems. The DGAC's scientific report
21 identifies dental care as among the chronic
22 diet-related health conditions for both children

1 and adults, reporting a high prevalence of dental
2 care as a tooth loss among Americans of all ages,
3 especially Blacks, Hispanics, and low-income
4 individuals.

5 However, the DGAC report did not
6 include a recommendation to promote oral health
7 and prevent dental caries. At this critical
8 crossroads, Mars Wrigley implores the USDA and
9 DHHS to include in the 2020 Dietary Guidelines a
10 recommendation that Americans across the life
11 span adopt routine oral health preventive
12 practices that include brushing, cleaning between
13 teeth, drinking fluoridated water, and chewing
14 sugar free gum.

15 Sugar free chewing gum earned the
16 American Dental Association's seal of acceptance
17 with evidence that demonstrated its meeting
18 objective requirements for safety and efficacy,
19 as evaluated by the ADA Council on Scientific
20 Affairs. Based on the body of research evidence,
21 we believe chewing sugar free gum should be added
22 to language on preventing dental caries in the

1 2020 DGAs. A recent systematic review and
2 meta-analysis from Kings College London Dental
3 Institute confirmed the effectiveness of sugar
4 free gum in reducing caries.

5 This research examined differences in
6 levels of caries in children and adults who chew
7 sugar free gum compared with those who did not
8 chew. Results showed chewing sugar free gum
9 significantly reduced caries' increment with a
10 prevented fraction of 28 percent, roughly
11 equivalent to the prevented fractions for
12 fluoride toothpaste and supplements.

13 As a leading manufacturer of sugar
14 free gum, Mars Wrigley recognizes the impact of
15 poor oral health on an individual's ability to
16 consume nutrient rich foods and has long
17 collaborated with oral health experts to better
18 understand and advance science in this area.

19 As part of this effort, Mars Wrigley
20 has partnered with representatives from dental,
21 nutrition, public health and consumer
22 organizations in the Oral Health Alliance. As

1 one of the alliance partners, Mars Wrigley urges
2 inclusion of the following statement in the 2020
3 to 2025 DGA. Individuals of all ages should
4 follow a daily oral hygiene routine which
5 includes brushing their teeth at least twice
6 daily with a fluoridated toothpaste, cleaning
7 between their teeth where possible, chewing sugar
8 free gum for 20 minutes after meals or snacks,
9 drinking fluoridated water where available, and
10 limiting intake frequency of dietary fermentable
11 carbohydrates. I thank you for the opportunity
12 to provide these comments.

13 OPERATOR: Thank you, Commenter 30.
14 Next is Commenter 31. Commenter 31, please go
15 ahead. Your line is open.

16 MS. MOUNTFORD: Thank you. Good
17 morning. I'm Mardi Mountford, president of the
18 Infant Nutrition Council of America, which is the
19 association representing companies that research,
20 develop, and market formulated nutrition products
21 for infants and children.

22 INCA members produce over 95 percent

1 of the infant formula consumed in the U.S., and
2 we take our responsibility of providing optimal
3 nutrition to infants very seriously. INCA
4 supports the American Academy of Pediatric
5 Physicians that breast milk is the preferred
6 infant feeding method and that commercial infant
7 formula is the only safe, nutritious, and
8 recommended alternative for infants who are not
9 exclusively breastfed. To ensure the U.S. 2020
10 Dietary Guidelines support healthy growth and
11 development of infants and children, INCA
12 recommends the following messages be clearly
13 communicated in the Guidelines.

14 First, the only safe alternative to
15 breast milk is commercial infant formula.
16 Homemade infant formulas are not recommended.
17 The FDA warns that problems associated with
18 homemade infant formulas are very serious and
19 range from severe nutritional imbalances to
20 unsafe products that can harm infants.

21 Second, B24 guidelines should
22 recommend parents and caregivers consult their

1 healthcare provider for individual guidance on
2 appropriate feeding methods, foods, and dietary
3 patterns for infants and children, particularly
4 when there are concerns about a child's growth
5 and development.

6 Third, the DGAs should recognize
7 current nutrient gaps in the 12 to 24-month-old
8 population and identify the need to fill these
9 gaps by underscoring the role of fortified milk
10 products, like toddler milk, in reducing
11 nutritional gaps and supporting healthy growth
12 and development.

13 INCA requests that the 2020 DGA
14 recommendations for the B24 population be the
15 first of many DGA additions that help make infant
16 feeding decisions easier for families and
17 caregivers, while also supporting healthy growth
18 and development.

19 INCA supports recommendations that are
20 backed by credible peer-reviewed science and do
21 not overstate the existing scientific evidence.
22 The scientific report made clear there are

1 limitations in the scientific literature when it
2 comes to infant feeding.

3 Therefore, limited and moderate
4 evidence should not drive recommendations for the
5 B24 population, as this may lead to unsafe
6 feeding methods, such as use of homemade
7 formulas.

8 Rather, the final DGA should provide
9 practical guidance and support future research
10 and innovation in the field of infant nutrition.
11 In a 2019 infant feeding survey, more than two
12 thirds of moms reported feeling judged based on
13 the feeding method they chose, with mothers who
14 did not exclusively breast feed feeling the most
15 judged. The DGAs are an opportunity to support a
16 broad range of families and their needs by
17 providing accurate information to help them make
18 the best feeding decisions for their families.

19 INCA thanks the agencies for
20 implementing improvements to the process of
21 developing the Dietary Guidelines. We ask that
22 these efforts to increase transparency and build

1 on the highest quality of science continue to be
2 the basis for future editions of the DGAs. Thank
3 you.

4 OPERATOR: Thank you, Commenter 31.
5 Next is Commenter 32. Commenter 32, please go
6 ahead.

7 MS. KLEINER: Good morning, and thank
8 you for the opportunity to speak. My name is
9 Rima Kleiner. I am a registered dietitian who
10 translates nutrition science for individuals, the
11 media, and companies. I am speaking today on
12 behalf of National Fisheries Institute. NFI is a
13 science-based, non-profit organization dedicated
14 to education about seafood safety,
15 sustainability, and nutrition. First, we would
16 like to congratulate the Advisory Committee on
17 the publication of their scientific report and
18 applaud their evidence-based conclusions about
19 the benefits of eating seafood during all life
20 phases.

21 For instance, the Committee reports
22 that regular seafood intake during pregnancy is

1 associated favorably with brain development in
2 young children and that seafood can be introduced
3 as a unique omega-3-rich starter food for babies
4 at 6 to 12 months.

5 The Committee also states the benefits
6 of seafood don't stop there. Eating patterns
7 that regularly include seafood during adulthood
8 are associated with a lower risk of heart
9 disease, certain cancers, dementia, and all-cause
10 mortality.

11 The Committee report also calls out
12 that despite these benefits, American seafood
13 intake remains woefully low. Only 20 percent of
14 adults and 6 percent of kids meet the
15 recommendation to eat seafood twice a week. In
16 order to promote an increased intake of this
17 uniquely beneficial protein, we offer three areas
18 of improvement for communicating the science.
19 Our first recommendation is that the 2020
20 Guidelines clearly reflect the findings of the
21 Committee's scientific review showing no adverse
22 associations of eating seafood during pregnancy

1 or early childhood.

2 While the Committee reports states
3 this importance of seafood-based omega-3s for
4 brain development, it also includes overly
5 complex and confusing language around eating
6 seafood during pregnancy.

7 Because studies show that confusing
8 guidance and lists result in a reduced intake of
9 seafood overall, we encourage the use of clear,
10 concise, and positive language around seafood
11 needs and recommendations, particularly during
12 developmental times, such as pregnancy and early
13 childhood.

14 Our second recommendation is that USDA
15 and HHS ensure that all language in the 2020
16 Guidelines consistently reflect the conclusion
17 that caregivers should introduce seafood at ages
18 6 to 12 months for its rich and unique omega-3s.
19 While this is accurately stated in one part of
20 the report, it is later contradicted by the
21 suggestion of introducing seafood at age 2. We
22 ask that the 2020 DGAs clearly and consistently

1 affirm the recommendation to introduce seafood at
2 6 to 12 months. A third recommendation is that
3 the 2020 Guidelines clearly and concisely
4 differentiate that seafood is a unique source of
5 omega-3 DHA.

6 While plant-based omega-3s are
7 important, ALA is not linked with the same brain
8 health benefits as seafood-based omega-3s. The
9 current Committee report is confusing and
10 misleading in this area. The evidence that
11 seafood contains nutrients essential for optimal
12 health at all life stages continues to be clear,
13 but, unfortunately, the language used to convey
14 this science is not always as clear.

15 We encourage USDA and HHS to clearly
16 and concisely promote the benefits and need to
17 eat a variety of seafood two to three times a
18 week, as well as how to do so, in the 2020 DGAs.
19 Thank you for your time and tireless work.

20 OPERATOR: Thank you, Commenter 32.
21 Next is Commenter 33. Commenter 33, your line is
22 open.

1 MS. WELLAND: My name is Diane
2 Welland, and I'm a registered dietitian and
3 director of nutrition communications for the
4 Juice Products Association. JPA's a trade
5 association representing processors, growers,
6 packers, suppliers, and distributors to the juice
7 industry.

8 We support the conclusions of the
9 Dietary Guidelines Advisory Committee report
10 related to juice, which states one cup of 100
11 percent juice is nutritionally equivalent to one
12 cup of whole fruit and is part of the fruit and
13 vegetable group.

14 One hundred percent juice is a
15 nutrient dense healthy beverage which contributes
16 valuable nutrients to the diet and can play a
17 role in health promotion and disease prevention.
18 As a contributor to the fruit and vegetable
19 group, 100 percent juice in appropriate amounts
20 can be included in USDA healthy dietary patterns.

21 I'd like to share new research
22 recently published in BMC Nutrition online and

1 authored by Lynn Moore and colleagues at Boston
2 University. This longitudinal study, which
3 tracked dietary data from 100 children 3 to 6
4 years of age enrolled in the Framingham
5 Children's Study and followed them for 10 years,
6 found that drinking 100 percent fruit juice early
7 in life is associated with healthier dietary
8 patterns in later childhood and middle
9 adolescence without adversely impacting weight
10 gain.

11 The research shows consumption of 100
12 percent juice during preschool years is
13 associated with higher intakes of whole fruit
14 intake and total fruit, as well as better diet
15 quality long term, making them more likely to
16 meet Dietary Guideline recommendations.

17 Importantly, these benefits were
18 realized without a negative effect on body mass
19 index through adolescence. Overall, these
20 results suggest that drinking 100 percent fruit
21 juice early in life may be associated with
22 positive long-term dietary benefits for children

1 without affecting weight.

2 One hundred percent juice is a
3 valuable contributor of bioactives in the diet.
4 Bioactives are beneficial plant compounds found
5 in fruits and vegetables and include carotenoids,
6 polyphenols, such as flavonoids, and more. In
7 addition to coffee and tea, fruit and fruit
8 juices have been identified as major contributors
9 to polyphenol and bioactive intake in the U.S.
10 diet. In fact, research suggests bioactives
11 found in fruit juice may have the potential to
12 positively impact human health.

13 In closing, JPA supports DGAC
14 conclusions that 100 percent juice is a
15 nutrient-dense healthy beverage that can
16 contribute to a healthy overall diet and
17 potentially improve diet quality and health
18 outcomes throughout all the life stages when
19 consumed in appropriate amounts. Thank you for
20 this opportunity to present these comments.

21 OPERATOR: Ladies and gentlemen, at
22 this time, we will take a short break. We will

1 resume the webcast in 15 minutes with Commenter
2 34 next in line. Commenter 34, next in line,
3 please be prepared to accept a call from our
4 operator a few minutes before the break ends.
5 Thank you.

6 (Whereupon, the above-entitled matter
7 went off the record at 10:48 a.m. and resumed at
8 11:08 a.m.)

9 OPERATOR: Ladies and gentlemen, we
10 will now resume with the USDA-HHS oral comments
11 meeting to hear public comments on the scientific
12 report of the 2020 Dietary Guidelines Advisory
13 Committee. We will begin with Commenter 34.
14 Commenter 34, your line is now open.

15 MR. RICE: Thank you. My name is
16 Harry Rice, and I'm with the Global Organization
17 for EPA and DHA Omega-3s, which represents the
18 worldwide industry for EPA and DHA, the primary
19 long-chain omega-3 fatty acids found in marine
20 oils.

21 GOED's membership of 170 plus
22 companies includes all segments of the omega-3

1 supply chain. Our mission is to increase
2 consumption of EPA and DHA and to ensure that our
3 members produce quality products consumers can
4 trust.

5 GOED thanks the Dietary Guidelines
6 Advisory Committee for its tireless efforts and
7 thanks the United States Department of
8 Agriculture and the United States Department of
9 Health and Human Services for the opportunity to
10 provide comments on the 2020 Dietary Guidelines
11 Advisory Committee's scientific report. As the
12 USDA and DHHS develop the next Dietary Guidelines
13 for Americans, GOED wants to highlight issues
14 surrounding EPA and DHA for your consideration.
15 GOED is pleased with the DGAC's recommendation
16 that women who are pregnant or breastfeeding
17 should consume at least eight ounces of a variety
18 of seafood high in omega-3 fatty acids, but GOED
19 also recommends the inclusion of an EPA/DHA
20 supplementation recommendation for the large
21 number of women who fall short of the seafood
22 recommendation due to any number of reasons,

1 including, but not limited to, accessibility,
2 expense, knowledge, etc.

3 In the absence of a supplementation
4 recommendation for EPA and DHA, offspring of low
5 seafood consuming women may fall short in their
6 neurocognitive development compared to offspring
7 of higher fish consuming women.

8 An EPA and DHA supplementation
9 recommendation is also warranted for reducing the
10 risk of pre-term and early pre-term birth. The
11 DGAC's recommendation for the next Committee to
12 examine a question on the relationship between
13 omega-3 fatty acid supplements consumed before
14 and during pregnancy in pregnancy outcomes falls
15 short of addressing a public health crisis,
16 pre-term birth, which should not wait for another
17 DGAC cycle. The Committee noted that it did not
18 assess the effect of omega-3 fatty acid
19 supplements consumed before or during pregnancy
20 in pregnancy outcomes.

21 However, seafood emerged as a
22 component that was higher in dietary patterns

1 associated with a reduced risk of, among other
2 things, pre-term birth. Although seafood
3 contains nutrients other than omega-3 fatty
4 acids, systematic reviews have associated omega-3
5 supplements with preventing early or any pre-term
6 delivery.

7 For your reference, the relevant
8 scientific support is as follows. In November
9 2018, an updated Cochrane Review of 70 randomized
10 controlled trials following almost 20,000 women
11 reported that omega-3's long chain PUFAs
12 intervention during pregnancy reduced the risk of
13 pre-term and early pre-term birth by 11 percent
14 and 42 percent, respectively.

15 In January 2020, during the National
16 Academy's workshop nutrition during pregnancy and
17 lactation, exploring new evidence, Dr. Maria
18 Makrides, co-author of this Cochrane Review,
19 provided further substantiation and clarification
20 about the benefits of omega-3s for reducing the
21 risk of pre-term and early pre-term birth.

22 We acknowledge that pregnant women's

1 omega-3 intakes are low, coupled with an economic
2 impact assessment concluding DHA for reducing
3 early pre-term birth could save the U.S.
4 healthcare system up to \$6 billion. Such risk
5 reductions are of public health relevance that
6 should not be ignored. Thank you for your
7 consideration of our comments.

8 OPERATOR: Thank you, Commenter 34.
9 Next is Commenter 35. Commenter 35, your line is
10 open.

11 DR. COREY: Hello. Good morning. I'm
12 Dr. Mark Corey at the National Coffee
13 Association. On behalf of the National Coffee
14 Association, I'm commenting today to raise
15 serious concerns about the 2020 DGAC's decision
16 to ignore findings of previous DGACs and the
17 preponderance of evidence that shows drinking
18 coffee is associated with significant health
19 benefits and reduced risk of chronic disease.
20 The good news is that two thirds of Americans
21 drink coffee every day, more than any other
22 beverage. The preponderance of scientific

1 evidence shows that America's favorite brew is
2 associated with many unique health benefits,
3 including reduced all-cause mortality, reduced
4 risk of cardiovascular diseases, and reduced risk
5 of multiple cancers.

6 The 2015 DGAC conducted a
7 comprehensive review of the evidence and affirmed
8 that drinking coffee can be part of healthy
9 diets, a guideline that has been widely
10 referenced, including by FDA.

11 As NCA has noted repeatedly during the
12 2020 DGAC process, the evidence of coffee's many
13 health benefits has only strengthened since the
14 2015 DGAC's review. Comments to this Committee
15 from the American Institute for Cancer Research
16 noted strong evidence that coffee is associated
17 with decreased risk of liver and endometrial
18 cancers.

19 In June 2020, the American Cancer
20 Society's updated guidelines on diet in cancer
21 prevention concluded that coffee reduces the risk
22 of multiple cancers. With this in mind, we are

1 dismayed that the 2020 DGAC continues to ignore
2 this preponderance of evidence, choosing,
3 instead, to review coffee only as part of a group
4 of sugar-sweetened beverages. Only about half of
5 American coffee drinkers add sweetener of any
6 kind to their coffee, many of whom choose low and
7 no-calorie sweeteners as an alternative to sugar.

8 Regardless, the preponderance of
9 evidence showing coffee's many unique health
10 benefits does not depend on how coffee is
11 prepared. Coffee has been consumed safely for
12 centuries and studied extensively for decades.

13 Given the massive amounts of evidence
14 related to coffee's health benefits and its
15 widespread impact on Americans' diets, USDA and
16 HHS should ensure that the 2020 DGA reaffirms the
17 2015 DGA's conclusions that drinking coffee can
18 be part of healthy diets. Thank you.

19 OPERATOR: Thank you, Commenter 37.
20 Next is Commenter 36 -- 35, apologies. Next is
21 Commenter 36. Commenter 36, please go ahead.

22 DR. YOUNG: Thank you for this

1 opportunity to speak. My name is Bruce Young.
2 I'm an obstetrician specializing in maternal
3 fetal medicine, with 40 years' experience caring
4 for pregnant women. Today, I speak on their
5 behalf and as a scientific advisor to the Grain
6 Foods Foundation. These remarks complement
7 written comments submitted by The Grain Chain, a
8 grains industry coalition. I provide care to
9 normal and high-risk pregnant women striving for
10 healthy pregnancies and healthy babies.

11 Towards that outcome, we emphasize
12 eating folic acid fortified foods, such as
13 enriched bread, cereals, and tortillas, before
14 conception occurs. To prevent neural tube
15 defects, the critical period is in early
16 pregnancy, often before the patient knows that
17 she is pregnant, so folic acid enriched foods
18 should be part of the daily diet.

19 There's a lack of clarity regarding
20 carbohydrate macronutrients with respect to
21 obesity and the contribution of grain foods in
22 pregnancy. There is little information about

1 whole grains versus refined grains affecting the
2 outcomes of pregnancy and their influence on
3 childhood obesity.

4 The Barker hypothesis indicates that
5 the fetal environment has profound effects on the
6 child and later illness, such as hypertension,
7 diabetes, and heart disease, all associated with
8 obesity. We recently completed a dietary
9 randomized controlled interventional trial in
10 normal pregnant women. We provided 303 normal
11 women a defined pregnancy diet. The patients
12 consumed carbohydrates with either 75 percent
13 refined grains or 75 percent whole grains.

14 Otherwise, both diets were the same.
15 Besides food frequency questionnaires, plasma
16 alkylresorcinol was used as a biomarker of whole
17 grain consumption. The data shows good
18 compliance and no difference in maternal weight
19 gain, birth weights, APGAR scores, subcutaneous
20 fat, hypertension, pre-eclampsia and glucose
21 tolerance.

22 Both groups gained weight

1 appropriately by Institute of Medicine
2 guidelines, and neither had more large --
3 infants, a factor in childhood obesity. Also
4 important is fiber, a shortfall in the diets of
5 most Americans.

6 Grain foods are a significant source,
7 and almost one quarter of our dietary fiber comes
8 from grain foods. Fiber is even more important
9 in pregnancy clinically and with effects on the
10 microbiota. In our study, both diets were high
11 in fiber. Patients on the whole grain diet
12 consumed 30 grams versus 25 grams in the
13 equivalent refined grains diet. Both diets
14 contained sufficient fiber and nutrition for
15 healthy pregnancy outcomes, with no significant
16 differences in maternal and neonatal parameters
17 found.

18 Enriched grains, refined and whole,
19 are valuable contributors to our health. To help
20 combat obesity, Americans need clear dietary
21 guidance based on strong evidence. Thank you for
22 allowing me to provide these comments to this

1 expert forum.

2 OPERATOR: Thank you, Commenter 36.

3 Next is Commenter 37. Commenter 37, your line is
4 open.

5 DR. CASH: Good morning. I'm Dr. Sean
6 Cash, the Bergstrom Foundation professor of
7 global nutrition at the Friedman School of
8 Nutrition Science and Policy at Tufts University.
9 My comments today represent my own views, and not
10 necessarily those of my employer, but are
11 informed both by my own work and by the work of
12 my colleagues at Tufts University and elsewhere.
13 I would like to commend the Dietary Guidelines
14 Advisory Committee for its work in assembling the
15 scientific report. At the same time, I note that
16 in excluding sustainability, the scientific
17 report is limited by the scope of its initial
18 charge in ways that undermine the stated goals of
19 the DGAs, which are to inform the development of
20 Federal food, nutrition, and health policies and
21 programs in ways that ensure adequate and
22 nutritious diets for all Americans, in other

1 words, to ensure our food security.

2 If food security and sustainability
3 are very tightly linked and sustainability was
4 deemed outside the scope of this report, this
5 concerns me, as the decisions we make about our
6 resources now constrain our ability to meet
7 dietary goals later.

8 The Committee noted as much in its
9 future directions chapter and its call to support
10 efforts to consider the Dietary Guidelines'
11 emulation to sustainability of the food system.
12 Earlier this year, a systematic review
13 co-authored by Tufts researchers was published
14 that was an update to a research question
15 identified by the 2015 Advisory Committee focused
16 on the relationship between dietary patterns,
17 sustainability, and food security. The review
18 found that the primary dietary pattern
19 recommended by the Dietary Guidelines may result
20 in similar or even increased climate forcing
21 emissions, energy use, and water use compared to
22 the current U.S. diet.

1 This is alarming, given that current
2 consumption patterns are already far too
3 emissions and resource use intensive to be
4 sustained. Developing Dietary Guidelines without
5 consideration of sustainability undermines our
6 ability to feed the U.S. population a healthy
7 diet now and into the future.

8 These tensions also mean that other
9 efforts, elsewhere, to focus solely on
10 sustainability may similarly and unintentionally
11 undermine health. What is needed is joint
12 consideration of this across all guidance, both
13 to meet the specific goals of the DGAs, but also
14 to provide leadership to other stakeholders
15 outside of government.

16 Deputy Under Secretary Hutchins
17 mentioned this importance of economic
18 environmental sustainability in his opening
19 comments today, yet this omission stands. The
20 upheaval we have seen in our food supply chains
21 as part of the fallout of the COVID-19 pandemic
22 in the last few months highlights that we cannot

1 continue to make recommendations without
2 consideration of the U.S. food supply's ability
3 to actually meet the goals we lay out in the
4 DGAs.

5 Sustainability is all about what we
6 continue to provide despite challenges today and
7 over time. How can the DGAs inform the
8 development of Federal food nutrition health
9 policies if they ignore the resiliency of the
10 systems in which these policies operate?

11 At a minimum, I recommend that USDA
12 and HHS provide a public response to the
13 Committee's recommendation in its future
14 directions chapter to support efforts to consider
15 the Dietary Guidelines in relation to
16 sustainability of food systems.

17 For the health and security of all
18 Americans, I hope the charge of the next set of
19 Guidelines includes these considerations. Thank
20 you.

21 OPERATOR: Thank you, Commenter 37.
22 Next is Commenter 38. Commenter 38, your line is

1 now open.

2 MS. FARR: Good morning. I am
3 registered dietitian nutritionist Linda Farr,
4 president of the Academy of Nutrition and
5 Dietetics, the world's largest organization of
6 food and nutrition professionals. Thank you for
7 the opportunity to offer comments today.

8 There are very few health initiatives
9 as significant to policy makers and as relevant
10 to the general public as the Dietary Guidelines
11 for Americans. The Academy strongly supports
12 their underlying purpose, making them actionable
13 by healthcare providers and the public.

14 We also strongly support the
15 development of a comprehensive plan for the
16 Dietary Guidelines' broad and effective
17 implementation.

18 Thank you to the members of the
19 Dietary Guidelines Advisory Committee, which
20 includes 10 Academy members, and the staff of
21 USDA and HHS for providing, for the first time,
22 independent, science-based advice and

1 recommendations for children from birth to age 2.
2 Thank you, as well, for the open and transparent
3 process initiated by the Departments and the
4 multiple opportunities for public comment that
5 allowed for candid and constructive conversations
6 among Committee members and public stakeholders.
7 In effect, we are living, today, in parallel
8 epidemics, COVID-19 and the proliferation of
9 obesity and other diet-related diseases.

10 These parallel epidemics underscore
11 the need for the final Dietary Guidelines for
12 Americans to be applicable and generalizable to
13 most Americans. The Guidelines must help
14 healthcare providers meet people where they are,
15 recognizing the interconnected roles of culture,
16 racial and ethnic diversity, food insecurity, and
17 stages of life.

18 We strongly agree with the Committee's
19 strategic approach to help individuals understand
20 that it is never too late to start making
21 improvements in their dietary patterns.

22 The Academy's comments also highlight

1 our concerns with some specific methodologies and
2 conclusions in the scientific report. We
3 underscore the critical need to sufficiently fund
4 and conduct nutrition research that will address
5 the gaps in the evidence base. The Academy
6 respectfully encourages the Departments to
7 identify opportunities to address these issues
8 and begin the process now of developing the
9 2025-2030 Dietary Guidelines for Americans using
10 a systems approach and adopting additional
11 recommendations of the National Academy of
12 Medicine to build upon the work of this
13 Committee.

14 Thank you, again, for this opportunity
15 to be here today. The Academy of Nutrition and
16 Dietetics looks forward to continuing to work
17 with USDA and HHS to create Dietary Guidelines
18 for Americans that serve all people and create a
19 healthier American public.

20 OPERATOR: Thank you, Commenter 38.
21 Next is Commenter 39. Commenter 39, your line is
22 open.

1 DR. SIZEMORE-RUIZ: Good afternoon.
2 My name is Dr. Tiffany Sizemore-Ruiz, and I am a
3 quadruple board certified cardiologist, as well
4 as an internal medicine physician, board
5 certified in nuclear cardiology and
6 echocardiography, as well. As a practicing
7 physician and expert in preventive cardiovascular
8 medicine, I know firsthand the value of
9 science-based guidelines to help assess patients'
10 alcohol consumption. Unfortunately, the DGAC's
11 proposal to change the definition of moderate
12 drinking in the 2020 DGA is not supported by a
13 preponderance of evidence and would negatively
14 impact physician screening and interventions
15 related to alcohol consumption.

16 Please note that I have, in addition
17 to my medical practice and teaching roles, served
18 as a medical advisor to the Distilled Spirits
19 Council of the United States for four years now.
20 In that role, and in all of my work, I stand by
21 my highest ethical standards. My medical
22 opinions are based on my extensive expertise in

1 the field, and it is on that basis that I offer
2 my testimony today.

3 The 2015 Dietary Guidelines definition
4 of moderate drinking is an extremely common
5 reference point for healthcare providers who must
6 often quickly establish trust and assess
7 lifestyle habits impacting our patients' health,
8 including whether they consume alcohol and how
9 much. If we believe our patients' alcohol
10 consumption negatively impacts their health, we
11 must be able to provide frank and credible advice
12 to change their behavior. The proposal to change
13 the definition of moderate drinking puts the
14 credibility of these incredibly important
15 doctor/patient interactions at risk, with
16 shockingly little justification. The Committee
17 claims that the preponderance of evidence
18 supports its proposal.

19 Yet, in the Committee's own words, and
20 I quote, only one study examined the differences
21 among men, comparing one versus two drinks.
22 Surely, one study cannot be sufficient basis on

1 which to overturn decades of health guidance and
2 scientific evidence.

3 Indeed, as the DCAC report, itself,
4 acknowledges, the vast majority of evidence, and
5 Committee's systematic review reaffirms, that
6 moderate drinking is associated with reduced all-
7 cause mortality and with particularly important
8 reductions in the risk of death from
9 cardiovascular disease, which is the leading
10 cause of death for all Americans, not cancer.

11 I am deeply troubled that the DGAC
12 failed to conduct a systematic review of the
13 critical relationship between alcohol consumption
14 and cardiovascular health outcomes. This failure
15 seriously weakens the report and diminishes the
16 utility of the 2020 Dietary Guidelines. In the
17 midst of the COVID-19 pandemic, it is more
18 important than ever that Americans trust the
19 scientific foundations of public health advice.

20 In my professional opinion, the DGAC's
21 proposal to change the definition of moderate
22 drinking is not supported by a preponderance of

1 evidence, and it is neither credible nor correct.

2 The proposal would not be helpful to
3 patients or healthcare practitioners, and the DGA
4 should retain its previous evidence-based
5 definition of moderate drinking. Thank you for
6 allowing me this time to speak today.

7 OPERATOR: Thank you, Commenter 39.
8 Next is Commenter 40. Commenter 40, your line is
9 now open.

10 Please go ahead, Commenter 40. Your
11 line is open.

12 (No response.)

13 OPERATOR: We will move to Commenter
14 41. Please go ahead, your line is open now,
15 Commenter 41.

16 MS. HEIMOWITZ: Hello, and good
17 afternoon. My name is Colette Heimowitz. I am
18 representing Atkins Nutritionals, which is a
19 subsidiary of the Simply Good Foods company. I
20 want to begin by thanking the USDA and HHS for
21 giving us the opportunity to provide comments on
22 the scientific report of the 2020 Dietary

1 Guidelines.

2 We appreciate the time and effort that
3 went into compiling the report, but we are
4 disappointed that the process did not allow for
5 the consideration of research inclusion on a
6 lower carbohydrate diet approach.

7 Therefore, the report does not include
8 the critical changes needed to improve the health
9 of the majority of the population. The National
10 Academy of Sciences, Engineering, and Medicine
11 2017 report acknowledged the need to provide
12 Dietary Guidelines for all Americans and
13 recognizes that nutrition recommendations must
14 allow for the prevention of chronic diseases.

15 Fortunately, the Committee report
16 continues to focus solely on providing
17 recommendations to the healthy population, even
18 though, according to data from NHANES, only 12
19 percent of Americans are metabolically healthy,
20 and according to the Journal of the American
21 Medical Association report, 52 percent of
22 Americans are either pre-diabetic or diabetic.

1 The USDA Committee insisted on omitting research
2 whose primary outcomes included weight loss,
3 which makes no sense when 70 percent of the
4 population is overweight or obese.

5 The report recognizes the high level
6 of interest in low-carb diets relative to a
7 variety of health outcomes. It notes that
8 studies that met the criteria for inclusion,
9 especially when relevant to type II diabetes
10 risk, could not be included.

11 The methodology concerns could have
12 been avoided if the Committee had adopted one of
13 the leading scientific standards for reviews of
14 the science, as was recommended by the NASEM
15 report.

16 We urge the USDA and HHS to act now
17 and include language in the 2025 Dietary
18 Guidelines clarifying that these guidelines are
19 for healthy individuals and noting that if an
20 individual is overweight or obese or have chronic
21 health conditions, such as pre-diabetes or
22 diabetes, they should talk to their doctor about

1 a lower carb approach, as indicated in the most
2 recent standards of medical care from the ADA.
3 We also ask that the standard definition of low
4 carb diets be consistent with the American
5 Dietetic Association, and we encourage the USDA
6 and HHS to include language defining low-carb
7 content as less than 25 percent of energy or 130
8 grams of carbohydrates per day.

9 That would allow for sufficient
10 vegetables and low glycemic fruits, as well as
11 whole grains. The 2020 Dietary Guidelines can
12 prevent Americans from getting sicker, but
13 changes are needed now.

14 With healthcare costs continuing to
15 rise and evidence that the current pandemic is
16 impacting those with these chronic health
17 conditions at a much higher rate, we just can't
18 wait for another five years to make those
19 recommendations. Thank you.

20 OPERATOR: Thank you, Commenter 41.
21 Next, we move back to Commenter 40. Commenter
22 40, your line is now open.

1 MR. HAYEK: Okay, thank you. My name
2 is Mr. Hayek. I am a food scientist at the
3 Islamic Food and Nutrition Council of America.
4 We are a halal certification body providing
5 service of halal certification to different
6 sectors in the food industry and the nutritional
7 supplements to serve the community in U.S. and
8 around the globe, as well.

9 My concerns about the new dietary
10 regulations and Guidelines, they did not include
11 special needs for different ethnic groups, like
12 Muslim, Jewish, Christians.

13 There's a special difference between
14 these groups, in addition to other ethnics, as
15 well, also special needs for other groups when
16 we're talking about White, Black, Hispanic, other
17 ethnic groups, as well. Also, the sources of
18 dietary supplements are not known to the
19 customers.

20 Notice that most of the vitamins,
21 minerals, amino acids, most of the dietary
22 supplements are imported from China. Majority of

1 the customers or regular consumers does not know
2 about that.

3 The activity of these ingredients and
4 the effect of these ingredients on their body as
5 most of it is from microbial sources, not from
6 natural sources. Dietary Guidelines should guide
7 the people to go with natural sources for their
8 vitamins from regular sources of foods,
9 vegetables, and so on. Now, speaking about the
10 majority of the populations will not pay
11 attention to their diets. That's why we are
12 exceeding the limit when we talk about obesity
13 and malnutrition.

14 That is a big concern here. Only low
15 percent, about 10 percent of the Americans
16 considering taking dietary supplements, and they
17 are concerned about their diets.

18 So that is why the availability of the
19 dietary supplements in the market is not the
20 source guideline to guide all people to have
21 their dietary supplements also to prevent the
22 processed food from the market, lowering the

1 processed food and improving availability of good
2 nutritional food to the population that would be
3 an alternative source. Thank you.

4 OPERATOR: Thank you, Commenter 40.
5 Now, we take Commenter 42. Commenter 42, your
6 line is now open.

7 MS. PETERSEN: Thank you for the
8 opportunity to present the views of the American
9 Heart Association. I'm Kristina Petersen, an
10 assistant research professor in the Department of
11 Nutritional Sciences at Penn State University and
12 a member of the AHA Nutrition Committee. To
13 begin, I'd like to thank the members of the
14 Dietary Guidelines Advisory Committee for their
15 work.

16 The Committee conducted a rigorous
17 review of the science, and their report provides
18 a strong evidence-based foundation for the new
19 Dietary Guidelines. AHA supports the Committee's
20 report and encourages the Departments to adopt
21 the recommendation.

22 We are pleased the report focuses on

1 the need to achieve a healthy dietary pattern
2 across the lifespan, and we agree with the
3 Committee that a healthy dietary pattern is
4 higher in fruits, vegetables, legumes, whole
5 grains, low in non-fat dairy, lean meat and
6 poultry, seafood, nuts, and unsaturated vegetable
7 oils, and low in red and processed meats,
8 saturated fats and cholesterol, sugar-sweetened
9 foods and drinks, and refined grains.

10 This aligns with AHA's dietary
11 recommendations. We strongly support the
12 Committee's recommendation to reduce saturated
13 fat intake and replace it with unsaturated fats,
14 especially polyunsaturated fats. This has been a
15 long-standing AHA recommendation. Studies show
16 that replacing saturated fat with polyunsaturated
17 oils substantially reduces cardiovascular disease
18 risk, but replacing saturated fats with refined
19 carbohydrates does not reduce risk for heart
20 disease and may increase risk for other
21 conditions, such as diabetes and metabolic
22 syndrome.

1 Therefore, we would like to see the
2 Dietary Guidelines explicitly recommend against
3 replacing saturated fat with refined
4 carbohydrates or sugars. AHA also supports the
5 Committee's recommendation to reduce added sugars
6 to less than 6 percent of calories.

7 We agree that the current
8 recommendation of less than 10 percent is too
9 high, as most Americans have little room in their
10 diet for empty calories, with no nutritional
11 value, and need to go lower than 10 percent in
12 order to have a healthy dietary pattern and meet
13 their essential nutrient needs. Reducing added
14 sugar to less than 6 percent will result in the
15 greatest health benefit. In closing, I'd like to
16 make what may be my most important point. We
17 have been telling people how to eat healthier for
18 years, and the advice has not changed
19 dramatically, but diet quality remains poor. The
20 majority of Americans are overweight or obese,
21 and chronic conditions are prevalent.

22 We have to do more than tell people

1 what to eat. We have to help them do it, and
2 that will require examining all of the social,
3 economic, environmental, and cultural factors
4 that impact a person's ability to follow a
5 healthy dietary pattern.

6 Many of these are challenging issues,
7 such as food access or food insecurity, but we
8 must address these issues through broad
9 environmental and policy changes if we want to
10 make the healthy choice the easy choice for most
11 Americans. Thank you again for the opportunity
12 to present the views of the American Heart
13 Association.

14 OPERATOR: Thank you, Commenter 42.
15 Next is Commenter 43. Commenter 43, your line is
16 now open.

17 DR. DUBOST: Good morning. Hello.
18 I'm Dr. Joy Dubost, registered dietitian and head
19 of Nutrition North America at Unilever.
20 Beverages have a role in hydration, and they also
21 have an important role in providing food group
22 recommendations, essential nutrients, and

1 bioactive compounds, such as flavonoids, all of
2 which have a role in health.

3 We believe there's a gap in the
4 current Dietary Guidelines for Americans in
5 providing clear overarching guidance and more
6 specific recommendations on beverage consumption
7 for Americans, including details on specific
8 types and amounts that should be consumed as part
9 of a healthy dietary pattern.

10 With this in mind, we are pleased to
11 see there was more interest in scientific
12 assessments from the Committee on beverages.
13 However, there needs to be an applied practical
14 consumer recommendations on beverages in the
15 final Guidelines.

16 For instance, the scientific committee
17 stated, on Page 180 of the report, quote, most
18 adults consume two or more sweetened beverages
19 each day. Replacing one or both of those per day
20 with water or other beverages that do not
21 contribute energy, all other dietary intakes
22 being consistent, could reduce total energy

1 intake and help contribute to reduced energy
2 balance. We concur with this statement and
3 recommend unsweetened tea from as an alternative
4 option to consumers. We know consumers enjoy
5 variety and may not prefer plain water.

6 Thus, other recommendations on
7 healthier beverage options needs to be provided.
8 Unsweetened tea provides zero energy and added
9 sugar, is just as hydrating as water at 99 and a
10 half percent water, and is one of the best
11 sources of the bioactive compound flavonoid.

12 Given flavonoids, more specifically
13 flavon-3-ol, have been long associated with
14 health benefits, including supporting heart
15 health, unsweetened tea provides more than
16 hydration. Tea is a major flavonoid source,
17 specifically flavon-3-ol, in the American diet.

18 The scientific Committee noted, on
19 Page 612, quote, beverages contribute positive
20 health benefits. We concur and would like to
21 highlight the positive health benefits of
22 unsweetened tea. The most comprehensive study to

1 date on tea and heart health indicated that each
2 cup increase in daily consumption was associated
3 with an average 4 percent lower risk of
4 cardiovascular disease mortality. In those 65
5 years and older, with each cup of tea consumed,
6 one can lower their risk of CVD mortality by 10
7 percent.

8 The authors concluded, based on the
9 evidence, daily tea intake as part of a healthy
10 habitual dietary pattern may be associated with a
11 lower risk of CVD and all-cause mortality among
12 adults.

13 Unilever recommends that USDA and HHS
14 provide healthy beverage guidelines, including
15 the recommendation to consume unsweetened tea on
16 a daily basis. We would also recommend a MyCup
17 to accompany MyPlate to empower consumers to make
18 smart beverage choices. We have also filed
19 written comments detailing complaints raised in
20 these oral comments. Thank you very much for
21 your time.

22 OPERATOR: Thank you, Commenter 43.

1 Next is Commenter 44. Commenter 44, your line is
2 now open.

3 DR. PALMER: Thank you. Good morning.
4 I'm Dr. Carole Palmer, professor emeritus at
5 Tufts University Schools of Dental Medicine and
6 the Friedman School of Nutrition, where I taught
7 nutrition and oral health for over 50 years. But
8 today, I'm speaking for the Oral Health Alliance.

9 We're a group of nutrition, oral
10 health, public health professionals, advocates
11 for children and older adults, and
12 representatives of industry and consumer groups,
13 but we're all concerned with oral health and its
14 nutritional implications.

15 Oral health is an often totally
16 underappreciated, yet really critical factor to
17 nutrition and, therefore, overall general health.
18 We are really pleased that the Dietary Guidelines
19 Advisory Committee identified tooth decay, which
20 is known as dental caries, as the diet initiated
21 health concern for both children and adults.

22 In fact, dental caries is a chronic

1 infectious disease which, believe it or not, can
2 have serious, or even fatal consequences. Dental
3 caries and other oral diseases can increase the
4 risk of heart disease, diabetes, dementia,
5 rheumatoid arthritis, premature birth, and even
6 death from oral infection. Yes, death from a
7 toothache. The oral pain and the discomfort from
8 dental caries and other oral infections, in turn,
9 is a major risk factor for inadequate consumption
10 of the DGAC recommended dietary pattern.

11 Increased snacking throughout the day, instead of
12 the three meal a day routine of yore, raises the
13 risk of obesity and increases the risk for dental
14 caries for all age groups.

15 COVID-19, of course, has contributed
16 even further to decreased food security, and,
17 therefore, accelerated susceptibility to
18 infectious and diet-related chronic diseases.

19 Who are we talking about?

20 One in four children under 5, half of
21 all children age 6 to 19, over 90 percent of
22 adults age 35 or more all have decayed, missing,

1 or filled permanent teeth.

2 Prevention of dental caries and other
3 oral infectious diseases is really critical to
4 maintaining people's ability to chew food,
5 consume nutrient rich diets, achieve and sustain
6 optimal nutritional status, and prevent
7 development of oral infections and their harmful
8 health effects. Preventing dental caries early
9 and through life also fosters essential social
10 interaction, school performance, military
11 readiness and effectiveness, and even the
12 opportunity to get a job. Yet, despite these
13 alarming figures, the DGAC has failed to
14 recommend any actions to prevent dental caries
15 and promote oral health.

16 Now is the time for USDA and DHHS to
17 recommend that Americans across the lifespan
18 implement optimum preventive practices by
19 including in the 2020-2025 Dietary Guidelines for
20 Americans this statement, quote, individuals of
21 all ages should follow a daily oral hygiene
22 routine, which includes brushing their teeth with

1 fluoridated toothpaste, cleaning between teeth
2 where possible, limiting frequent or constant
3 consumption of dietary fermentable carbohydrates
4 -- these are all the simple sugars -- drinking
5 fluoridated water where available, and chewing
6 sugar free gum for 20 minutes after meals or
7 snacks when possible, unquote. Thank you so much
8 for your consideration.

9 OPERATOR: Thank you Commenter 44.

10 Next, Commenter 45. Commenter 45, your line is
11 now open.

12 MS. NGUYEN: Good morning. I'm
13 Haiuyen Nguyen, representing the Council for
14 Responsible Nutrition, CRN. First, we commend
15 the 2020 Dietary Guidelines Advisory Committee
16 for its work on the scientific report and
17 appreciate the opportunity to comment. The
18 report confirms American diets are energy rich,
19 and nutrient poor, correlating to increased
20 overweight and obesity contributing to chronic
21 disease.

22 However, we are hopeful that evidence

1 in the report will generate guidance to help
2 reverse this concerning trend and promote health
3 of Americans across the lifespan. CRN supports
4 the Committee's recommendation that the
5 Guidelines recognize special nutrient concerns at
6 each life stage.

7 While we agree that the Guidelines
8 should encourage nutrient dense and lower calorie
9 food choices, we also recommend specific guidance
10 on the appropriate use of dietary supplements as
11 a way to meet nutrient needs.

12 The Committee determined that the U.S.
13 population 1 year and older did not meet
14 recommended intakes of vitamins A, C, D, E, and
15 K, calcium, dietary fiber, potassium, magnesium,
16 and choline. The Guidelines should recommend
17 that American increase intakes of all of these,
18 but especially vitamin D, calcium, dietary fiber,
19 and potassium, as their under consumption has
20 been linked to poor health outcomes.

21 Vitamin D is a nutrient of public
22 health concern for the entire population, from

1 infants to senior, but USDA's food patterns do
2 not provide recommended amounts of vitamin D
3 because few food sources are available.

4 The Guidelines should emphasize that
5 vitamin D supplementation is necessary for
6 everyone to meet recommended intakes. CRN also
7 agrees with the Committee that optimal nutrition
8 before, during, and after pregnancy establishes a
9 path for lifelong health and wellness in infants.

10 Thus, the Dietary Guidelines should
11 address nutrient concerns during these critical
12 periods. The Committee reported that many
13 pregnant women did not meet requirements for key
14 nutrients, but acknowledged that 69 percent took
15 supplements, reducing the prevalence of
16 inadequacy.

17 We recommend that the Guidelines
18 reinforce the Committee's advice that pregnant
19 and lactating women follow a nutrient dense diet,
20 along with guidance from healthcare practitioners
21 on the appropriate use of dietary supplements to
22 meet needs not likely covered by dietary intake

1 alone, especially iron, iodine, and folic acid.

2 As USDA and HHS focus on developing
3 Dietary Guidelines to promote health and prevent
4 chronic disease, the Departments should also
5 highlight special nutrient concerns and
6 strategies to mitigate them, including
7 appropriate use of dietary supplements. We will
8 submit additional written comments for
9 consideration. Thank you for your attention.

10 OPERATOR: Thank you, Commenter 45.
11 Next, Commenter 46. Commenter 46, your line is
12 open.

13 MS. WHITMIRE: Good morning, and thank
14 you for the opportunity to comment. I am
15 Meredith Whitmire, policy director for the Defeat
16 Malnutrition Today coalition, a group of over 100
17 national, state, and local organizations and
18 agencies fighting older adult malnutrition.

19 The framework and approach outlined in
20 the 2020-2025 Dietary Guidelines highlight the
21 importance of guidelines to improve the
22 nutritional intake of Americans across the

1 lifespan. As older adults represent a growing
2 proportion of the United States, including
3 Dietary Guidelines relevant to an aging
4 population is important. In fact, older adult
5 malnutrition is a growing crisis in America
6 today.

7 One in two older adults face the
8 threat of malnutrition. Malnutrition is
9 pervasive, costly, and contributes to disability
10 and slower recovery. However, it has not yet
11 been addressed by a systematic consistent
12 approach throughout the continuum of care,
13 including in our communities.

14 In a December 2019 report entitled
15 Nutrition Assistance Programs, agencies could do
16 more to help address the nutritional needs of
17 older adults.

18 The Government Accountability Office
19 found that the majority of older adults in the
20 United States have chronic conditions, and
21 evidence shows that nutrition is associated with
22 the development of such conditions.

1 Nevertheless, the GAO found that the current
2 Dietary Guidelines focus on the foods and
3 nutrients healthy individuals need to maintain
4 health and prevent nutrition-related chronic
5 conditions, which limits their applicability to
6 older adults who already have chronic conditions.
7 Further, the GAO also found, through its
8 research, that older adults' nutritional needs
9 can vary with age and many face certain
10 challenges that additional nutrition guidance
11 could help address, such as the management of
12 chronic conditions or age-related changes.

13 Yet, guidance currently falls short,
14 in part because of limited research evaluating
15 older adults' nutritional needs. HHS officials
16 said to the GAO, in response, that when they
17 released the 2025-2030 Dietary Guidelines update,
18 they intend to include a focus on nutritional
19 guidance for older adults.

20 However, HHS has not yet documented
21 this intention, such as through a formal plan.
22 What does this mean? HHS and USDA should take a

1 closer look at any current guideline updates that
2 might impact older adults, such as the sarcopenia
3 related questions, and make sure that they cover
4 the gamut of older adults, including the oldest,
5 old, and those with chronic conditions. For
6 example, study shows that older adults need a
7 substantially higher amount of protein to
8 maintain their muscle mass and prevent
9 sarcopenia. Yet, the reference intake says the
10 same for all groups age 14 and older, male and
11 female. This should be re-evaluated.

12 In fact, the Committee report states
13 that given the high prevalence of sarcopenia and
14 reduced muscle strength, dietary protein should
15 be further examined. We agree with this
16 statement and encourage further study of this
17 topic.

18 On that note, HHS and USDA should
19 encourage research into older adults' nutritional
20 needs now, so that the results can inform the
21 2025-2030 update, and HHS should plan for the
22 next round of updates now, so that work can begin

1 as soon as possible in meeting these goals.

2 Ultimately, older adult malnutrition
3 is preventable, but to defeat it, we must first
4 address it. The Dietary Guidelines can and
5 should lead the way in this effort. Thank you
6 for having me, and thank you for your important
7 work.

8 OPERATOR: Thank you, Commenter 46.
9 Next, Commenter 47. Commenter 47, your line is
10 now open.

11 DR. BRENNNA: Hello, everyone, and
12 thanks for listening in. I was a member of the
13 2015 DGAC. My comments are about the
14 recommendations for seafood in neurocognitive
15 development. I congratulate the 2020 Committee
16 on its overall interpretation of the first ever
17 systematic review on this particular topic.

18 It matches a parallel effort
19 undertaken by an international volunteer group of
20 13 nutrition researchers, of which I was one,
21 published in late 2019. It shows seafood, as a
22 whole food, benefits children's neurocognitive

1 development, whether consumed by mother, during
2 pregnancy, or the children, themselves.

3 However, we, joined by others, are
4 alarmed that an aspect of the conclusions does
5 not follow the evidence. Specifically, the
6 legacy advice to consume up to 12 ounces of
7 seafood per week, and particularly citing mercury
8 as a criterion for selecting seafood.

9 To the contrary, the DGAC systematic
10 review in our group found increasing
11 neurocognitive benefit and negligible harm at
12 levels of seafood consumption many fold higher
13 than 12 ounces and up to 100 ounces per week.
14 The 12 ounce limit appears to be legacy advice
15 from the 1990s. At that time, FDA recommended a
16 limit out of an abundance of caution and a
17 paucity of data about hypothetical neurotoxic
18 effects of mercury at the levels found in
19 American seafood.

20 In fact, the preponderance of
21 scientific and medical knowledge that is current
22 squarely refutes the 12 ounce limit. Moreover,

1 the lack of emphasis on the nutrient package that
2 is seafood is confusing to everyone,
3 professionals and public alike.

4 It drives avoidance of seafood to
5 levels well below the eight ounces per week that
6 the evidence says is key to neurocognitive
7 development. The young lady on my shoulder is my
8 daughter's daughter. She just turned 1 year old.
9 Her favorite food is salmon.

10 Put salmon and rice on her tray, and
11 she picks up the salmon and plays with the rice.
12 She averages 15 ounces of seafood a week, and
13 she's 1. As we heard in opening remarks today,
14 the Dietary Guidelines for Americans is Federal
15 nutrition policy, setting standards for school
16 lunches, WIC, SNAP, and food assistance programs
17 serving 1 in 4 Americans annually. The evidence
18 is clear that we must support all Americans with
19 abundant seafood for the sake of all children's
20 development.

21 USDA and HHS should muster the courage
22 to follow the foundational evidence and be

1 transparent and inclusive. The evidence says
2 that the harm to mothers and babies is from not
3 eating enough seafood. Thank you.

4 OPERATOR: Thank you, Commenter 47.
5 Next is Commenter 48. Commenter 48, your line is
6 now open.

7 MS. OHLHORST: The American Society
8 for Nutrition, a professional society with more
9 than 7,500 members who advance excellence in
10 nutrition research and practice, appreciates the
11 opportunity to provide input to USDA and HHS
12 regarding the scientific report of the 2020
13 Dietary Guidelines Advisory Committee.

14 ASN notes the important contributions
15 of the many ASN members that led to this report
16 and applauds the efforts of the 2020 DGAC,
17 particularly given the shortened time frame in
18 which they had to complete their work. ASN
19 appreciates the DGAC's work to highlight
20 important areas where the research is needed or
21 still advancing and commends the DGAC report
22 research recommendations. Absent or insufficient

1 scientific information must be noted, as we
2 cannot justify dietary recommendations without
3 evidence.

4 Ongoing and future nutrition research
5 is of utmost importance to the development of the
6 2020 Dietary Guidelines for Americans, as well as
7 future editions of the Guidelines. The strength
8 of the scientific evidence should dictate dietary
9 guidance, and nutrition research provides the
10 scientific evidence.

11 ASN encourages the government to
12 translate key research recommendations into
13 funding priorities and encourages researchers to
14 use them as a guide.

15 Additionally, ASN strongly urges the
16 government to support a process for timely
17 updates of the Dietary References Intakes to
18 provide current accurate data to be used in
19 guideline development. Of particular importance
20 is the recommendation that research studies be
21 conducted with diverse pre-specified populations,
22 diverse in age, gender, race, ethnicity, and

1 socioeconomic background. USDA and HHS must take
2 these diverse populations into account when
3 developing the 2020 Guidelines, as well as
4 considering that 6 in 10 American adults live
5 with a chronic disease.

6 It's important to ensure the
7 Guidelines can be readily understood and adopted
8 by most Americans, so they successfully lead to
9 improved public health outcomes. As suggested by
10 the DGAC, a focus on healthful dietary patterns
11 allows for adaptation of the Guidelines by
12 individuals and families.

13 ASN also encourages the government to
14 consider the DGAC's recommendation that the
15 Guidelines touch on other important public health
16 issues, including recommending low intake of
17 trans fats, reducing sodium intake, preventing
18 dental caries, and maintaining hydration, among
19 other important topics.

20 ASN encourages the government to
21 continue to engage collaborators, including
22 scientific organizations like ASN, to ensure the

1 Guidelines are disseminated and implemented by
2 the public and that unresolved scientific
3 questions continue to be a research focus. Thank
4 you very much.

5 OPERATOR: Thank you, Commenter 48.
6 Next is Commenter 49. Commenter 49, your line is
7 now open.

8 MS. LAWSON-SANCHEZ: Hi, good morning.
9 My name is Audrey Lawson-Sanchez, and I'm the
10 founder and executive director of Balanced, a
11 public health and nutrition advocacy
12 organization. But I'm also a mother, so I know
13 firsthand not only the importance, but also the
14 challenges of feeding our families healthy food.

15 Unlike a number of other commenters,
16 I am not affiliated with any one industry or here
17 to advocate for one type of diet. I am here to
18 underscore the urgent need for robust
19 evidence-based nutrition guidelines that put the
20 health of our children and families first,
21 especially as the Guidelines relate to
22 systems-level policies and institutional food

1 environments.

2 Two factors that are demonstrably more
3 influential on dietary choice than education and
4 information alone. The Guidelines set the stage
5 for national and state-level policies. These
6 policies affect tens of millions of children and
7 families every single day, and they determine the
8 kind of food available to our country's most
9 vulnerable populations, especially in places like
10 schools, hospitals, and other critical community
11 institutions.

12 As we've heard, nutrition policies are
13 often motivated by the very real need to address
14 food insecurity. But unfortunately, they usually
15 fail to address nutrition insecurity. That is
16 even when food is made available to more people,
17 it often falls far short of optimal nutrition.

18 Frankly, these inadequate policies,
19 which have been influenced by previous Dietary
20 Guidelines, are causing serious harm to the
21 health of entire communities. Healthier policies
22 depend on healthier guidelines.

1 Additionally, there has never been a
2 more urgent need to strengthen the standards of
3 the Dietary Guidelines than in this moment, as
4 our country battles two public health crises.
5 Even before the current global pandemic,
6 Americans were sick. Roughly 117 million
7 American adults live with one or more chronic
8 lifestyle related diseases. These are diseases
9 that often begin in childhood and, like adults,
10 children are experiencing unprecedented rates of
11 preventable diet-related diseases. In fact, a
12 study published in the New England Journal of
13 Medicine noted that for the first time in two
14 centuries, the current generation of children in
15 America may have shorter life expectancies than
16 their parents as a direct result of diet-related
17 disease.

18 Clearly, the dietary patterns of most
19 Americans are not just unhealthy. They're
20 dangerous, and they're deadly, and they're
21 influenced by the policies and food environments
22 that are born from the Guidelines. Now is the

1 time for the strongest, most aspirational
2 Guidelines yet.

3 The final Guidelines must explicitly
4 and forcefully call for a reduction in
5 dangerously over consumed ultra-processed foods,
6 animal sourced proteins, including processed
7 meat, and other foods high in cholesterol,
8 saturated fat, sodium, sugar, and empty calories.
9 We need urgency in promoting increased
10 consumption of fruits, vegetables, whole grains,
11 and specifically, a diversity of fiber rich
12 protein. Strength in guidelines have the chance
13 to radically improve outcomes. This is not just
14 our opportunity to reverse and prevent the burden
15 of diet-related disease. It's our
16 responsibility. Thank you.

17 OPERATOR: Thank you, Commenter 49.
18 Next is Commenter 50. Commenter 50, your line is
19 now open.

20 MR. SALLEY: Thank you. Hi, my name
21 is John Salley. I'm a four-time NBA champion who
22 played with the Los Angeles Lakers, Detroit

1 Pistons, Chicago Bulls. I'm here on behalf of
2 Physicians Committee for Responsible Medicine.

3 As someone who follows a plant-based
4 diet, I would first like to thank the Dietary
5 Guidelines Advisory Committee for recognizing the
6 benefits of fruits, vegetables, grains, beans for
7 fighting heart disease, type II diabetes, and so
8 many other diseases that plague America.

9 But racial health disparities also
10 plague America. The Dietary Guidelines Advisory
11 Committee suggests that the Dietary Guidelines
12 recommend three servings of dairy a day would
13 take a disproportional toll on the health of
14 Black Americans and other communities of color.
15 Heart disease, prostate cancer, breast cancer,
16 and asthma take the lives of Black Americans as a
17 disproportionate race. Milk, cheese, yogurt, all
18 dairy products increase the risk of these
19 conditions. Research also shows that these dairy
20 products have little to no benefit for the bulk.

21 For many of us, a glass of milk can
22 also mean a real serious belly ache. Lactose

1 intolerance affects up to 80 percent of
2 African-Americans, 95 percent of Asian-Americans,
3 80 to 100 percent of Native Americans, and up to
4 80 percent of Hispanic and Latinos.

5 That's why American Medical
6 Association recently passed a resolution calling
7 for dairy guidelines to indicate that dairy
8 products are optional. Why would the U.S.
9 government tell all Americans to drink three
10 glasses of milk a day?

11 It's pretty hard to stomach. Canada
12 recently updated nutritional guidelines by
13 acknowledging that dairy is not necessary and
14 demoted dairy products from a food group to an
15 optional protein source. That's because we can
16 get all the protein, calcium, potassium,
17 magnesium we need from healthful plant-based
18 foods, like greens and beans. I urge you.

19 OPERATOR: Thank you, Commenter 50.
20 Next, Commenter 51. Commenter 51, your line is
21 now open.

22 DR. MILLER: Hello, my name is Dr.

1 Debra Miller. I'm the senior vice president of
2 scientific and regulatory affairs at the National
3 Confectioners Association, or NCA. We appreciate
4 the opportunity to address you today. NCA is the
5 leading trade association representing the \$50
6 billion U.S. confectionary industry.

7 Consumers love the products our member
8 companies produce. NCA members concur with the
9 DGAC report conclusion that it would be
10 unreasonable to recommend no intake of added
11 sugars.

12 Foods with added sugars, such as
13 confections, are part of our culture, and they're
14 part of the traditions of many families,
15 communities, and special occasions. NCA agrees
16 that reducing added sugar intake is an important
17 dietary goal, however, and meeting nutrient
18 requirements should be the first priority in
19 dietary advice. However, the agencies should
20 consider three important points regarding the
21 DGAC report on added sugars. One, added sugar
22 intake is decreasing in the United States.

1 Although this is mentioned in the report, it does
2 not appear that the DGAC fully considered the
3 evidence that Americans' added sugar intake has
4 been decreasing over the past decade.

5 Point two, there is no new evidence
6 provided in the report that adverse outcome
7 measures are associated with added sugar intake.
8 The recommendation to consume less than 6 percent
9 of calories from added sugar, which is currently
10 at less than 10 percent of calories, is based
11 solely on food pattern modeling.

12 The report itself shows a range of
13 added sugar intake levels from 3 to 8 percent for
14 varying energy intake levels. Only one of the
15 research questions posed to the DGAC on added
16 sugar considered health outcome data.

17 That review found that only limited
18 evidence, based primarily only on sugar-sweetened
19 beverages, of an association of added sugar
20 intake and the risk of cardiovascular health
21 outcomes. For all other subcomponents of this
22 research question, the DGAC found insufficient

1 evidence and could not assign a grade. Point
2 three, Federal and regulatory education
3 initiatives on added sugar have only just begun
4 to be implemented. Since 2015, the FDA has
5 undertaken large scale actions aimed at further
6 reducing the intake of added sugar by
7 establishing a Daily Reference Intake -- again,
8 that is at the level of less than 10 percent of
9 total calories -- and FDA has mandated the
10 declaration of added sugar on all new nutrition
11 fact panels.

12 These new labels just went into effect
13 on January 2020 and, for small manufacturers,
14 don't even go into effect until next January,
15 2021. Thus, products with the new nutrition fact
16 panels, the added sugar declarations, and the
17 daily values are just beginning to reach
18 consumers.

19 In summary, given that Americans are
20 reducing their added sugar intake and now will
21 have more tools to effectively do so, it seems
22 prudent for the agencies to maintain the

1 recommendation of less than 10 percent of
2 calories from added sugar to be consistent and
3 aligned with the existing labeling and
4 educational efforts. Finally, NCA would like to
5 encourage the agencies to also include a section
6 on oral health and note the importance of sugar
7 free gum in the prevention of dental caries.

8 Thank you.

9 OPERATOR: Thank you, Commenter 51.
10 Next, Commenter 52. Commenter 52, your line is
11 open.

12 MS. JARDINE: Hello. My name is
13 Margaret Jardine, and I am a registered dietitian
14 nutritionist and a certified diabetes care and
15 education specialist. Thank you for this
16 opportunity to provide my comments and expertise.

17 I also appreciate the expertise this
18 panel brings to the development of nutrition
19 guidelines that are evidence based to promote the
20 health of Americans. These Guidelines are for
21 healthy people.

22 However, there's a big problem in our

1 country right now; 1 out of 3 Americans have
2 pre-diabetes; 70 percent are either overweight or
3 obese; over 100 million people have high blood
4 pressure; 80 to 100 million people have fatty
5 liver disease. These are diet-related problems.
6 These are underlying conditions that have also
7 made Americans vulnerable to COVID-19. Americans
8 should know exactly what they need to do to
9 improve their health through nutrition. The
10 healthiest people on the planet consume
11 plant-based diets that are high in unrefined
12 carbohydrates from whole grains, legumes, fruits,
13 vegetables, nuts, and seeds.

14 They eat very little animal products
15 or processed foods. Eliminating red and
16 processed meats will go a long way to reduce
17 chronic disease. The Dietary Guidelines should
18 also be honest and reasonable about recommending
19 dairy products.

20 For generations, Americans have been
21 taught to believe that dairy is healthy and
22 essential. As scientists, we know the evidence

1 does not support this marketing claim.

2 A 2014 study published in the British
3 Medical Journal of over 100,000 men and women
4 followed for 20 years reported high bone and hip
5 fractures, heart disease, cancer, premature death
6 for those who drank the most milk.

7 Three glasses of milk per day was
8 associated with twice the risk of dying early.
9 Dairy has growth factors that may stimulate the
10 growth of hormone-sensitive tumors. Dairy has
11 also been implicated in the prevalence of asthma,
12 in Parkinson's disease. Americans have the right
13 to know there are health risks associated with
14 dairy. Many Americans have lactose intolerance.
15 Bone health is improved with exercise and the
16 consumption of dark green leafy vegetables,
17 fruits, and legumes.

18 Dairy should not be a recommended food
19 group. The Dietary Guidelines for Americans
20 should not be marketing -- should not be a
21 marketing vehicle for the dairy industry. Thank
22 you.

1 OPERATOR: Thank you, Commenter 52.
2 Next is Commenter 53. Commenter 53, your line is
3 now open.

4 MR. WALLACE: Hello, my name is Taylor
5 Wallace with Think Healthy Group in George Mason
6 University. I'm an academic researcher and a
7 scientific consultant for various industries, but
8 am commenting today on my own behalf.

9 Thank you to the Departments of
10 Agriculture and Health and Human Services for the
11 opportunity to comment on the 2020 Advisory
12 Committee report. I use a term called nutrition
13 quackery in my intro to nutrition course to
14 describe a fast-growing body of self-proclaimed
15 experts or those who provide biased, but
16 unsubstantiated advice about diet and health, not
17 just to consumers, but also health professionals.

18 This is extremely relevant to the
19 Advisory Committee, which, in my mind, must stand
20 as the authoritative voice of evidence-based
21 science at this time. Bias is often a heated
22 topic in nutrition science.

1 It mostly centers around the influence
2 of industry, warranted at times, but also a small
3 piece to a much larger issue at hand.

4 Confirmation bias, while less apparent, can be
5 equally as detrimental, as apparent in the
6 alcoholic beverages chapter of the Advisory
7 Committee report.

8 When this process began, many groups
9 were upset by the Advisory Committee only using
10 internal NESR systematic reviews for the first
11 time. However, when executed effectively, this
12 approach, in the absence of individual biases,
13 can help ensure recommendations around, for
14 instance, moderate intake of alcohol, are made in
15 the same fair manner as those for increasing
16 fruit and vegetable intake. USDA must have
17 increased funding to adopt new existing
18 technologies so that NESR systematic reviews are
19 constantly updated and can reflect the total body
20 of evidence, while new questions are identified,
21 and there's ample time and consideration to be
22 given for each recommendation, by subgroups, with

1 balanced expertise, as well as by the Advisory
2 Committee as a whole.

3 This helps to minimize bias in all
4 forms. Furthermore, universally agreed upon
5 nutrition specific methodologies for systematic
6 review must be developed for future iterations of
7 the Dietary Guidelines and nutrition science.
8 Continuing to adopt tools from the medical field
9 is hazardous to nutrition policy.

10 Even more hazardous are the outdated
11 Dietary Reference Intakes that must be updated
12 immediately to reflect current science. Finally,
13 moving forward, we must again advocate for future
14 funding for implementing all of the National
15 Academy's recommendations around the process for
16 updating the Dietary Guidelines for Americans.
17 Thank you.

18 OPERATOR: Thank you, Commenter 53.
19 Next is Commenter 54. Commenter 54, your line is
20 open.

21 DR. TRAPP: Hello, I'm Dr. Caroline
22 Trapp. I'm a nurse practitioner who specializes

1 in the care of people with type II diabetes and
2 am an adjunct faculty member of the University of
3 Michigan School of Nursing. I'm calling today
4 from Michigan to speak to you about under
5 consumption of a food component, fiber.

6 Last summer, when I addressed the
7 Advisory Committee, I was less concerned about
8 what was going in and more concerned about what
9 was or was not coming out. I stated that my
10 number 1 concern is number 2. Yes, I spoke about
11 constipation.

12 We nurses are knowledgeable and
13 practical clinicians, and our patients talk to us
14 about this concern. How common a concern? Up to
15 date 2020 reports that the problems of
16 constipation in older adults ranges from 24 to 50
17 percent.

18 Laxatives are used daily by 10 to 20
19 percent of community dwelling older adults and 74
20 percent of nursing home residents. Up to 30
21 percent of children suffer from constipation. As
22 you know, Americans have an epidemic of obesity,

1 colorectal cancers, heart disease, and type II
2 diabetes, all diseases that are linked to under
3 consumption of fiber rich plant foods and over
4 consumption of meat and highly processed foods.

5 Dairy products may also contribute to
6 GI issues for many. If I may draw your attention
7 to Table D1.4 in the Advisory Committee's report,
8 Food Components of Public Health Concern, I was
9 pleased to see that fiber is listed first.

10 I was also glad to see, in Part D,
11 Chapter 14, Page 32, the Committee recommended
12 that Americans obtain the majority of energy from
13 plant-based foods. However, the Committee failed
14 to make -- failed to take the most beneficial
15 step and recommend a plant-based dietary pattern,
16 and specifically, eat more beans.

17 Beans contain 4 of the 7 components
18 identified by the Committee as lacking, iron,
19 calcium, potassium, and, of course, fiber. Beans
20 are low in fat. Beans are affordable. Canned
21 beans are convenient. Beans are a staple food of
22 most cultures. Bean agricultural is

1 environmentally friendly, a significant concern
2 regrettably not addressed in this report. Beans
3 are included in the three recommended food
4 patterns across the lifespan. However, they are
5 not emphasized, and often, they are hidden in the
6 vegetable group and generally listed as the last
7 choice among protein sources. In conclusion, I'm
8 a nurse practitioner who wants to see diabetes
9 and heart disease prevented and reversed.

10 I implore you to educate Americans
11 with this simple message. Fiber matters. Let's
12 improve the health and mood of Americans.
13 Address the epidemic of constipation. With your
14 help, we can make America go again.

15 OPERATOR: Thank you, Commenter 54.
16 Next is Commenter 55. Commenter 55, please go
17 ahead.

18 MR. ADAMS: Hello. I am Eric Adams,
19 the Borough President of Brooklyn, New York. I
20 am proud to represent 226 million Brooklyn
21 residents. We are all counting on the Dietary
22 Guidelines to tell us how we should eat to

1 maintain our health.

2 Considering that a healthy diet is a
3 major tool against severe COVID-19 infection, it
4 is now more important than ever for the Committee
5 to make clear achievable dietary recommendations
6 that are guidelines, not profit. In 2016, I was
7 diagnosed with type II diabetes. The treatment
8 options I was presented with were lifelong
9 medication and surgery. Instead, I researched
10 alternatives. I adopted a whole food plant-based
11 diet, free of any animal or processed foods.
12 Within three months, I regained my sight, full
13 sensations in my extremities, and permanently
14 reversed my diabetes diagnosis, all without
15 pharmaceutical or surgical intervention.

16 In one regard, the science in report
17 of the Dietary Guidelines Advisory Committee is a
18 big step forward. High consumption of
19 plant-based food is recommended. However, while
20 the Committee's report cautions against red and
21 processed meat, it persists in greenlighting lean
22 meat, poultry, fish, and dairy. Research shows

1 that a whole food plant-based diet is the most
2 healthful diet to prevent chronic disease.

3 While the report warns that dairy is
4 the number 1 source of saturated fat in American
5 diet, the Committee has inexplicably recommended
6 that many Americans pursue three servings of
7 dairy products daily. These contradictory
8 recommendations are not only confusing, they are
9 discriminatory. The crisis of chronic disease in
10 Americans disproportionately impacts Americans of
11 color, which makes us more vulnerable to
12 COVID-19. As the current draft Guidelines
13 illustrate, we are not equally considered or
14 protected under law.

15 We contract chronic disease at a
16 disproportionate rate because we do not enjoy
17 equal access to healthy food. However, the risk
18 of chronic disease in COVID-19 can be greatly
19 reduced with a healthy diet.

20 I urge the USDA and HHS to update the
21 Guidelines to more forcefully promote the whole
22 food plant-based diet to benefit all Americans

1 equally, as doing so saves lives. We must ensure
2 our understanding of intentions does not extend
3 to any food that increases the risk of chronic
4 disease.

5 I ask the Committee to stand up to
6 chronic disease, COVID-19, as well as systemic
7 injustice and issue guidelines that welcome us
8 all, regardless of creed, color, gender, or
9 ethnicity. Thank you.

10 OPERATOR: Thank you, Commenter 55.
11 Next is Commenter 56. Commenter 56, your line is
12 open.

13 DR. GOLDNER: Thank you so much. My
14 name is Dr. Brooke Goldner, and I'm a board
15 certified physician. I specialize in disease
16 reversal using nutrition. The reason I came to
17 do this is because I actually was sick for much
18 of my life with a disease called lupus.

19 At 16 years old, I was diagnosed with
20 kidney failure, arthritis, and continued on with
21 blood clots in medical school, all from this
22 disease. But 15 years ago, I switched to a

1 plant-based diet, got rid of all the cheese and
2 eggs and other meats and processed foods I was
3 eating, and my disease went away.

4 I've been healthy for 15 years. I
5 dedicated my practice to this. Over the past
6 decade, I've helped thousands of people reverse
7 their diseases, whether it's lupus or Sjogren's
8 or heart disease or diabetes, by getting them off
9 processed foods, meat and dairy, and replacing
10 that with vegetables and plant-based foods.

11 Yesterday, I met with a patient who's had lupus
12 and Sjogren's since she was 12. She's off
13 steroids now for the first time in 30 years
14 because she got rid of animal products. As
15 physicians, we're desperately trying to chase
16 down a disease epidemic that we can't catch up to
17 or even hope to overcome because people are
18 getting sicker with every meal that they eat.
19 And now it's not just heart disease and cancer
20 and autoimmune diseases, but COVID-19.

21 We've seen that the worst outcomes
22 from COVID-19 happened from people who are even

1 mildly obese. They have a higher chance of ICU
2 or death. In the U.S., we have an obesity
3 epidemic where over 40 percent of our population
4 is obese because of their diet.

5 People on healthy plant-based diets
6 have lower BMIs, better immunity, and a better
7 chance of surviving these infections. We have to
8 do better. We need your help to do that. The
9 public doesn't know who to believe. You've been
10 listening to hours of testimony by people
11 promoting their products. That's the same thing
12 people at home are doing, watching commercials
13 and ads on TV and online. We need the government
14 to create guidelines where people can know what
15 to do.

16 And it's happening now. Our neighbor,
17 Canada, finally had the courage to eliminate
18 dairy from their nutrition guidelines. Our own
19 Harvard University, one of the top places in the
20 entire U.S. for research and good information,
21 made the Harvard Healthy Plate, where they
22 recommend a majority of people's foods come from

1 vegetables and fruits, and they urge people to
2 limit dairy, butter, processed meats, all those
3 animal products. We have guidelines that we can
4 look to. You have the chance to help us save
5 lives by giving people the right information.

6 Research and my personal experience
7 has shown that plant-based diets are better for
8 human health. If you give people the right
9 information, they can make better choices and
10 have better health if they choose to do that.

11 As a former patient and a doctor
12 desperately trying to save lives, I ask you to do
13 the right thing and firmly take a stand and
14 recommend people eat plant-based diets to
15 optimize their health and minimize their intake
16 of meat, dairy, eggs, and processed foods. You
17 have a chance to make a difference, and I really
18 hope you do so. Thank you for your time.

19 OPERATOR: Thank you, Commenter 56.
20 Next is Commenter 57. Commenter 57, please go
21 ahead.

22 MS. HERRERA: Thank you, and good

1 afternoon. My name is Leslie Herrera. I work
2 for Earth Justice, and along with the Sustainable
3 Food and Farming Department, I have been
4 researching Federal food programs and their
5 adherence to the Dietary Guidelines.

6 We believe this report lays positive
7 groundwork to guiding Americans toward a more
8 nutritious diet and lifestyle, but we have two
9 concerns.

10 First, while we support the increased
11 focus on infant nutrition, we urge the Dietary
12 Guidelines Advisory Committee to include more
13 explicit, concise recommendations to parents and
14 caretakers. Current Guidelines leave no room for
15 sugar beyond what is found in fruits and
16 vegetables and, furthermore, recommend infants
17 avoid fruit juices for the first two years of
18 life, recommendations we strongly agree with.
19 However, models provided by the Committee based
20 calorie and nutrition content on the consumption
21 of plain yogurt and unflavored milk for starters,
22 something the Committee, itself, acknowledges

1 isn't generally followed. Children's yogurt can
2 have anywhere between 4 and 15 grams of sugar.
3 And with total yogurt sales netting near \$8
4 billion, a very significant portion of which is
5 flavored with added sugars, this component of
6 their diet must be accounted for.

7 It is our recommendation that the
8 2020-2025 Guidelines include clear and obvious
9 instruction on the avoidance of added sugars in
10 order to help inform and educate parents and
11 caretakers who may not have made this important
12 distinction. The Guidelines should clearly
13 communicate the dangers of added sugar and the
14 importance of avoiding them.

15 Second, the Committee acknowledges the
16 importance of supporting healthy dietary patterns
17 for all Americans, and as such, we recommend the
18 development of an entirely plant-based eating
19 pattern model. While the vegetarian model does
20 include a singular line on modifying it to be
21 vegetarian, we believe that in order to truly
22 promote healthful eating across all life stages,

1 a distinct model must be developed. A
2 plant-based diet is fully in line with current
3 nutrition recommendations, and we urge the
4 Departments to use the 2020-2025 Dietary
5 Guidelines as an opportunity to include a model
6 that would capture a segment of the U.S.
7 population that, as of this year, totals \$9.6
8 million for which there is no current eating
9 pattern model.

10 Simply having a plant based model
11 would help educate the entirety of the
12 population, even those who do not follow it,
13 about the healthfulness of plant-based diet.

14 There's ample evidence that such diets
15 can be as affordable and nutritionally complete
16 as other model diets, and we believe
17 communicating this information is an important
18 step in supporting long-term health. Thank you
19 for your consideration of our comments.

20 OPERATOR: Thank you, Commenter 57.
21 Next, Commenter 59. Commenter 59, please go
22 ahead.

1 DR. SMIGEL: Hello. My name's Jacob
2 Smigel. I'm a physician board certified in
3 emergency medicine, working in a rural area of
4 Burnet, Texas, due west of Austin. I
5 incorporated lifestyle medicine into my practice.
6 In truth is it's the core of my practice. I'm
7 representing myself and the people of Burnet,
8 Texas, most of whom are in crisis when I see
9 them, presenting with the acute presentation of
10 chronic diseases.

11 They need clear messaging and a path
12 towards optimal nutrition. I recognize that the
13 current report and the Dietary Guidelines for
14 Americans are not meant for direct consumption
15 and, instead, are used as guidance for many
16 institutions, but they're clearly the springhead
17 from which dietary standards flow and are held up
18 as a reference and a standard.

19 I was struck by several findings in
20 the draft report. Despite the current Guidelines
21 for the last five years, nutrition-related health
22 conditions are common. The intake of fruit and

1 vegetables and whole grains remain low, with
2 overconsumption of protein foods, saturated solid
3 fats, and added sugars. I appreciate your
4 findings that there is strong evidence that
5 cardiovascular risk is reduced by dietary
6 patterns low in saturated fat, cholesterol,
7 sodium, and high in fiber and potassium and
8 unsaturated fat when polyunsaturated fats are
9 substituted. That, alone -- that fact, alone,
10 would seem to make the case for plant-based diets
11 as the default diet for all Americans simply
12 overwhelming.

13 But beyond the findings on
14 cardiovascular disease, there's strong evidence,
15 as well, as you noted, that the risk of all-cause
16 mortality was decreased, moderate evidence that a
17 whole food plant-based diet would lead to
18 reduction in BMI, waist circumference and body
19 fat percentage, while reducing the risk of
20 developing type II diabetes and lowering the risk
21 for post-menopausal breast cancer and colorectal
22 cancer.

1 When I learn that a patient is a
2 smoker, I ask them to quit. I can't condone that
3 they've cut back and now smoke one pack a day
4 instead of two. The report, itself, acknowledges
5 that meat and dairy are harmful, so I recommend
6 taking your own recommendations to their
7 scientific and logical conclusions to remove
8 dairy from the Guidelines. It's unnecessary and
9 likely harmful. How can Americans avoid
10 saturated fat to lower their risk of developing
11 heart disease, our number 1 killer, while eating
12 three servings a day of a food which, at its
13 worst, contains high amounts of saturated fat?
14 I'm not alone in this thinking.

15 The AMA has passed a resolution
16 recommending dairy products be optional in
17 regards to considering dietary patterns and a
18 lifespan approach. The American Academy of
19 Nutrition and Dietetics considers vegetarian and
20 vegan diets appropriate for all stages of life,
21 including childhood, breastfeeding and pregnancy.

22 If our goal is to really improve the

1 health of Americans, then we need to make big
2 changes to achieve the big results that we want.
3 This ignores the additional importance of
4 investing in a sustainable and benevolent food
5 system, which is simply not possible in a system
6 centered on intensive animal agriculture.

7 My suggestion, as a healthcare
8 provider on the front lines of a rural community
9 with unsustainable rates of chronic disease and
10 obesity, is for the current report to recommend a
11 whole food plant-based diet as the default for
12 all Americans. This is the most ethical and most
13 sustainable diet, which also happens to be the
14 optimal diet for human health. Thank you so
15 much.

16 OPERATOR: Thank you, Commenter 59.
17 Commenter 58 was unable to join, so we move to
18 our Commenter 60. Commenter 60, please go ahead.

19 MR. LEAR: Good afternoon. I am Al
20 Lear, director of science and research for the
21 International Bottled Water Association. IBWA
22 appreciates this opportunity to provide oral

1 comments to the United States Department of
2 Agriculture and Health and Human Services on the
3 scientific report of the 2020 Dietary Guidelines
4 Advisory Committee.

5 IBWA has been an active participant
6 throughout the DGA's process, providing both
7 written and oral comments. Originally, plain
8 water, including bottled water, was to be
9 examined with all types of beverages.

10 However, the final DGAC report noted
11 that the protocol for beverages was modified and
12 plain water was removed from consideration. But
13 the DGAC report does acknowledge that the Dietary
14 Guidelines for Americans can extend beyond
15 specific issues addressed in the DGAC scientific
16 report on related dietary practices, including
17 maintaining hydration. Plain water, including
18 tap, filtered, and bottled, plays a vital role in
19 supporting nutritional health.

20 The 2020 Dietary Guidelines for
21 Americans should continue that, so the 2015 DGA's
22 recommended shift to healthier beverage choices,

1 especially plain water. IBWA sees an opportunity
2 for the 2020 DGA to improve dietary patterns by
3 highlighting the importance of plain water in a
4 healthy diet.

5 Americans need clear, simple messages
6 about nutrition and health. We therefore urge
7 even more enhanced messaging on plain water
8 consumption in the 2020 DGA, including language
9 that promotes drinking water in all forms across
10 the lifespan.

11 The importance of plain water in a
12 healthy diet is recognized by at least 48
13 countries throughout the world who promote plain
14 water consumption in their nutrition guidance
15 graphics. Plain water, in addition to the
16 presence of dairy, should be included on the
17 MyPlate nutrition graphic, as it is critical to
18 good health. In December of last year, 69
19 members of Congress sent a letter to USDA and HHS
20 encouraging both agencies to add a plain water
21 symbol to the MyPlate nutritional graphic. As
22 USDA and HHS prepare the 2020 Dietary Guidelines

1 for Americans, we urge you to take the following
2 three actions.

3 Recognize the importance of plain
4 water consumption as part of a healthy dietary
5 pattern. Two, include plain water in addition to
6 dairy in the MyPlate nutrition guide graphic and
7 other related documents and materials.

8 Three, encourage plain water as a
9 healthier beverage choice for consumers to drink
10 and to replace sugar-sweetened beverages to
11 reduce added sugar. Thank you for the
12 opportunity to provide oral comments. IBWA will
13 also provide written comments as it continues its
14 support of USDA and HHS as you prepare the 2020
15 Dietary Guidelines for Americans.

16 OPERATOR: Thank you, Commenter 60.
17 Next is Commenter 61. Commenter 61, please go
18 ahead.

19 MS. WHARTON: Good afternoon. I am
20 Jessica Wharton with the Low-Carb Action Network.
21 LCAN is a coalition of doctors, academics, and
22 other Americans who have had positive health

1 results from adopting a low-carb diet. We
2 appreciate the opportunity to speak today on the
3 Dietary Guidelines Advisory Committee final
4 report on the 2020 Dietary Guidelines for
5 Americans.

6 LCAN has repeatedly asked the DGAC to
7 broaden its criteria for dietary patterns to
8 provide a low-carb option. Benefits from a
9 low-carb diet include helping people to achieve
10 or maintain a healthy weight, which is one of the
11 USDA stated goals for the Guidelines.

12 Low-carb diets have also been shown in
13 clinical trials to reverse pre-diabetes and type
14 II diabetes, as well as improve the vast majority
15 of cardiovascular risk factors. We have pointed
16 out to the Committee that 42.4 percent of
17 Americans are obese, and 114 million Americans
18 have pre-diabetes or diabetes.

19 Combined, an estimated 60 percent of
20 the U.S. population suffer from one or more
21 diagnosed diet-related health conditions. If not
22 addressed, these epidemics will only get worse.

1 Despite our efforts, the DGAC continues to
2 support nutritional guidance that is appropriate
3 only for the less than 40 percent of Americans
4 who have not been diagnosed with one or more
5 diet-related chronic disease. The current
6 dietary patterns, which the 2020 report plans on
7 carrying forward, recommend a daily intake of
8 between 51 to 54 percent of daily calories from
9 carbohydrates.

10 This high level cannot be tolerated
11 with obesity or diabetes or many other
12 diet-related diseases. In fact, considerable
13 science demonstrates that this high level of
14 carbs will very likely exacerbate diet-related
15 health conditions in the majority of the American
16 public.

17 The 2020 Committee unfortunately
18 excluded a large quantity of rigorous scientific
19 evidence on low-carb diets. We have identified
20 as least 65 clinical trials where a diet with
21 fewer than 25 percent of calories from carbs were
22 tested.

1 Virtually all of these studies were
2 excluded from the Committee's review. We have
3 asked your Departments to direct the Committee to
4 re-open its review in order to consider these
5 rigorous studies on thousands of Americans. The
6 Committee's charter expires on October 5th, so
7 there is still a window in which this review
8 could be completed and the expert recommendations
9 revised. If you decide to approve the
10 Committee's report as presented, we ask you to
11 consider the consequences of letting Federal
12 nutrition guidance continue to ignore the ongoing
13 and growing epidemics of obesity and diabetes.

14 Five years ago, in 2015, then HHS
15 Secretary Sylvia Burwell Mathews, admitted at a
16 hearing before the House Agriculture Committee
17 that we're on the wrong trajectory in addressing
18 these health concerns. Now, in 2020, the
19 problems are worse.

20 How much worse will they be in 2025,
21 when the next Guidelines are written? If the
22 Dietary Guidelines are not the place to confront

1 the very real health consequences of chronic
2 related diseases, then where should it be done?

3 Ignoring obesity and diabetes as
4 irrelevant to the Guidelines is a travesty for
5 the American people. This is being made worse as
6 vulnerable people face COVID-19. The need to
7 directly address the real needs of 60 plus
8 percent of the American people with diet-related
9 conditions by providing meaningful nutritional
10 guidance is the basic issue underlying the debate
11 on the Guidelines. Our nation needs guidance
12 that serves the general public. It's the
13 majority of the general public who are now sick.
14 We urge you to create guidelines that address our
15 current reality, not one from 40 years ago.

16 Thank you very much.

17 OPERATOR: Thank you, Commenter 61.
18 Next, Commenter 62. Commenter 62, please go
19 ahead.

20 MS. BIONDO: The Dietary Guidelines
21 have a vast influence over America's food choices
22 and, subsequently, health and wellbeing. From

1 government-funded food assistance programs to
2 school cafeterias and the dining halls of the
3 U.S. military, the recommendations provided by
4 this panel of food and nutrition experts can lead
5 our citizens on the path toward strength and
6 fitness or on an endless spiral of obesity,
7 chronic illness, and other health issues.

8 Unfortunately, since the introduction
9 of the Dietary Guidelines in 1980, the health of
10 Americans has sharply declined. The United
11 States Cattlemen's Association, on which I'm
12 providing testimony today, and our nationwide
13 membership of independent cattle producers, urges
14 the DGAC members to delay the release of the
15 2020-2025 Dietary Guidelines for Americans until
16 the scope of the report includes not only
17 recommendations for healthy Americans, but also
18 for those suffering from declining health
19 conditions.

20 In a June 8th letter from Congressman
21 Dusty Johnson to leaders at both USDA and HHS,
22 the South Dakota representative stated that over

1 80 percent of Americans are overweight, obese, or
2 afflicted by type II diabetes and that by
3 focusing exclusively on prevention, the policy
4 now addresses only a small minority of the U.S.
5 population.

6 Further, the DGAC's scientific report
7 excludes virtually all clinical trials on weight
8 loss, the last decade of science on saturated
9 fats, and more than 65 clinical trials on
10 low-carbohydrate diets.

11 The report makes no accommodation for
12 people of different racial, ethnic, and cultural
13 backgrounds, recommending the same three standard
14 dietary patterns, U.S. Style, Mediterranean, and
15 Vegetarian. These patterns are highly similar
16 and continue to represent a one size fits all
17 diet approach for all Americans. This July, the
18 United States Cattlemen's Association
19 participated in a tweet storm calling for a delay
20 in the release of the 2020 to 2025 Dietary
21 Guidelines for Americans.

22 More than 5,000 tweets and retweets

1 were sent during a four-hour period using the
2 hashtag #delaytheDGA, with USDA's own account
3 logging over 12,000 impressions during that time
4 period.

5 In short, this illustrates that we
6 were not alone in our assessment of the DGAC's
7 scientific report, upon which the final
8 recommendations will be based. Regarding beef,
9 specifically, we were disappointed in the
10 recognition of only lean beef as healthy beef.

11 This is exactly why it is important to
12 consider all diet types, including high protein,
13 high fat, and low-carb diets, in which beef is
14 rightfully considered a super food for its macro
15 and micronutrient contents. We saw a similar
16 revelation occur in the egg industry in the past
17 decade, when Americans learned that they could
18 enjoy their egg yolks alongside their egg whites
19 as a delicious and healthy part of breakfast,
20 lunch, or dinner. USDA continues to affirm the
21 health and nutritional benefits of beef in the
22 diet, including as an ample source of protein and

1 of food that is rich in iron, folate, choline,
2 and vitamins D and E.

3 We recommend delaying the release of
4 the 2020-2025 Dietary Guidelines for Americans
5 until the above procedural concerns are
6 addressed. Thank you for the opportunity to
7 provide testimony today.

8 OPERATOR: Thank you, Commenter 62.
9 Commenter 63 is not available. We move to
10 Commenter 64. Commenter 64, please go ahead.

11 DR. GREGER: This is Dr. Michael
12 Greger. First, let me thank you for all your
13 hard work during these hard times. Allow me to
14 focus on just one issue that I believe could
15 improve the forthcoming Guidelines.

16 As you know, in 2018, the IARC,
17 probably the most prestigious cancer research
18 institution in the world, published a report on
19 processed meat, including that bacon, ham, hot
20 dogs, lunchmeat, sausage is cancer causing,
21 classifying processed meat as a Group 1
22 carcinogen. These findings, concluded the

1 director of the agency, further support current
2 public health recommendations to limit intake of
3 meat.

4 The relative risk of colorectal cancer
5 appears to be on the order of 18 percent for
6 every 50 grams of processed meat a day, so one
7 hot dog, two breakfast links, two slices of
8 Canadian bacon or ham. A daily sandwich with one
9 or two slices of bologna may increase our
10 colorectal cancer risk 18 percent, a half-pound
11 pastrami on rye more like 80 percent.

12 Colorectal cancer is our second
13 leading cause of cancer death, for men and women
14 combined, after lung cancer. For those who don't
15 smoke, colon and rectal cancer may be our
16 greatest cancer nemesis. We could drop that risk
17 by about a fifth with a single dietary tweak,
18 taking the serving of processed meat out of our
19 daily diet.

20 To put the 18 percent increased cancer
21 risk in perspective, according to the surgeon
22 general, living with a smoker increases your risk

1 of lung cancer 15 percent, so breathing
2 secondhand smoke day in, day out increases your
3 risk of lung cancer almost as much as eating a
4 serving of processed meat day in and day out
5 increases risk of colorectal cancer.

6 Unfortunately, despite growing public
7 health concerns about processed meat consumption,
8 there have been no changes in the amount of
9 processed meat consumed by U.S. adults over the
10 last 18 years.

11 Of course, it didn't help that the
12 current Dietary Guidelines failed to call out
13 processed meat, but that came out before the IARC
14 published their report. Now, there's no excuse.
15 An explicit statement on processed meat as a
16 known human carcinogen in the next Dietary
17 Guidelines has the potential to save lives.

18 I was disappointed the scientific
19 Committee made no such recommendation. In
20 Europe, the European code against cancer makes it
21 explicit, avoid processed meat. Yet, U.S.
22 guidelines lack such clear, actionable language.

1 New York City has retained their
2 reputation as a public health leader by passing
3 legislation to ban processed meats from school
4 meals. New York City led the fight against
5 leaded paint, against trans fat, and now against
6 processed meat. What a concept, not feeding our
7 children something known to cause cancer. We can
8 do better for our children. I'm eager to hear
9 what the National Pork Board has to say for
10 itself. Thank you.

11 OPERATOR: Thank you, Commenter 64.
12 Next, we take Commenter 65. Commenter 65, your
13 line is open.

14 MR. JONES: Good afternoon. I am
15 Chris Jones, representing the National Pork
16 Board. Upon review of the scientific report for
17 the committee of the National Pork Board, on
18 behalf of the more than 65,000 U.S. pig farmers
19 it represents, offers the following information
20 for continued consideration regarding the role of
21 pork and lean meat in the pursuit of wellbeing
22 for people through a healthy balanced diet.

1 Lean meat, including pork, is an
2 important nutrient rich source of high-quality
3 protein for all life stages. However, more than
4 40 percent of the U.S. population is consuming
5 the protein food group below recommended levels.
6 With the majority of the American public
7 overweight, yet under nourished in key nutrients,
8 the consumption of lean, nutrient-rich animal
9 protein, such as pork, can help fulfill nutrient
10 needs, while also helping to limit the amount of
11 calories eaten. A three-ounce serving of pork is
12 an excellent source of thiamin, selenium,
13 protein, niacin, vitamin B6, and phosphorous, and
14 a good source of riboflavin, zinc, and potassium.

15 Additionally, pork provides several
16 important nutrients identified by the 2015
17 Dietary Guidelines Advisory Committee, including
18 iron, potassium, and vitamin B12. Today's pork
19 is also 16 percent leaner and 27 percent lower in
20 saturated fat compared to 28 years ago, and eight
21 cuts of pork meet the USDA Guidelines for lean.

22 Regarding overall dietary patterns,

1 the 2015 Dietary Guidelines emphasize that these
2 are adaptable and can be tailored to individual
3 preferences to make them more attainable,
4 enjoyable, and culturally appropriate.

5 In looking at the DASH diet, for
6 example, research has shown it can be extended
7 beyond the chicken and fish included in the
8 traditional pattern to include lean pork for the
9 same positive health outcomes. Similarly, when
10 adults ate higher amounts of lean red meat within
11 the USDA's healthy Mediterranean-style eating
12 pattern, they experienced similar positive
13 impacts on cardiovascular disease risk factors.

14 Within each of the dietary patterns
15 under the examination for adults, the National
16 Pork Board underscores the important role of
17 protein in positively impacting several of the
18 outcomes put forth, including body weight, risk
19 of cardiovascular disease and diabetes, and bone
20 health.

21 The Institute of Medicine recommends
22 adults get a range of 10 to 35 percent of total

1 daily calories from protein. A growing number of
2 studies support the higher end of that range as
3 more optimal for health.

4 Protein intake is especially relevant
5 within the context of lower carbohydrate diet, as
6 lower carbohydrate intake needs a simultaneous
7 increase in either dietary fat, protein, or both.
8 As noted, pork is a component of healthy eating
9 patterns that is inclusive of all food groups,
10 including fruit, vegetables, low-fat dairy, whole
11 grains, and other lean meats. This balanced
12 approach provides an opportunity for complete
13 nutrition in people's bodies. It is important to
14 keep in mind the key limitations that persist
15 with food pattern research. It is often
16 difficult to define specific food groups like
17 lean meats consistently across review papers.

18 Many lifestyle factors are in play in
19 studies that evaluate red meat, including how
20 meat is prepared, which greatly complicates the
21 relationship. As you can clearly see, the pork
22 industry and its producers understand the

1 importance of looking at diet and nutrition to
2 enhance holistic wellbeing.

3 National Pork Board remains committed
4 to bringing knowledge and research to bear
5 benefiting people at all life stages and through
6 all dietary choices. Thank you.

7 OPERATOR: Thank you, Commenter 65.
8 Next, we take Commenter 66. Commenter 66, your
9 line is open.

10 MS. BAUSCH: As a United States
11 Olympian and a citizen who stands for justice for
12 all, I am deeply concerned about the USDA's
13 recommendation that Americans consume dairy
14 foods. You have taken on the responsibility to
15 guide our citizens and public policies toward
16 health. Yet, the promotion of three servings of
17 low-fat dairy a day is making millions of
18 Americans sick. Thirty-six percent of Americans
19 are lactose-intolerant, meaning that they
20 experience symptoms ranging in severity, such as
21 difficulty breathing, diarrhea, bloating, itching
22 skin rashes, and gastrointestinal distress every

1 time they consume dairy.

2 That's over one third of the American
3 population, or 118 million people for which dairy
4 does far more harm than good. Communities of
5 color, including Blacks, Asians, Latinx, and
6 Native Americans are disproportionately affected
7 and range from 70 to 98 percent intolerant.

8 If it were any other food with
9 statistics like these making people sick, I feel
10 confident that food group would be ripped from
11 the Guidelines immediately, but because of the
12 deeply embedded relationship between our
13 government and the dairy industry, I have little
14 confidence this will happen this time around.

15 However, the updated Guidelines must
16 include the following. Extensive education on
17 lactose intolerance and what it is and the
18 symptoms and risks of consuming dairy. Offer a
19 lactose intolerance test or include basic lactose
20 intolerance information prominently below the
21 MyPlate diagram. Currently, the Guidelines
22 address lactose intolerance by offering soy milk

1 as an alternative.

2 Even if one were to thoroughly read
3 the guidelines and stumble across this
4 alternative, they do not have a reason to choose
5 it. How is one to know that they should opt for
6 the alternative when they have no idea that dairy
7 is making them so sick?

8 Next, the updated Guidelines must also
9 include dairy alternatives in schools. Public
10 schools serve 7 billion meals per year, all of
11 which include a carton of cow's milk. In fact,
12 for the 30 million children who receive free or
13 reduced-price lunches, they're required to take a
14 milk unless they provide a doctor's note.

15 For these students, school-provided
16 breakfasts and lunches may provide more than half
17 of their daily caloric intake. Students deserve
18 access to meals that are healthful for all. As
19 the Guidelines stand, millions of school children
20 are being forced to compromise their health or go
21 hungry. In the future direction section of your
22 July 15th report, you state that America will

1 continue to grow even more diverse, and you set a
2 goal to develop methods to incorporate diversity
3 into USDA's food pattern modeling. Why on Earth
4 is this considered a future consideration?
5 American minorities are suffering now.

6 Children of color are suffering now.
7 The inclusion of dairy as a food group is
8 outdated and unjust and is a clear form of
9 dietary racism. In a nation that stands for
10 equal opportunity and equality, this system needs
11 to change. I implore you to offer in-depth
12 education on the risks of consuming dairy and
13 offer alternatives in schools. Thank you.

14 OPERATOR: Thank you, Commenter 66.
15 Next, we take Commenter 67. Commenter 67, your
16 line is open.

17 MS. VANCE: Keltie Vance, Corporate
18 Accountability. Corporate Accountability is a
19 member-powered, non-profit organization that has,
20 for more than four decades, advocated for
21 critical reform to global public health policy
22 and organized to hold corporations accountable

1 for their abuses. Corporate Accountability will
2 highlight three findings that show how the DGA
3 development process has been, and continues to
4 be, compromised by industry influence. These
5 findings will demonstrate the scope of this
6 interference and why the DGAs, as well as their
7 development processes, must be free from
8 influence of the food and beverage industry.

9 First, our research, with findings
10 from other organizations, shows that a majority
11 of the DGAC have ties to the food and beverage
12 industry, with more than half of the Committee
13 having ties to the International Life Sciences
14 Institute, also known as ILSI.

15 We note that the DGA process didn't
16 effectively implement key recommendations
17 published by the National Academies to enhance
18 transparency. For example, based on publicly
19 available information, the USDA and HHS didn't
20 employ a third party to undertake a review of the
21 nominations for qualified candidates.

22 Notwithstanding industry ties in the

1 DGAC, some officials have tasks to oversee the
2 DGAC process also seem to have connections to
3 industry groups. Second, as of May 12th, we
4 found that almost 70 percent of public comments
5 that seemed to be submitted by organizations to
6 the DGAC were from entities with ties to big food
7 and beverage. Contained in these industry
8 comments were an array of questionable citations
9 supporting recommendations aimed at influencing
10 the DGA process at the expense of public health.

11 The USDA and HHS are opening the
12 floodgates for the industry to further influence
13 our diets and put its profits over anything else.
14 Third, in the 14 chapters of the DGAC report, we
15 found that each chapter had at least three
16 references with some ties to big food and
17 beverage, including to Coca-Cola, PepsiCo, and
18 McDonald's.

19 Some recommendations in the report
20 seem quite in line with comments submitted by
21 industry groups, including the big soda-backed
22 Calorie Control Council. With historic industry

1 influence in the past and current DGAs, the USDA
2 and HHS is yet again at the final stage of the
3 process to ensure the DGA is free from any
4 industry influence once and for all.

5 Some initial steps we urge you to take
6 are: 1) prohibit ILSI and other industry groups
7 from nominating participants in policy processes
8 such as the DGA; 2) prohibit those with any ties
9 to the industry from participating in future DGA
10 development processes and ensure their recusal
11 from the current process; and 3) discontinue all
12 partnerships and involvement with industry
13 groups, including disallowing officials from
14 affiliating with them.

15 Thus, Corporate Accountability is
16 calling on the USDA and HHS to ensure that the
17 DGAs are driven by industry-free, scientific
18 evidence and by officials who don't have industry
19 ties. Finally, that the DGA serve all Americans,
20 especially Black, Indigenous, and people of color
21 above all. Thank you.

22 OPERATOR: Thank you, Commenter 67.

1 Next is Commenter 68. Commenter 68, please go
2 ahead.

3 MS. MULLER: Thank you to the agencies
4 for taking time to hear our commentary. I am
5 grateful to be here as the co-founder and CXO of
6 Little Spoon. For quick context, Little Spoon is
7 an early childhood nutrition company for birth to
8 8 years. We've been building Little Spoon for
9 more than three years, launching our delivery
10 service for cold-pressed organic baby food
11 nationally in 2017. In 2019, we launched a line
12 of vitamins and remedies. Before the end of this
13 month, we will be launching a line of prepared
14 meals to offer higher nutritional value to older
15 children.

16 First and foremost, at Little Spoon,
17 we are so grateful to this team of experts and
18 their collaboration on the development and
19 refinement of the Guidelines. We think the
20 lifespan approach the Committee has decided to
21 take is incredibly valuable and agree that the
22 most critical moments to lay the foundation of

1 healthy eating habits happen in the first 24
2 months of life.

3 At Little Spoon, we talk often about
4 our North Star value that first bites matter, so
5 we are thrilled to hear that you have decided to
6 retire the idea that the first 12 months are just
7 for fun and instead move toward a world where
8 every bite counts.

9 We applaud the Committee's
10 recommendation of a healthy diet pattern for the
11 birth to 24-month age group that encourages the
12 consumption of fresh fruits and vegetables, as
13 well as limiting foods high in sugar, fat,
14 starches, and sugar-sweetened beverages. Little
15 Spoon also wholeheartedly supports your
16 recommendation to introduce common allergen foods
17 early, such as peanuts and eggs, to prevent
18 allergy. We understand and respect that the 2020
19 to 2025 DGAC offers the best guidelines it can
20 for this round.

21 In the Guidelines for Americans age 2
22 years and older, there are many helpful details

1 on the how of food consumption. Although the
2 Committee stated they would not address that same
3 how in children under 2 years old, we strongly
4 urge future Committees and the agencies to
5 consider how baby and toddler food is processed
6 and how this age group is fed.

7 The heat processing that most
8 shelf-stable brands use are rendering the food
9 commercially sterile, and parents deserve to
10 understand the difference.

11 Also, research has shown clear
12 benefits of the spoon-fed approach, rather than
13 pouch feeding, which we urge you to consider in
14 the next round of Guidelines. Last, we are
15 facing the biggest economic crisis in our
16 country's modern history. Job loss during COVID
17 is real, and parents' reliance on support
18 programs like SNAP and WIC is going to be
19 essential for the swaths of families struggling
20 to feed their children. I strongly urge the
21 agencies to work across both the public and
22 private sectors to ensure that education and

1 information about the guidelines is made
2 available to everyone in our country.

3 All babies deserve the absolute best
4 start in life when it comes to nutrition, and we
5 would greatly appreciate breaking down the arcane
6 barriers to help companies like Little Spoon
7 participate in programs like SNAP and WIC, so
8 more Americans have access to the food quality
9 that they deserve. Thank you so much for your
10 time.

11 OPERATOR: Thank you, Commenter 68.
12 Next is Commenter 69. Commenter 69, please go
13 ahead.

14 DR. KING: Good afternoon. My name is
15 Nicole King, and I am a mother and a physician.
16 As an anesthesiologist and intensive care
17 physician, I am faced with life and death
18 circumstances every day. In no way did I ever
19 consider breastfeeding my child would be as
20 stressful as supporting a COVID patient through
21 their critical illness. Five years ago, I
22 realized how wrong I was. As a new mother who

1 had a breast reduction, and a physician, I should
2 have known better, but I did not.

3 I fed into the same propaganda,
4 misinformation and fervor around breastfeeding
5 that has grown over the last 30 years as a result
6 of the Baby Friendly Health Initiative and the
7 WHO's ten steps. I was not informed of its risks
8 and followed the exclusive breastfeeding
9 guidelines.

10 As a result, my newborn lost excessive
11 weight and was re-admitted for dehydration and
12 jaundice. The current USDA Guidelines are filled
13 with the same soft science, riddled by
14 confounding factors that has led to the shaming
15 of women who are unable to exclusively breastfeed
16 for six months.

17 The Guidelines are an ableist and
18 elitist narrative and read as an invitation to
19 admonish women for failing to produce enough milk
20 for her child. It blatantly ignores research
21 that clearly shows that delayed lactogenesis in
22 mature milk is common, found in up to 40 percent

1 of first-time mothers and 22 percent of all
2 mothers, even those who are motivated to
3 exclusively breastfeed. Never mind the 15
4 percent of women who are incapable of sustaining
5 breastfeeding past the first month, even with
6 lactation support.

7 If you are ill and in the hospital,
8 nutritionists are there to calculate the calories
9 needed to feed you, in order for you to thrive
10 and recover. Why, then, are we so easily fooled
11 into thinking an infant, who's building muscle,
12 fat, and brain cells, can be sustained on far
13 less than their caloric needs comported by the
14 baby friendly policy?

15 If the biological norm is put forth as
16 a reason to exclusively breastfeed, then why are
17 exclusively breastfed infants being admitted
18 daily for dehydration, jaundice, and
19 hypoglycemia?

20 Why do we continue to insist on a
21 policy that increases the risk of harm to infants
22 while vilifying supplementation that prevents

1 serious complications? Every day, I protect my
2 patients with medications, machines, and
3 nutritional alternatives to overcome so many
4 failures of the biological norm. I do this
5 because I, too, am human and understand that we
6 care and love for each other, regardless of our
7 ability to live up to a standard of perfection.
8 Yet, we allow babies to become seriously ill by
9 pressuring mothers to achieve the standard of
10 perfection that many cannot safely achieve.

11 If judicious and humane
12 supplementation is the difference between a
13 hospitalized and safely breastfed children, then
14 we have failed all mothers and infants in this
15 country by disparaging its use. The USDA draft
16 policy continues to ignore these realities, and
17 thus fails to protect countless infants.

18 National guidelines should never
19 encourage a policy that is directly responsible
20 for the leading cause of re-hospitalization of
21 healthy term infants. Most importantly, as a
22 national guideline, it should apply to all

1 mothers, regardless of her ability to breastfeed,
2 across all socioeconomic demographics.

3 As a mother who failed these
4 guidelines and was led to rehospitalize her own
5 infant, I beg you to consider the plight of all
6 mothers and infants in this country. Every
7 infant deserves to be protected from
8 hospitalization and the complications of an
9 exclusive breastfeeding policy, and their mothers
10 deserve to know that breastmilk is but one way to
11 best nourish their children. The USDA is
12 responsible for every child in the U.S., and
13 their policy should reflect this responsibility.
14 Thank you.

15 OPERATOR: Thank you, Commenter 69.
16 Next we take Commenter 70. Commenter 70, please
17 go ahead.

18 DR. NEGRON: I'm Ana Negrón,
19 practicing family physician dedicated to
20 preventing and reversing chronic illness in
21 underserved communities with a whole food,
22 plant-based dietary pattern. I have one

1 statement and three points.

2 Cow's milk is not a required food for
3 humans. Cow's milk for humans must be optional.
4 Point number 1, the USDA and HHS scientific
5 report correctly states that low intakes of
6 fruits and vegetables contribute to the under-
7 consumption of important nutrients. It then
8 moves on to state that under-consumption of
9 important nutrients or lack of important
10 nutrients is due to inadequate intakes of dairy.
11 The logical solution to the above problem is to
12 increase the intake of, not milk, but fruits,
13 vegetables, grains, and legumes, thereby
14 increasing all the unique and rounded benefits
15 that these foods provide, such as prevention,
16 halting, and possibly reversing heart disease,
17 our number 1 killer.

18 Point number 2, the report singles out
19 dairy and arbitrarily advises the public to
20 increase its consumption of total dairy foods
21 each day. In fact, it recommends three cups for
22 most age and sex groups.

1 This is an industry-biased
2 recommendation based on no scientifically founded
3 evidence that cow's milk is essential for humans.
4 Point number 3, the report identifies demographic
5 differences in dairy intake and worries that only
6 2 percent of the U.S. population meets the
7 industry recommendation of three cups a day.

8 It expresses alarm that 88 percent
9 consume too little dairy. This purported concern
10 sidesteps at least two facts: that
11 Asian-Americans, Hispanic-Americans, Native
12 Americans, African-Americans, many others
13 experience symptomatic lactose maldigestion, and
14 that, while mother's milk is perfect food for her
15 infant, all mammals wean their young and graduate
16 them to the food of their species. In
17 conclusion, I urge the Guidelines to be clear
18 that cow's milk is not a required food for
19 humans, that cow's milk for humans is optional.
20 Thank you for this opportunity.

21 OPERATOR: Thank you, Commenter 70.
22 Next is Commenter 71. Commenter 71, please go

1 ahead.

2 MS. REGISTER: Good afternoon. My
3 name is Krystal Register, and I appreciate the
4 opportunity to provide comments today on behalf
5 of FMI, the food industry association. FMI works
6 with and on behalf of the entire industry to
7 advance a safer, healthier, and more efficient
8 consumer food supply chain.

9 The recent impact of our work is
10 extensive, ultimately touching the lives of over
11 100 million households in the United States and
12 representing an \$800 billion industry, with
13 nearly 6 million employees. As a registered
14 dietitian, I am the director of health and
15 wellbeing at FMI, and I serve as the lead
16 coordinator and issue expert for health and
17 wellbeing programs and activities, nutrition
18 policy, operations, and communication issues for
19 FMI members. FMI recognizes the key role of the
20 Dietary Guidelines in Federal nutrition policy,
21 nutrition standards, and educational programs.

22 Effective and achievable dietary

1 guidance must be both science-based and practical
2 for Americans in order to have a positive impact
3 on public health. The food industry works
4 tirelessly to deliver a consumer marketplace full
5 of healthy, accessible, nourishing food choices,
6 along with information to support healthful
7 eating patterns for all consumers, including SNAP
8 and WIC shoppers.

9 Together, retailers, suppliers, and
10 manufacturers continually strive to facilitate
11 healthy choices and eating behaviors among
12 shoppers.

13 Many employ registered dietitians at
14 the corporate or store level to assist in
15 strategic innovation, nutrition messaging, and
16 personalized choices for consumers looking to
17 improve health and stay well at all stages of
18 life. Per USDA, we know that now more than ever,
19 consumers are cooking at home, relying heavily on
20 foods purchased in the supermarket and online.
21 Opportunity is ever-present to help individuals
22 and families recognize the importance of the

1 foods, beverages, and nutrients encouraged by the
2 Dietary Guidelines and to help consumers build
3 meals at home that provide nutritional advantages
4 as part of a balanced diet.

5 As more Americans look to stay healthy
6 and well, variety and choice provided by
7 retailers, along with education and encouragement
8 by dietitians and health professionals, can lead
9 to gradual adoption of healthy eating habits more
10 closely aligned with the Dietary Guidelines to
11 improve public health, particularly if
12 recommendations are clearly grounded in science
13 and practical for consumers to accept.

14 Our members and valued partners are
15 committed to providing easy, affordable, and
16 nutritious choices and meal solutions to help
17 families stay strong for breakfast, lunch,
18 snacks, and dinner where they live, learn, work,
19 play, and gather.

20 I appreciate the opportunity to
21 provide comments today. FMI will also submit
22 detailed written comments. Thank you kindly for

1 your important work.

2 OPERATOR: Thank you, Commenter 71.

3 We will now hear from our standby commenters,
4 beginning with Commenter 72. Commenter 72,
5 please go ahead.

6 DR. TROUP: Good afternoon. Thank you
7 for the opportunity to provide brief remarks
8 today. My name is Dr. John Troup, vice president
9 for dietary supplements at the Consumer
10 Healthcare Products Association, CHPA.

11 CHPA represents more than 190 consumer
12 healthcare companies, including the manufacturers
13 of over-the-counter medicines, consumer medical
14 devices, and dietary supplements, as well as
15 providers of business services who share CHPA's
16 belief in the importance of consumers taking
17 their healthcare personally through responsible
18 self-care.

19 CHPA applauds the work of the
20 Committee in assessing and recommending
21 improvements to USDA's Dietary Guidelines for
22 2020 to 2025, particularly for including the

1 needs of specific populations and ensuring that
2 gaps in their nutrition can adequately be filled
3 based on individual needs. As nutrition sciences
4 continue to support the important role that
5 nutrient-dense diets and appropriate nutritional
6 supplementation can play in maintaining a strong
7 foundation for health, guidelines empower
8 consumers by providing them with crucial
9 information that can help them overcome under-
10 nutrition.

11 According to the Dietary Guidelines
12 Advisory Committee report, we now see that up to
13 80 to 90 percent of Americans don't consume
14 recommended levels of fruits and vegetables or
15 sufficient amounts of specialty crops. This gap
16 in dietary practices puts the consumer at greater
17 risk of compromised health.

18 Education to increase the awareness of
19 the important and impact that diet and nutrition
20 can have on health is more critical than ever
21 before. We support and encourage expanding
22 educational programs for consumers and healthcare

1 providers to better understand and integrate
2 improved nutrition and nutritional
3 supplementation into their daily practices. As
4 the Guidelines are finalized, we hope that
5 specific provisions supporting community-based
6 education programs will be included to facilitate
7 bringing the Guidelines into practice. Thank
8 you.

9 OPERATOR: Thank you, Commenter 72.
10 Next is Commenter 73. Commenter 73, please go
11 ahead.

12 DR. HEANER: I'm Dr. Martica Heaner,
13 and I'm a nutrition professor at Hunter College
14 in New York. I'm also an exercise physiologist
15 and have done obesity research at Columbia
16 University. Last year, Canada released their
17 evidence-based dietary guidelines, taking bold
18 steps to de-emphasize the role of dairy.

19 I request the Committee include
20 warnings about the hazards of dairy products, and
21 also remove dairy entirely as a recommended food
22 group. Instead, dairy should be shifted to the

1 discretionary zone with other processed foods,
2 like sweet drinks, candy, and junk foods.

3 Whether dairy is full-fat or low-fat,
4 it's been shown to cause harmful, even deadly
5 effects in a large number, if not the majority of
6 Americans. Dairy from animals causes
7 inflammatory reactions. Around 50 million
8 Americans or more are lactose-intolerant,
9 including up to 90 percent of Hispanics,
10 African-Americans, and Asians and White
11 Caucasians. Many are allergic to dairy proteins,
12 and perhaps other compounds, but don't realize
13 that their everyday health problems, like acne,
14 migraines, pain from arthritis, asthma, allergies
15 are triggered by the dairy they eat.

16 I used to love eating dairy, but
17 people also love candy bars, sodas, alcohol, and
18 hot dogs, foods that, like dairy, can be harmful
19 to human health. I didn't realize that the milk,
20 yogurt, and cheese I ate every day was causing my
21 asthma. I was on two daily inhalers.

22 My doctor told me it was my one cat.

1 It was only when I had an anaphylactic reaction
2 to just one sip of milk and thought I was going
3 to die, since I could not breathe, that I
4 realized how toxic dairy is to humans. I gave up
5 dairy and have not used inhalers in eight years.

6 I also have four cats, and no asthma.
7 We can live with low-grade inflammatory symptoms
8 like breathing problems, skin conditions, GI
9 issues, bloating, pain from diarrhea, and
10 constipation and not realize it's caused by milk
11 and dairy. There's no denying that dairy
12 contains nutrients. It is a healthful food for
13 baby cows. The scientific literature also shows
14 that hay is high in protein and calcium, as well,
15 but humans are clearly not designed to consume
16 hay or milk meant for cows. In fact, milk and
17 its products are highly processed to make them
18 even acceptable for humans to eat.

19 The FDA warns against humans consuming
20 raw milk and raw milk products. If the Committee
21 recommends milk, logically, you should recommend
22 breastmilk from humans, not from cows or other

1 animals.

2 I urge the Committee to remove dairy
3 as its own special food group -- it does not
4 deserve that -- and to categorize dairy as a
5 sometime food to be consumed with extreme
6 caution, if at all.

7 Luckily, there are hundreds of
8 plant-based milks, yogurts, cheeses, and
9 plant-based ice creams that are nutritious and
10 delicious. More dairy farmers are shifting to
11 making plant-based products. It's time to ditch
12 animal-based dairy. Thank you.

13 OPERATOR: Thank you, Commenter 73.
14 Next is Commenter 74. Commenter 74, please go
15 ahead.

16 MS. KAMOTANI: Hello, my name is
17 Setsuko Kamotani. On behalf of Nestle, we
18 welcome the opportunity to provide comments
19 today.

20 Nestle is comprised of seven main
21 businesses, Nestle USA, Nestle Waters North
22 America, Nestle Professional, Nestle Purina Pet

1 Care, Nespresso, Nestle Health Science, and
2 Nestle Nutrition, who are all focused on
3 enhancing quality of life and contributing to a
4 healthier future by providing high-quality,
5 great-tasting, and nutritious foods and beverages
6 for consumers across the lifespan and throughout
7 the life stages.

8 We would like to commend the Committee
9 for all of their work. After careful review of
10 the scientific reports, we would like to make the
11 following recommendations.

12 The final Guidelines should consider
13 recommending vitamin D supplementation for all
14 babies from birth until 12 months of age, as a
15 majority of infants under 12 months of age are
16 not achieving the adequate intake level and risks
17 of exceeding the upper level intake is minimal.
18 The Guidelines should be explicit on the
19 acceptability of introducing complementary foods
20 and beverages between 4 to 6 months of age to
21 help assist in meeting both nutrient intake goals
22 and starting healthy dietary patterns.

1 The Guidelines should recommend the
2 use of fortified infant cereal for all infants,
3 starting with complementary food introduction and
4 continuing through at least 12 months of age to
5 help achieve nutrient and food group goals.

6 The Guidelines should recognize the
7 importance of developmentally appropriate baby
8 food for infants 6 to 12 months in helping meet
9 nutrient and food group goals.

10 The Guidelines should encourage a
11 healthy diet for toddlers, but clarify for
12 consumers that food specifically designed and
13 labeled for toddlers may be more appropriately
14 fortified, may have lower added sugar and lower
15 sodium, and are portion-sized and labeled for
16 this age group.

17 The Guidelines should recommend the
18 majority of grains be whole grains for children
19 age 12 to 24 months. Such a recommendation
20 should also be considered for children aged 2 to
21 4 years. The Guidelines should recommend
22 avoidance of nutrient-poor sweetened beverages

1 for children under 2 years of age, children over
2 2, and adults. Healthier hydration choices, such
3 as water, milk, and limited amounts of 100
4 percent fruit juice should be encouraged for
5 young children.

6 The Guidelines should reflect higher
7 protein levels, protein intake levels for older
8 adults, and the Guidelines should keep the added
9 sugar level for adults and children over the age
10 of 2 at 10 percent of total energy.

11 We are aligned with children under 2
12 getting no more than 6 percent of energy from
13 sugar, given their low-calorie and high-nutrient
14 requirements. Finally, the Guidelines should
15 recommend that the public pay attention to
16 portion sizes. Thank you.

17 We appreciate the opportunity to share
18 our recommendations. We will be submitting
19 written comments, as well, which will go into
20 more detail on what we shared today. Thank you
21 again.

22 OPERATOR: Thank you, Commenter 74.

1 Next is Commenter 75. Commenter 75, please go
2 ahead.

3 DR. KANE: Hi. Thank you. My name is
4 Jamie Kane. I'm the section chief of obesity
5 medicine at the Hofstra Northwell School of
6 Medicine and the director for the Center for
7 Weight Management at Northwell Health in New
8 York.

9 Thank you to the Committee for
10 allowing me to speak. I promise to be brief.
11 Given the circumstances of these proceedings, I
12 have not been able to hear everything presented
13 today, so my apologies if I'm repeating anything
14 already iterated, although I can assure you it
15 won't be anything from the amply represented
16 industry today.

17 I was dismayed when I read the
18 Guideline recommended two to three cups of whole
19 dairy per day, and that there seemed to be
20 concern that nearly 90 percent of adult Americans
21 failed to reach this threshold.

22 Overall, I am not sure there were any

1 convincing arguments as to why dairy is a
2 recommended fixture in the American diet. What I
3 found is some questioning of the validity of
4 literature discussing its harms, but not a
5 reasonable presentation on its necessity. When
6 my patients discuss dairy, there are two issues
7 they bring up, first are assumptions that they
8 should consume dairy based on previous
9 recommendations and making decisions based on
10 whether they are lactose-tolerant or not.

11 In fact, the overwhelming majority of
12 non-White people are lactose-intolerant, and
13 adults, even if not formally lactose-intolerant,
14 produce less lactose after early childhood.
15 However, as an expert on obesity medicine, I
16 would prefer to deal with issues specific to that
17 population.

18 The second concern for my patients is
19 protein. Yes, milk has protein, as do all whole
20 foods, but casein from cow's milk, beyond
21 reasonable assertions that it is immunomodulating
22 and potentially addictive, is converted to

1 casomorphin, raises IDF1 levels.

2 Increased IDF1 levels are associated
3 with cellular aging, mortality, and inflammation.
4 Outside of people in starvation, I'm not sure of
5 the reasoning here. Furthermore, dairy fat, a
6 major component of whole dairy, is comprised
7 mainly of saturated fat. The executive summary
8 was careful to point that Americans were --
9 American diets were too high in saturated fat
10 consumption, and yet contradicts itself by later
11 insisting that people eat more whole dairy.
12 Saturated fat is known to be one of the primary
13 drivers of intramyocellular lipid accumulation,
14 and thus insulin resistance.

15 We have the perfect storm for obesity
16 and metabolic disease, something that affects far
17 more people than starvation in this country.
18 Inflammation and insulin resistance are
19 pre-requisites for the accumulation and
20 maintenance for excess adiposity and addictive
21 substances perpetuate overconsumption.

22 As such, I think it appropriate that

1 the formal need for dairy be more clearly
2 outlined and studied, without funding from
3 industry profiting from its consumption, before
4 being considered a mandatory food. Thank you for
5 your time.

6 OPERATOR: Thank you, Commenter 75.

7 This concludes our public comments on the
8 scientific report of the 2020 Dietary Guidelines
9 Advisory Committee. At this time, the meeting
10 will be turned over to Administrator Pam Miller.

11 I would like to turn control over to
12 Pam Miller. Please go ahead.

13 MS. MILLER: Great, thank you. I want
14 to thank all of you who commented on a broad
15 range of topics today, especially as we held this
16 meeting online. Since we started in 2018, public
17 participation has been an important part of USDA
18 and HHS's process to develop the 2020-2025
19 Dietary Guidelines for Americans.

20 As Deputy Under Secretary Lipps
21 mentioned this morning, we have had more public
22 engagement than ever throughout this process. We

1 made a very concerted effort to increase
2 transparency in this process, which was a key
3 recommendation by the National Academies of
4 Science, Engineering, and Medicine.

5 To meet this recommendation, we added
6 new steps to the process to give the public more
7 opportunities to provide feedback than previous
8 years. We had a comment period that was open for
9 the development of the topics and questions.

10 We had a second comment period open
11 for the nominating of the Committee members, and
12 a third that remained open throughout the
13 Committee's work for over a year and a half to
14 allow for an open dialogue with the public
15 throughout the process. Finally, we have this
16 fourth and last comment period, which comes to a
17 close at the end of this week, to ensure the
18 public had the opportunity to comment on the
19 final report from the Committee.

20 Our Departments will now turn to
21 writing the Guidelines, so that we can provide
22 them by the deadline later this year. As a

1 reminder, there is more information on our
2 website about the writing process and what to
3 expect over the next few months, between now and
4 the release of the 2020-2025 Dietary Guidelines
5 for Americans.

6 Lastly, another big thanks to our USDA
7 and HHS staff, who have supported the Committee
8 and kept the website up to date and the public
9 informed throughout the process. Now, they will
10 be turning to the writing of the Guidelines.

11 Thanks again to all of you for your
12 interest and your participation in this last
13 public meeting of the 2020-2025 process. At this
14 time, I will now turn it back over to Dr. Eve
15 Stody to close out the meeting. Thank you.

16 OPERATOR: Thank you, Administrator
17 Miller. Eve Stody, your line is now open.

18 DR. STODY: Wonderful, and thank you,
19 again, so much for joining us. We do appreciate
20 -- I know we're running a little bit late on
21 schedule with the challenges of doing this
22 meeting remotely. We wanted to allow a little

1 bit of extra time, so that we could hear everyone
2 who was able to provide comments to us today.

3 Thank you for hanging on. For those
4 of you who do need to hop off, as usual, this
5 meeting will be posted at DietaryGuidelines.gov,
6 and you're welcome to go back and view these last
7 remarks later, if you choose to do so.

8 Just in the next couple of minutes,
9 I'll elaborate a little bit more on what
10 Administrator Miller set up. We are now --
11 again, thank you, again, for all the comments on
12 the Advisory Committee's scientific report.

13 We're now moving into the phase where
14 USDA and HHS will develop the next edition of the
15 Dietary Guidelines. In these next steps, USDA
16 and HHS will write and publish the 2020-2025
17 Dietary Guidelines for Americans. As with
18 previous editions, each edition of the Dietary
19 Guidelines builds on the previous edition, with
20 scientific justification for changes informed by
21 the Advisory Committee's scientific report, along
22 with input from Federal agencies and the public,

1 including those comments considered today. USDA
2 and HHS do plan to release the next edition of
3 the Dietary Guidelines at the end of this year.

4 Once released, the new edition will
5 replace the current 2015-2020 Dietary Guidelines
6 for Americans. As has been mentioned, you can
7 learn more about the process at
8 DietaryGuidelines.gov. If you go to our website,
9 in that top tool bar, there's a section called
10 work underway.

11 If you click on that, one of the page
12 options is USDA and HHS development of the
13 Dietary Guidelines. There, you can read more
14 about the writing process, the review process, as
15 well as the ultimate release of the Dietary
16 Guidelines.

17 A little bit of a process in brief.
18 As I just kind of outlined, the key inputs into
19 the development of the Dietary Guidelines is the
20 current edition of the Dietary Guidelines, the
21 2015-2020 edition, the scientific report of our
22 2020 Dietary Guidelines Advisory Committee, as

1 well as public and agency comments. Those are
2 the inputs into the writing process. From there,
3 USDA and HHS will draft the Dietary Guidelines,
4 and in addition to those inputs, consider several
5 factors, including best practices and guidance
6 development.

7 Throughout this step, there is
8 consultation with Federal subject matter experts.
9 After we have that draft guidance, it goes
10 through a rather extensive review and clearance
11 process. That includes Federal expert technical
12 review, as well as an external peer review and
13 departmental clearance.

14 That departmental clearance includes
15 review by USDA and HHS agencies with nutrition
16 programs and culminates with the administration,
17 including the Secretaries of Agriculture and
18 Health and Human Services.

19 Along the process, we've been talking
20 about the National Academies study on the process
21 to develop the Dietary Guidelines and how the
22 Departments are working to meet the

1 recommendations provided in those studies. I
2 just want to note that there is one
3 recommendation related to this step of the
4 process in the National Academies report. That's
5 found in the second report that they developed.
6 That recommendation was that the Secretaries of
7 USDA and HHS should provide the public with a
8 clear explanation when the Dietary Guidelines
9 omit or accept only parts of conclusions from the
10 scientific report.

11 Of course, we do not know what the
12 Dietary Guidelines will say just yet, but if
13 there are changes, the Departments do plan to
14 provide a written explanation for decisions made
15 in considering the Committee's report in the
16 development of the Dietary Guidelines.

17 This next edition of the Dietary
18 Guidelines will provide advice on healthy eating,
19 this time from birth into older adulthood. We're
20 really excited about that expansion. We heard a
21 lot about that today and other interest in this
22 space.

1 We're also excited that that's
2 expanded our stakeholders and the audiences that
3 we are able to reach. We do want to note that
4 there will be educational and promotional
5 materials that will be developed along with the
6 Dietary Guidelines, and we really hope that you
7 all sign up to receive updates and stay engaged.

8 Again, if you go to our website at
9 DietaryGuidelines.gov, at the bottom of the page,
10 you'll see the thumbnail that you see there on
11 the slide that says stay updated. From there,
12 you can sign up to receive updates. We use this
13 as a tool.

14 As Deputy Under Secretary Lipps noted,
15 we have over 240,000 individuals signed up for
16 our listserv. It's a great way that we are able
17 to reach all of you. Again, thank you for your
18 participation in this multi-year process. We
19 developed this timeline early on in the process,
20 in 2018, and it's really hard to believe that
21 we're now here in 2020.

22 With this process, we launched a

1 redesigned Dietaryguidelines.gov to help the
2 public follow the process. We've had over 1
3 million page views from across all 50 U.S. states
4 and D.C. since announcing the 2020 Committee on
5 February 21, 2019, so thanks to your engagement
6 at DietaryGuidelines.gov.

7 Our webcast meetings have also allowed
8 for more public participation over the course of
9 the Committee's work. The Committee held a total
10 of six public meetings. All of those were
11 webcast. On average, we had more than 1,000
12 individuals attend each meeting. Most of that
13 attendance was through our web option. Thank you
14 for staying engaged. In addition, all of the
15 meetings were posted at DietaryGuidelines.gov
16 after the public meeting.

17 There have been over 13,000 views of
18 past meeting clips. Those will continue to
19 remain at DietaryGuidelines.gov. Of course, the
20 Committee's work culminated in the release of the
21 scientific report of the 2020 Dietary Guidelines
22 Advisory Committee.

1 In the first week that was report was
2 posted, there were over 10,000 downloads of
3 sections of the report. It has been noted a few
4 times, there have been multiple opportunities to
5 provide public comments throughout this process.
6 Going back to our timeline, the blue hash bars
7 indicate periods for public comment.

8 Our first was in February of 2018.
9 That was a call for comments on the topics of
10 scientific questions that would be considered by
11 the 2020 Dietary Guidelines Advisory Committee.
12 We received over 12,000 written comments in that
13 comment period. The next opportunity was an
14 opportunity to nominate individuals to the 2020
15 Dietary Guidelines Advisory Committee. One
16 hundred eighty individuals were nominated by the
17 public. All members of our Committee were
18 nominated by the public. We'll just note that
19 this is similar to the number that we had
20 nominated in 2015.

21 Our Advisory Committee then picked up
22 their review. They started their review. Over

1 the course of their review, there was an open
2 public comment period. During that time, the
3 Committee reviewed over 60,000 written comments.
4 Additionally, they had two opportunities for oral
5 comments.

6 In the public, there were 125
7 individuals who provided oral comments to the
8 Committee. Then, of course, we're now in the
9 written comment and oral comment period of the
10 Committee's scientific report.

11 So far, we've had more than 22,000 and
12 counting written comments on the Committee's
13 report and all of you who were able to join us
14 today. If you'd still like to provide comments,
15 there is still time. As has been noted, the
16 written public comment period will close later
17 this week. It will close on Thursday, August 13,
18 at 11:59 p.m. Eastern Time. To provide comments,
19 go to DietaryGuidelines.gov. At the top of the
20 page, you'll see a tab or a button to get
21 involved. If you click on that button, it'll
22 take you directly to a page where you can submit

1 public comments.

2 You'll see that: the blue button to
3 submit a comment. You can also go directly to
4 Regulations.gov to provide your comments. We've
5 provided the docket number here on the screen.
6 It's Docket FNS-2020-0015. Again, just want to
7 reiterate, thank you, again, to our 2020 Dietary
8 Guidelines Advisory Committee.

9 Thank you for volunteering your time,
10 volunteering your expertise to advise USDA and
11 HHS on the next edition of the Dietary
12 Guidelines. That adjourns our meeting today.
13 Again, we hope that you will stay involved at
14 DietaryGuidelines.gov, and thank you again.

15 (Whereupon, the above-entitled matter
16 went off the record at 1:27 p.m.)

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