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
MS. HAVEN: Good morning, everyone.

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

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

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

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

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

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

We thank Deputy Under Secretary Lipps
for his leadership and support through this
complicated, important process to develop the 2020-
2025 Dietary Guidelines for Americans.

Deputy Under Secretary Lipps.

OPERATOR: Thank you, Ms. Haven.

Deputy Under Secretary Lipps, your line is open.

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

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

First, on behalf of Secretary Perdue,
I'd like to express our deep appreciation for the
incredible work of the 2020 Advisory Committee. They dedicated 16 months to conducting a robust, rigorous, and thorough review of the science on a broad range of topics, topics that will be central to USDA and HHS development of the 2020-2025 Dietary Guidelines for Americans.

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

This work will now all the Dietary Guidelines to cover the entire lifespan, so that USDA and HHS can expand the Guidelines to include infants and toddlers from birth to 24 months. And through all of their hard work and dedication, there was an open public comment period where the Committee welcomed input from the public at every stage of the process, the entire 16-month process.
The scientific report reflects the Committee's unwavering commitment to scientific integrity and dedication to advancing public health. We greatly value this important essential contribution.

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

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

You'll remember that starting in 2018, we asked the public for the first time ever to provide inputs on the topics and questions that the 2020 Committee would examine. We also added
a second opportunity for the public to provide
oral comments to the Committee, when in the past
there has only been one opportunity.

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

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

Each of our numerous announcements and
updates throughout this time went to more than
240,000 individuals who signed up to be on the
Dietary Guidelines listserv. And we know there's
a lot of interest in the scientific report. In just the first week after it was posted at DietaryGuidelines.gov last month, there were more than 10,000 downloads.

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

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

Our teams have made it possible for the public to see more of the Committee's work and be a more significant part of this process than ever before from the very beginning. Our dedicated colleagues were vital to bringing life to our commitment to ensure this process is
transparent, inclusive, and science-driven.

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

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

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

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

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

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

MS. HAVEN: Thank you, Deputy Under
Secretary Lipps. Now I'd like to introduce our
next speaker for this morning, Captain Paul Reed
from U.S. Department of Health and Human Services, our partner with whom we jointly develop the Dietary Guidelines for Americans every five years.

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

Captain Reed.

OPERATOR: Thank you, Ms. Haven.

Captain Reed, your line is now open.

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

On behalf of Admiral Brett Giroir, the
Assistant Secretary of Health and the Department of Health and Human Services, as well as USDA, and truly all Americans, I would like to start by expressing my sincerest thanks to the 2020 Advisory Committee members for their willingness to serve and dedicate their valuable time and unequaled scientific expertise for this critical public health effort.

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

The Committee worked tirelessly for 16 months, and this staggering effort culminated in a 830-page report that was submitted to HHS Secretary Azar and USDA Secretary Perdue at the end of June. The responsibility for moving forward is now in the hands of the U.S.
government, and I am confident that the Committee's report will enable USDA and HHS team to base the 2020-2025 Dietary Guidelines for Americans on the best available science.

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

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

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

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

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

As if we needed more reason, the pandemic only reinforces the importance of developing evidence-based Dietary Guidelines that
help reduce the burden of chronic diseases and
their multiple negative impacts on health and
quality of life.

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

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

And since the body of evidence on the
role of nutrition in disease prevention and
health promotion is rapidly expanding, HHS and
USDA are committed to reviewing the science on
food, nutrition, and health every five years and
updating the Dietary Guidelines based on the latest evidence.

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

OPERATOR: Thank you, Captain Reed.

Ms. Haven, your line is open.

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

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

Thank you, again, Dr. Hutchins, for making this possible. It was a critical
contribution to the rigor of the scientific
review phase of our process, which yields the
scientific foundation for the next edition of the
Dietary Guidelines.

Dr. Hutchins.

OPERATOR: Deputy Under Secretary

Hutchins, your line is now open for remarks.

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

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

As the research function for USDA, the
Research, Education, and Economics mission area
supports this Committee by providing scientific
information to help the policy decisions that
critically impact American dietary habits.
Recently, our in-house scientists with the Agricultural Research Service led the peer review process to evaluate the systematic reviews of the literature provided to the Committee.

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

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

However, there is a critical gap in estimating nutrient requirements of infants, which have usually been extrapolated from requirements determined for older children.
That's only one reason why it's crucial that we strengthen our understanding of dietary reference intakes, DRIs. I'm honored to co-lead, with Admiral Giroir, the Interagency Committee on Human Nutrition Research, and can say unequivocally that USDA and HHS remain committed to prioritizing DRI reviews to ensure the most current information is available.

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

One of the core components of the Science Blueprint here at USDA is food and nutrition translation. Within that framework, USDA hopes to provide guidance to promote healthier diets for Americans, especially to reduce the incidence of obesity and chronic
diseases, such as diabetes.

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

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

When I first addressed you at the beginning of this process, I noted that we as humans are unique among all species in that we choose our own nutritional path based on our own values. I also shared with you that my adult children have each selected a different path themselves. One's a vegetarian, one's high protein, and the other more balanced.
However, I'm pleased to say that each of them has used the Guidelines and the best information available to select diets for their own children, not just their own choices.

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

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

Certainly as a grandfather of seven, all born after I was 47 years old, I'm very appreciative of this progress. So again, I thank the Committee for their work and for the Federal
partnerships that continue to support nutrition as a national priority.

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

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

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

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

    I will now review the instructions for
providing oral comments. Individuals who are
registered to provide oral comments will be able
to provide up to three minutes of comments.
There are 70 individuals registered to provide
comments. If time permits, those on the standby
list will be able to participate as well.

Our USDA-HHS webcast operator will
connect the individuals registered to provide
comment to the audio line at the appropriate
time. Please note your order in the list
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DietaryGuidelines.gov. Please be prepared to
accept the phone call from our operator
approximately five minutes before it is your turn
to speak.

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

At this point, the three-minute timer
will begin. Once your number is called, please
state your name and organization, or self if you're representing yourself, and proceed with your remarks to the panel.

The webcast operator will monitor the time. Commenters will be asked to end the remarks at the allotted time of three minutes.

When you are finished with your remarks, the operator will disconnect your audio line. You may return to the webcast by clicking on the link in your registration email, or switching back to use computer audio option in the webcast.

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

One final note, this meeting is being recorded and a video will be posted online at DietaryGuidelines.gov. At this point, we will
take a five-minute break and ask our event
operator to connect the first individuals
registered to provide comment. Thank you.

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

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

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

MS. MILLER: --- dietitian at American
Dairy Association Northeast. Thank you for the
opportunity to provide comments today. The
Dietary Guidelines must consider healthy eating
patterns for all Americans, including those
Americans who face food insecurity, to be
effective.
In 2018, over 37 million Americans struggled with food insecurity. The COVID-19 pandemic has placed even more people at risk. More than 54 million Americans may face hunger in 2020, especially minority populations.

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

Today, I'll address two barriers that food insecure families face in adopting
recommended healthy eating patterns. The first barrier is access. Food banks and pantries work hard to get nutritious food for their clients, but some foods present additional challenges.

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

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

My organization, ADA Northeast, has
distributed over 650,000 gallons of milk to the
greater New York area this year. By the end of
August, we will have distributed over 800,000
gallons of milk to families in need.

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

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

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

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

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

First, we applaud the Committee's affirmation that whole grains are key to a healthy diet. They deliver dietary fiber designated as a nutrient of concern. In fact, half the fiber in the U.S. diet comes from whole and refined grains. This is important because the consumption of whole grains and dietary fiber is associated with numerous health benefits, including decreased risk of chronic diseases,
such as diabetes, type II, colon cancer, and coronary heart disease. Brown, whole grain, and enriched U.S. rice are documented in national surveys to provide over 15 vitamins and minerals. The folic acid in enriched grain, such as rice, has been shown to reduce neural tube defects.

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

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

Second, I address the role of fortified rice products as a vehicle for delivering under consumed nutrients for all, especially children under 2. Easily digested foods, iron and zinc fortified cereals, such as
rice cereals, are good first food choices for breastfed infants during the second six months of life.

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

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

Finally, we ask that the Guidelines do the following. One, distinguish between refined grain staple and indulgent foods -- refined and staple and indulgent foods; recognize the role of accessible staple, low-carbohydrate foods, such as rice, in the diets of various cultural, socio-economic and age groups and tout their role in providing low-cost accessible sources of
nutrients such as iron, protein, and dietary
fiber. Thank you.

OPERATOR: Thank you, Commenter 2.

Commenter 3, your line is now open.

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

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

Second, the eating patterns that the
DGAC report recommends for Americans 2 years and
older include low-fat and fat-free dairy foods, which contain less saturated fat than whole and reduced fat options.

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

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

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

Emerging evidence indicates that consuming dairy foods, regardless of fat content,
and within healthy eating patterns, is not linked with a higher risk of cardiovascular disease, type II diabetes, or weight gain. Dairy fat is the most complex fat naturally occurring in a food.

This complexity might help explain why the links between consuming dairy foods and health trouble or chronic disease risk are independent of the saturated fat content. National Dairy Council's comment to the DGAC on whole and reduced fat dairy foods showed cases, a body of research on this topic. Allowing the option to incorporate whole or reduced fat dairy foods in healthy eating patterns would give Americans more options to meet dairy recommendations, which most Americans do not currently meet. Dairy foods, regardless of fat level, are an important source of nutrients in the American diet.

In fact, whole and reduced fat dairy foods can fit into calorie balanced eating patterns, while staying within the 2020 DGAC's
recommended limit of saturated fat intake. In closing, dairy foods are an integral nutrient dense component of healthy eating patterns that are linked with reduced risk of key chronic diseases.

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

OPERATOR: Thank you, Commenter 3.

Commenter 4, next, your line is now open.

MS. MAITIN-SHEPARD: Hello. My name is Melissa Maitin-Shephard. On behalf of the American Institute for Cancer Research, or AICR, thank you for the opportunity to provide comments today. AICR is the leading U.S. authority on the links between diet, weight, physical activity, and cancer prevention and survival. As part of the World Cancer Research Fund International Network, AICR funds, gathers, and comprehensively analyzes global scientific research on the roles
of diet, weight, and physical activity in cancer risk and publishes expert reports that are trusted, authoritative, scientific resources that underpin current cancer prevention recommendations and policy priorities.

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

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

We also support the DGAC's inclusion of whole grains as a dietary component contributing to positive health outcomes, particularly when part of a healthy dietary pattern that also includes fruits and vegetables.
The Guidelines should also address the strong evidence that excess body weight causes 12 types of cancer and highlight the DGAC's conclusion that dietary patterns emphasizing vegetables, fruits, and whole grains, and low in sugar-sweetened foods and drinks and refined grains, are associated with a healthy body weight.

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

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

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

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

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

OPERATOR: Thank you Commenter 4. Next is Commenter 5. Commenter 5, your line is open.
MR. QUARLES: Thank you. I'm Kam Quarles, the CEO of the National Potato Council. We represent the interests of all U.S. commercial potato growers. Potatoes are the most widely grown vegetable in the U.S., with production in over 20 states. Potatoes are so widely produced because they are a nutritional powerhouse, provide a good source of eight different vitamins and minerals, are easily accessible and affordable, and are available in shelf stable forms.

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

NPC was disappointed to see potatoes missing from the DGA's list of good potassium sources, specifically for birth to 24 months, given the noted challenge in meeting their
potassium and iron needs. In fact, one medium potato with the skin provides a good source of potassium, and also contains iron and vitamin C.

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

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

In WIC, potatoes are an expensive and
easy source of key nutrients needed during pregnancy. One challenge in these programs is that despite potato benefits, arbitrary vegetable color classification paired with the term starchy is confusing.

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

Thank you for your attention today and your hard work during this process. We ask the Committees to recognize and reinforce the
benefits of potatoes in the new DGAs. Thank you.

OPERATOR: Thank you, Commenter 5.

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

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

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

Eating patterns that include snacks are beneficial across life stages. Research suggests that adults who consume three meals and
two snacks per day have the best overall nutrient intake patterns, compared to those who skipped meals or who omitted snacks.

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

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

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

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

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

In translating DGAC recommendations to dietary guidance, USDA and HHS should exercise caution considering recommendations that are not supported by the strong evidence or require additional research to make such conclusions. In conclusion, snacks can play an important role in
healthy dietary patterns across life stages. Our members continue to innovate across the snack categories to provide nutrient dense, better for you, and healthy options in a variety of portion sizes.

SNAC International encourages USDA and HHS to recognize this benefit, protect the role of snack consumption, and refrain from negatively portraying snacks within the 2020-2025 DGA. Thank you for your time.

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

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

We bring a collective voice in strong support of the Committee's alcohol recommendations and encourage an expansion of one
recommendation, given existing and mounting
evidence of alcohol's role with cancer. Two
quick points about alcohol consumption. First,
alcohol is responsible for lots of mortality.
Alcohol-related deaths have doubled over the last
two decades, such that excessive alcohol
consumption is the third leading cause of
preventable death in the United States.

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

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

First, we strongly concur with the
Advisory Committee that no evidence exists to relax current Dietary Guidelines, and there is evidence to tighten them to read, and I quote, for those who drink alcohol, recommended limits are to one drink per day for both women and men, end quote. The evidence on alcohol-related harms is clear. Those who recommend higher thresholds serve no public health interest. Other high-income countries have already tightened alcohol drinking guidelines for men and harmonized those guidelines with those for women.

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

Third, while we agree with the spirit of the Committee's recommendation, and I quote, if you drink alcohol at all levels of
consumption, drinking less is generally better for health than drinking more, end quote, we urge the addition of the following to the end of this sentence, but it is best not to drink alcohol, end quote, since alcohol is causally associated with at least six types of cancer, as recognized by both the World Health Organization and our own U.S. government. Thank you for giving me the attention to alcohol in the Dietary Guidelines.

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

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

The recognition of low-fat and non-fat dairy in a healthy diet further cements the need for people to consume dairy products across the lifespan. Dairy was associated with many
beneficial health outcomes for adults, including reduced risk of hip fractures, decreased risk of cardiovascular disease, favorable outcomes related to body weight and risk of obesity and lower risk of colorectal cancer.

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

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

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

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

The micronutrient package, paired with
the protein milk offers, makes it an invaluable addition to the diet. Lastly, I would be remiss not to discuss the current situation in our country and the increase in food insecurity.

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

Now, in light of the pandemic, that number has dramatically escalated. It is important, now more than ever, that people have access to healthy, affordable food. One study found that dairy products were an inexpensive sources of potassium and vitamin D, with cheese and milk being the least expensive source of calcium. Dairy continues to be a nutrient rich, budget friendly option for Americans. As USDA and HHS begin to put together the guidelines, we urge you to follow the lead of the Advisory Committee and maintain dairy's important role in
the diet, as well as consider the newer science
on milk fat. NMPF appreciates the opportunity to
provide these comments, and thank you for your
time.

OPERATOR: Thank you, Commenter 8.

Next is Commenter 9. Commenter 9, your line is
open.

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

First, I will begin with a quick
terminology lesson. Legumes are a huge and broad
category of plants that all grow in pods. Think
soybeans, peanuts, fresh beans, fresh peas, as
well as dried beans and peas. Sadly, many people
are unaware that there is a very specific name
for dried beans and peas. That name is pulses.
Pulses are the dry, nutritionally dense, edible
seeds of beans, peas, lentils, and chickpeas. This also include canned varieties, like canned beans -- like canned black beans, for example. Pulses are an important source of many nutrients, including protein, fiber, potassium, zinc, B vitamins, magnesium, choline, and iron.

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

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

We liken this to referring to a milk as a glass of dairy. We know you would never do
that, so please stop doing that to pulses by
calling them legumes. USDA-HHS, we ask that once
and for all, you recognize and acknowledge the
food category for what it truly is and name it
pulses, not legumes with beans and peas in
parentheses. Second, the 2015 Guidelines
included eight pages of glossary definitions.

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

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

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

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

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

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

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

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

The Guidelines should also clarify that low and no-calorie sweetened beverages may be consumed by adults instead of sugar-sweetened beverages, emphasizing that water is preferred to either type of beverage. The Guidelines should also advise against consumption of LNCSBs by...
children. Second, the Departments should explicitly advise limiting both red and processed meat in the definition of a healthy eating pattern.

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

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

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

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

For example, there are notable disparities in race of ever breastfeeding and
exclusive breastfeeding at six months by race,
income, maternal education, and maternal age.
Please refer to our written comments for detailed
explanation and additional consideration. Thank
you.

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

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

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

While we appreciate the careful
evidence review of the DGAC, the lack of
sufficient evidence in children, particularly in
the first two years of life, and especially
including racially and ethnically diverse
children, is concerning.

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

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

AAP has concerns with the Committee’s
suggestion that routine iron supplementation of
all breastfed infants may not be advisable. This
recommendation is against AAP policy and ignores
discussion of final outcome. AAP worries that
adoption of the Committee’s recommendation may
lead to denial of coverage for iron
supplementation for low-income parents who
participate in WIC or Medicaid without costly,
uncomfortable blood tests, which will likely
result in an increase in iron deficiency anemia.

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

The recommendations of the DGAC
regarding introduction of peanut and egg products
are confusing and should be clarified in the DGA.

AAP urges USDA and HHS to reword the
recommendation of the DGAC to align with the
recommendations of the AAP and NIAID that
allergens can be introduced as early as between 4
and 6 months of age for high-risk infants, and
around 6 months for other infants. The DGA
should include recommendations regarding
consumption of 100 percent fruit juice. AAP recommends that no juice should be offered before 6 months of age, and it is best to avoid juice completely until the infant is at least 1. From 1 to 3, consumption should not exceed four ounces per day. The DGA should clearly state that cow's milk should not be given to children under 1.

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

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

DR. RUBIN: Good morning. I'm Dr. Mickey Rubin, executive director of the Egg Nutrition Center, the Science and Education
Division of the American Egg Board, which represents America's egg farmers. ENC supports research on the critical role of eggs in a healthy diet. Thank you for the opportunity to offer comments on the DGAC report.

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

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

While choline is under consumed by most Americans, the Committee noted that this poses special challenges for infants, toddlers, and pregnant women. A recent survey commissioned by ENC showed low levels of awareness of choline amongst both new and expecting mothers and the
health professionals who care for them.

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

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

As an excellent source of both choline and iodine, new and expecting moms would benefit greatly from education and outreach on including eggs in their diets to achieve recommendations and support brain development. The report also
recommended early introduction of eggs to reduce risk of egg allergy.

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

The report recognizes eggs can help Americans move towards healthier diet patterns that meet nutrient needs at all ages. In children, the Committee identified the diet quality benefits if energy were to be redistributed from added sugars to the protein group, highlighting eggs as a preferred nutrient dense option. In pre-teen and adolescents, particularly girls, eggs were encouraged for their protein and choline content. Older adults were noted for poor nutritional status related to protein and vitamin B12, two nutrients for which eggs provide greater than 10 percent of the daily
Eggs also were identified as one of the few natural food sources of vitamin D, a nutrient of public health concern for all Americans. This report represents a tremendous step forward in helping Americans build healthy diets at every age.

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

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

MS. REINHARDT: Thank you, and good morning. My name is Sarah Reinhardt. I'm a public health dietitian and the lead analyst of food systems and health at the Union of Concerned Scientists in Washington, D.C.
I want to first thank the staff and leadership of the USDA and HHS for the work that you've done to make this process transparent and accessible to the public.

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

Our top three priorities at UCS are as follows. First, the Dietary Guidelines must clearly communicate the scientific conclusions reached by the Committee. This includes findings that healthy diets contain low levels of red and processed meat, that added sugar intake should be limited to 6 percent or less of daily calories, except in the case of infants and children under 2, who should not consume foods and beverages with added sugar, and that exclusive
breastfeeding should be encouraged and supported, particularly during the first six months of life.

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

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

Like previous editions, the 2025 Dietary Guidelines should continue to apply a socioecological framework and support policy, systems, and environmental approaches that consider the cultural norms, environments, and other contextual factors that shape healthy eating patterns. This includes the acknowledgment and discussion of the relationship between poverty, racism, and diet-related health disparities. We will also be advocating for substantial investments in the implementation of
the Dietary Guidelines to help ensure that the
Guidelines reach the populations that need them
the most.

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

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

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

OPERATOR: Thank you, Commenter 13.

Next is Commenter 14. Commenter 14, your line is
open.
MR. ZAKHARI: Good morning. My name is Sam Zakhari, and I am presenting, today, serious concerns about the DGAC proposal to change the decades old evidence-based definition of moderate drinking.

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

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

As the Committee’s systematic review reaffirms, the preponderance of evidence shows that light to moderate alcohol consumption, as defined in the 2015 DGA, presents little health risk for most adults and is, in fact, associated with reduced all-cause mortality.
To quote the scientific report, approximately half of the studies reported significant findings that low/average alcohol consumption was associated with reduced risk of all-cause mortality compared with never drinking alcohol. Only two studies reported that low alcohol consumption was significantly associated with greater all-cause mortality compared to never drinking alcohol.

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

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

The Committee's conclusions on alcohol consumption and all-cause mortality reflect significant procedural and analytical errors. The Committee repeatedly violated its systematic
review protocol, establishing parameters for
inclusion and exclusion of evidence.

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

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

Thank you.

OPERATOR: Thank you, Commenter 14.

Next is Commenter 15. Commenter 15, your line is
now open.

Please go ahead, caller. Your line is
open.

(No response.)

OPERATOR: We move on to Commenter 17.

Please go ahead.

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

I have two questions for the panel.

Will you base your recommendations in the Dietary Guidelines on a preponderance of the evidence, or will you establish a new precedent that the Advisory Committee can disregard its charter and base recommendations outside the standards set by NESR?

For three decades, the Dietary
Guidelines for Americans have defined moderate alcohol consumption as up to one drink a day for women and up to two drinks a day for men.

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

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

Dr. Eric Rimm, who chaired the DGAC Alcohol subcommittee in 2010, and at that time led the last extensive scientific review, summed up, in a recent -- summed it up in a recent news article.
The science has not changed in the last five years. Thus, I think the Committee got it wrong. Adopting this recommendation in the final Dietary Guidelines will only create confusion. My request to you is simple. Maintain the current moderate consumption guidelines for alcohol.

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

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

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

Meat and poultry products play an important role in a healthy, well-balanced diet. The Meat Institute appreciates the opportunity to provide comment on the scientific report of the 2020 Dietary Guidelines Advisory Committee. The Guidelines must be clear about the role of meat and poultry in healthy dietary patterns. The overall conclusions of the report regarding meat and poultry intake are inconsistent and could have adverse unintended consequences if the findings are not translated effectively. The report notes that protein foods are generally consumed in the range of recommended amounts.
Yet, there are certain populations where specific nutrients and components pose public health challenges, like adolescent girls and older adults who have low intakes of protein and vitamin B12.

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

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

USDA and HHS have the opportunity to translate the report's findings into clear, concise language that demonstrates the role meat and poultry can play in healthy dietary patterns. The meat and poultry industry provides diverse products to meet consumers' preferences and expectations. Across the lifespan, nutrient needs vary widely due to each individual's
disease status, age, preferences, and there are
unprocessed and processed meat and poultry
products available to meet everyone's individual
nutrient and lifestyle needs.

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

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

As articulated in the report, given
the differential patterns within the food groups
by age, race, ethnicity, and income, messages
could be tailored to meet people where they are,
to help them make small positive shifts.

Inherent in this is that there's no one diet or food group or individual food to consume or avoid, but rather that it's possible to make any number of changes to move toward a similar healthy end.

In conclusion, the benefits of meat and poultry consumption as part of healthy, balanced dietary patterns cannot be overstated, especially in vulnerable population groups.

Additional insights on the report will be included in the Meat Institute's written comments. Thank you.

OPERATOR: Thank you, Commenter 18.

We move back to our commenter at 16. Commenter 16, please go ahead.

MS. JACK: Thank you. Good morning.

I am Dr. Maia Jack of the American Beverage Association, or ABA, representing the non-alcoholic beverage industry.

ABA shares the public health goal to reduce the risk of preventable diseases, such as
obesity, through improved dietary patterns. A common sense, science-based approach to nutrition advice, one that is centered on moderation, balance, flexibility, and choice, would help advance this important public health goal. We wish to make six points. First, we support the Committee's recognition of the benefits juices, milk, and coffees with no added sugars offer Americans to achieve food group and nutrient recommendations.

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

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

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

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

Moreover, a Public Health England scientific body reinforces the positive role low and no-calorie sweeteners play in sugar reduction.
and weight maintenance, while the European Food Safety Authority recognizes value in blood sugar control.

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

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

Finally, so that trends from 2015 can be monitored, the agencies should strive for consistent presentation across and within the
Dietary Guidelines for the sake of accuracy and transparency. Examples include beverage terminology, beverage categorizations, data analytics documentation, an illustration of beverage energy and added sugars in the context of the total diet.

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

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

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

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

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

However, guidance from the 2015
advisory report does not align with those
provided by other breastfeeding authorities,
including the AAP and the Academy of
Breastfeeding Medicine. NWA urges the DGAC to
explore this further.

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

The advisory report did not address
the safety of rice consumption, and thus NWA
encourages the next DGAC to explore this topic.

Introduction of allergy-induced foods in the
first year of life. NWA concurs with the
conclusions drawn by the advisory report,
particularly that caregivers introduce peanut
products between ages 6 and 12 months. NWA
proposes that this advice be accompanied by
guidance for those at high risk of an allergic
response. Beverage intake for infants and
children. NWA supports the recommendation for young children to avoid intake of beverages with added sugars.

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

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

Regarding Chapter 10 for children 2 to 18 years of age, NWA would like to comment on the role of dairy fats, such as 1 percent milk, in brain development. Although the advisory report did not address the role of dairy fats in brain development and was unable to establish a relationship between them and adiposity in
children, such research is important for updating
the science upon which the WIC food package and
nutrition education is based. The National WIC
Association greatly appreciates the work that the
DGAC has undertaken.

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

OPERATOR: Thank you, Commenter 19.

We will move back to Commenter 15. Commenter 15,
your line is now open.

MS. HENCHY: Thank you. Good morning.

My name is Gerry Henchy. The Food Research and
Action Center appreciates the opportunity to
provide comments in response to USDA's and HHS's
request for comments on the scientific report of
the 2020 Dietary Guidelines Advisory Committee.

FRAC is a research, policy, public
education, and advocacy center working for more
effective public and private policies to
eradicate hunger and improve the nutrition and
health of low-income individuals and families.

Today, I'll cover just several of FRAC's recommendations on creating the 2020-2025 Dietary Guidelines based on the Committee's report. No. 1, FRAC fully supports the Committee's life stages approach to the next edition of the Dietary Guidelines for Americans and the comprehensive recommendations for pregnant women, infants, and toddlers from birth to 24 months.

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

FRAC agrees with the Committee and urges HHS and USDA to focus on food insecurity and equity when updating the Dietary Guidelines. As the Committee points out in their letter, and as we have heard from other speakers, the problems of food insecurity and poverty have become even more important during the Coronavirus
The pandemic presents a twin threat to public health and the economy. There has been an unprecedented rise in food insecurity. One in four adults are experiencing food insecurity, and communities of color have been disproportionately impacted. Fully 38 percent of Black individuals with children are experiencing food insecurity, and 37 percent of Hispanic individuals with children.

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

To be effective, the 2020-2025 Dietary Guidelines recommendations must reflect the realities of these daily struggles. The Dietary Guidelines are the cornerstone of, really, all the food and nutrition policy and communication,
including nutrition standards from the Federal nutrition programs.

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

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

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

In conclusion, I would like to thank
the Committee and USDA and HHS for all the hard work that went into this report and this process, and this opportunity, again, to speak publicly. For additional details on FRAC's comments, we will be submitting a full set of written comments tomorrow. Thank you.

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

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

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

As the agencies develop the final
2020-2025 DGA, CCC will request the following messages are clearly communicated. The term low and no-calorie sweeteners should be used consistently in the 2020 DGA.

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

However, the characterization of the evidence is limited, but viewed as sufficient,
stops short of definitively highlighting these ingredients as effective tools in weight management.

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

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

The 2020 DGA should recommend that
Americans consume fiber from a variety of sources, including fiber-enriched products, using the nutrition fact label and the ingredient list as a guide.

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

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

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

OPERATOR: Thank you, Commenter 20.

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

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

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

Today, I want to center my comments around three main imperatives, including the need to: 1) facilitate all Americans in adopting healthy eating patterns; 2) increase intake of fruits and vegetables starting early in life; and
3) address common misperceptions about frozen food. Perhaps the most important public health goal is to support consumers in meeting fruit and vegetable recommendations.

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

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

Yet, frozen foods are often misunderstood and maligned. Shoppers consistently point to the affordability, quick
and easy preparation, ease of storage, and reduced waste as key reasons to purchase and consume frozen foods. In addition, menu modeling shows that diets that include 95 percent frozen food can meet MyPlate food group recommendations for grains, fruits, and vegetables, as well as nutrient recommendations for calories, fat, saturated fat, sodium, fiber, vitamin A, vitamin C, and calcium.

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

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

It is critical that future dietary policies do not limit options when supporting
consumers in eating healthfully. Rather, consumers should be encouraged to make healthful choices in the frozen food aisle, particularly given the critical role that frozen foods play in helping consumers get closer to DGA nutrition recommendations. On behalf of the frozen food industry, we look forward to working with the government to facilitate and support Americans in closing the gap between current and recommended dietary patterns. We look forward to sharing more of our perspective on frozen foods and meeting dietary recommendations in our written comments that will be sent in tomorrow. Thank you for this time.

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

DR. SCIMECA: Good morning. I am Dr. Joseph Scimeca, senior vice president of regulatory and scientific affairs with the International Dairy Foods Association in Washington, D.C.
IDFA is a membership organization that represents dairy cooperatives, processors, retailers, and suppliers who process 90 percent of the nation's milk into nutritious products such as infant formula, cheese, yogurt, ice cream, and dairy ingredients.

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

Milk is a key component of diets associated with improved bone health and lower risk for cardiovascular disease and obesity. IDFA was pleased to see the Dietary Guidelines Advisory Committee report affirm the unmatched health and nutritional benefits that dairy products provide to people of all ages.

However, as the Committee pointed out, dairy is still under consumed by nearly all
Americans, meaning that people are missing out on the important nutrition that dairy provides. Recommendations in the 2020-2025 DGA will help Americans make more informed food and beverage choices that increase their consumption of dairy and improve nutrition.

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

Third, the Committee identified a diet including low-fat and fat-free dairy, alongside legumes, whole grains, fruits, and vegetables, as the ideal, healthy dietary pattern for all ages,
associated with positive health outcomes.

Finally, we commend the Committee for making recommendations for infants and toddlers. The Committee report held that as infants begin to eat complementary foods, in addition to formula or breastmilk, it is important that dairy foods, such as yogurt and cheeses, be among those first foods introduced to infants between 6 and 12 months of age.

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

This is an important area that should have been considered by the Committee, since there is growing evidence to support a positive
health path of milk fat that is different from other saturated fats.

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


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

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

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

Obviously, it's important to continue this message, but it's just the tip of the iceberg. Data from MSI-funded, peer-reviewed studies show that spices and herbs can also partially or fully compensate for the loss of flavor in foods reduced in saturated fat by 60 to
65 percent and also added sugars by a third. In addition, vegetable consumption in an inner-city high school cafeteria of low-income students increased by 15 to 20 percent just by increasing the flavor with added spices and herbs.

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

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

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

OPERATOR: Thank you, Commenter 23.
Next commenter is 24; 24, please go ahead.

(No response.)

OPERATOR: Commenter 24, your line is now open.

MS. REINHARDT KAPSAK: Hello?

OPERATOR: Please go ahead. Your line is open.

MS. REINHARDT KAPSAK: Hello? Hello?

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

MS. REINHARDT KAPSAK: Hello? Hello?

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

MS. REINHARDT KAPSAK: Hello? Hello?

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

MS. ZELMAN: Hello. My name is Kathleen Zelman. I'm a registered dietitian and a nutrition communicator. I'm also an advisor to the Distilled Spirits Council. Good morning, and
thank you for the opportunity to present comments. Also, thank you to HHS and USDA for your service. The Dietary Guidelines are arguably the most important roadmap, as Secretary Lipps noted, the cornerstone that we use to promote public health, and it's vital that every recommendation be based on the preponderance of evidence. This morning, I take issue with the advisory report's recommendation to change the definition of moderation of alcohol for men for multiple reasons.

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

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

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

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

According to Dr. Rimm, 80 percent of the best studies were conducted between 2000 and 2010. They resulted with strong evidence that moderate drinkers have the lowest mortality risk.
Number 3, men and women are not alike. Women are more vulnerable because of how the liver metabolizes alcohol differently.

Limits for men and women need to be different. Lastly, it's quite perplexing why alcohol was viewed in isolation. It was viewed out of context of the total diet and an unrealistic perspective. A recent study, January 2020, in the British Medical Journal, concluded that moderate alcohol intake was one of five low-risk lifestyle factors associated with longevity, healthy weight, healthy diet, regular exercise, not smoking, and moderate alcohol.

When alcohol was removed from the lifestyle factors, life expectancy was lower.

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

The long-standing U.S. definition of
moderate drinking for men has been suggested to change without any new evidence. This recommendation reverses decades of guidance on moderation and contradicts widely accepted scientific research.

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

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

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

In addition to my role at PBH, I'm also a registered dietitian and mom of three young children, so I commend all of the hard work
of everyone involved with the development of the
2020 to 2025 Dietary Guidelines for Americans to
assist all consumers, at every life stage, in
achieving a healthful diet.

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

The effects of this chronic
consumption crisis have further been illuminated
with COVID-19 and will continue to drive health
disparities among many in our population if we do
not transform our approach to the fruit and
vegetable consumption crisis. At PBH, our
mission is to reverse the consumption crisis.
Clearly, we need to: 1) elevate new fruit and
vegetable consumption behaviors as a national
priority to achieve nutrient adequacy; and 2)
emphasize the importance of eating all forms of
fruits and vegetables, fresh, frozen, canned,
dried, and 100 percent juice, as noted in the
Guidelines and other national policies.

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

Eating more fruits and vegetables in
all forms is the single most important action
Americans can take to improve their health.

Knowing this, we at PBH would like to share three
ideas for your consideration. First, knowing is
simply not enough.

PBH consumer research tells us that
simply educating on the facts doesn't move the
needle on healthful eating. Most Americans know
that eating fruits and vegetables promote health,
but it doesn't always translate into action. To
bridge consumers' intention/action gap, we must
show Americans how eating fruits and vegetables
can improve not only their health, but also their
happiness. We also need to add flavor to their meals and snacks and show them how to do this.

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

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

Finally, make the doing, the actionable ability part of eating fruits and vegetables, easy, fun, and practical. Help ensure fruits and vegetables are readily accessible, in front of people where they purchase food and consuming meals, making it hassle free. For example, supporting
environments at schools, workplaces, hospitals, as we often do, and where access to all forms and fruits and vegetables isn't just part of the deal, but it's the top priority. It's central to every single health initiative that the government undertakes.

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

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

Finally, we must leverage behavioral science to help consumers form new fruit and vegetable consumption habits if we're going to adequately address the fruit and vegetable consumption crisis. In closing, it's key for all
of us to work together to translate science into
guidance that taps into American feelings about
their food, including fruits and vegetables, and
demonstrate to them how doing can be easy,
delicious, and fun. Thank you so much for the
opportunity to provide these comments.

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

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

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

We support the recommendations put
forth by the Advisory Committee and the report's encouragement of a diet rich in a wide variety of fruits and vegetables across all life stages. The evidence of the impact it has when reducing the risk of all-cause mortality rates, cardiovascular disease, type II diabetes, obesity, bone health, several cancers, and poor maternal fetal outcomes in women has only strengthened since the last DGAs were published. We were also encouraged by the Advisory Committee's examining, for the first time, dietary patterns for children 0 to age 2.

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

At the same time, this comes with enormous responsibility to ensure that these recommendations are accessible for all populations, fair and consistent, and not easily
manipulated to target parents trying to do right by their children.

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

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

Today, K through 12 students are eating a wider variety of fresh fruits and vegetables than they did ten years ago. DGAs
have the power to positively impact dietary
patterns if we put the work in to implement them.

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

OPERATOR: Thank you Commenter 26.

Next is Commenter 27. Commenter 27, your line is
now open.

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

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

Second, maximize CNPP's new
infrastructure within the USDA Food Nutrition Service. Now CNPP can work with Federal nutrition assistance programs, especially SNAP education for integrative integration of policy, system changes, and environmental supports to address social determinants of health, especially during the pandemic and depressed economy.

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

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

It is the position of the Society for
Nutrition Education and Behavior that environmental sustainability should be inherent in dietary guidance. Since the 2015 DGAC review, evidence on dietary guidance for ecological sustainability is rapidly expanding.

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

Four, strengthen the process for developing our nation's dietary guidance by reflecting on the 2020 DGAC report process in the new DGA, providing strategic and increased investments in nutrition education research, improving dissemination of dietary guidance to reach the majority of Americans with serious diet-related illnesses. Our society stands ready to assist Federal officials in developing the
DGA, and we will integrate the DGA into our
efforts to build healthy communities and food
systems for all Americans. Thank you, and thank
you for this opportunity.

OPERATOR: Thank you, Commenter 27.

Next is Commenter 28. Commenter 28, your line is
open.

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

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

IFT appreciates the opportunity to
provide input on the 2020 Dietary Guidelines
Advisory Committee report. We support
reinforcing the importance of following healthy
dietary patterns and the Committee's recognition about the role of food processing to help meet nutrient needs across all life stages. The recommended dietary patterns allow for flexibility to include all forms of nutrient-dense foods, whether fresh, frozen, canned, or otherwise processed to meet individual and cultural references across the lifespan.

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

For example, food products low in sodium, added sugars, and all saturated fats in portion control packaging could help reduce energy intake. The Committee reports that food processing approaches, such as fortification, could help increase intake of nutrients,
specifically during certain life stages, that fit into healthy dietary patterns, for example, infant cereals fortified with iron and zinc. Food scientists and technologists are identifying novel and effective ways to increase the nutritional quality of fruits and beverages that fit into healthy dietary patterns, while maintaining safety, sensory attributes, and meeting consumer demands. For example, developing novel sources of fiber to increase fiber intake, using non-thermal and high-pressure processing technologies to make stable and affordable foods that taste fresh, creating plant-based foods from omega-3 fatty acids, exposure of mushrooms to UV light to increase vitamin D content, and formulating plant-based food and beverage products.

We applaud the Committee's recommendation that future DGACs, USDA, and HHS examine the impact of non-nutritional factors, such as taste and cost, since these are reported to be the primary drivers of food choices.
IFT believes that diverse expertise, including expertise in food science and technology, behavioral science, and social science and economics is needed to address non-nutritional factors. IFT strongly urges USDA and HHS to include food scientists and technologists and other experts to adequately represent a needed expertise in future Committees. While the Guidelines need to be evidence based and aspirational, they must enable sustainable implementation to maximize adoption by all Americans.

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

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

MS. TWISSELMAN: Good morning. My name is Kiah Twisselman, and I appreciate the
opportunity to speak to you today on behalf of
the National Cattleman's Beef Association, the
nation's largest and oldest trade association
representing U.S. cattle producers.

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

Two years ago, I began my journey to
better health. I lost over 125 pounds through
small life changes, regular exercise, and a
healthy diet. I've also built a successful
weight loss and life coaching business to empower
others to do the same.
With that in mind, I'd like to offer the following. Balance and moderation are cornerstones of any healthy eating lifestyle, and healthy diets are most effective when they include the foods consumers love.

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

The DGAC recognizes lean meat as part of a healthy dietary pattern, but the 2020 DGAs should build on their recommendation by clearly identifying beef as a lean meat option and highlighting ways to achieve that recommendation,
even naming specific lean beef cuts, like sirloin
or 95 percent lean ground beef.

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

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

OPERATOR: Thank you Commenter 29. We
take Commenter 30. Commenter 30, your line is
now open.

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

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

In a current pandemic, closures of dental offices, loss of health insurance, and fear of infection has reduced access to dental services, potential increasing dental caries and other oral diseases. A June report from the ADA Health Policy Institute predicted up to 38 percent decline in U.S. dental care expenditure in 2020. Adopting routine preventive oral health practices can help reduce the risks of these dental problems. The DGAC's scientific report identifies dental care as among the chronic diet-related health conditions for both children
and adults, reporting a high prevalence of dental care as a tooth loss among Americans of all ages, especially Blacks, Hispanics, and low-income individuals.

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

Sugar free chewing gum earned the American Dental Association's seal of acceptance with evidence that demonstrated its meeting objective requirements for safety and efficacy, as evaluated by the ADA Council on Scientific Affairs. Based on the body of research evidence, we believe chewing sugar free gum should be added to language on preventing dental caries in the
2020 DGAs. A recent systematic review and meta-analysis from Kings College London Dental Institute confirmed the effectiveness of sugar free gum in reducing caries.

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

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

As part of this effort, Mars Wrigley has partnered with representatives from dental, nutrition, public health and consumer organizations in the Oral Health Alliance. As
one of the alliance partners, Mars Wrigley urges inclusion of the following statement in the 2020 to 2025 DGA. Individuals of all ages should follow a daily oral hygiene routine which includes brushing their teeth at least twice daily with a fluoridated toothpaste, cleaning between their teeth where possible, chewing sugar free gum for 20 minutes after meals or snacks, drinking fluoridated water where available, and limiting intake frequency of dietary fermentable carbohydrates. I thank you for the opportunity to provide these comments.

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

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

INCA members produce over 95 percent
of the infant formula consumed in the U.S., and we take our responsibility of providing optimal nutrition to infants very seriously. INCA supports the American Academy of Pediatric Physicians that breast milk is the preferred infant feeding method and that commercial infant formula is the only safe, nutritious, and recommended alternative for infants who are not exclusively breastfed. To ensure the U.S. 2020 Dietary Guidelines support healthy growth and development of infants and children, INCA recommends the following messages be clearly communicated in the Guidelines.

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

Second, B24 guidelines should recommend parents and caregivers consult their
healthcare provider for individual guidance on appropriate feeding methods, foods, and dietary patterns for infants and children, particularly when there are concerns about a child's growth and development.

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

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

INCA supports recommendations that are backed by credible peer-reviewed science and do not overstate the existing scientific evidence. The scientific report made clear there are
limitations in the scientific literature when it comes to infant feeding.

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

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

INCA thanks the agencies for implementing improvements to the process of developing the Dietary Guidelines. We ask that these efforts to increase transparency and build
on the highest quality of science continue to be the basis for future editions of the DGAs. Thank you.

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

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

For instance, the Committee reports that regular seafood intake during pregnancy is
associated favorably with brain development in young children and that seafood can be introduced as a unique omega-3-rich starter food for babies at 6 to 12 months.

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

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

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

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

Our second recommendation is that USDA and HHS ensure that all language in the 2020 Guidelines consistently reflect the conclusion that caregivers should introduce seafood at ages 6 to 12 months for its rich and unique omega-3s. While this is accurately stated in one part of the report, it is later contradicted by the suggestion of introducing seafood at age 2. We ask that the 2020 DGAs clearly and consistently
affirm the recommendation to introduce seafood at 6 to 12 months. A third recommendation is that the 2020 Guidelines clearly and concisely differentiate that seafood is a unique source of omega-3 DHA.

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

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

OPERATOR: Thank you, Commenter 32. Next is Commenter 33. Commenter 33, your line is open.
MS. WELLAND: My name is Diane Welland, and I'm a registered dietitian and director of nutrition communications for the Juice Products Association. JPA's a trade association representing processors, growers, packers, suppliers, and distributors to the juice industry.

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

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

I'd like to share new research recently published in BMC Nutrition online and
authored by Lynn Moore and colleagues at Boston University. This longitudinal study, which tracked dietary data from 100 children 3 to 6 years of age enrolled in the Framingham Children's Study and followed them for 10 years, found that drinking 100 percent fruit juice early in life is associated with healthier dietary patterns in later childhood and middle adolescence without adversely impacting weight gain.

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

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

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

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

OPERATOR: Ladies and gentlemen, at this time, we will take a short break. We will
resume the webcast in 15 minutes with Commenter 34 next in line. Commenter 34, next in line, please be prepared to accept a call from our operator a few minutes before the break ends. Thank you.

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

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

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

GOED's membership of 170 plus companies includes all segments of the omega-3
supply chain. Our mission is to increase
consumption of EPA and DHA and to ensure that our
members produce quality products consumers can
trust.

GOED thanks the Dietary Guidelines
Advisory Committee for its tireless efforts and
thanks the United States Department of
Agriculture and the United States Department of
Health and Human Services for the opportunity to
provide comments on the 2020 Dietary Guidelines
Advisory Committee's scientific report. As the
USDA and DHHS develop the next Dietary Guidelines
for Americans, GOED wants to highlight issues
surrounding EPA and DHA for your consideration.
GOED is pleased with the DGAC's recommendation
that women who are pregnant or breastfeeding
should consume at least eight ounces of a variety
of seafood high in omega-3 fatty acids, but GOED
also recommends the inclusion of an EPA/DHA
supplementation recommendation for the large
number of women who fall short of the seafood
recommendation due to any number of reasons,
including, but not limited to, accessibility, expense, knowledge, etc.

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

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

However, seafood emerged as a component that was higher in dietary patterns
associated with a reduced risk of, among other things, pre-term birth. Although seafood contains nutrients other than omega-3 fatty acids, systematic reviews have associated omega-3 supplements with preventing early or any pre-term delivery.

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

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

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

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

DR. COREY: Hello. Good morning. I'm Dr. Mark Corey at the National Coffee Association. On behalf of the National Coffee Association, I'm commenting today to raise serious concerns about the 2020 DGAC's decision to ignore findings of previous DGACs and the preponderance of evidence that shows drinking coffee is associated with significant health benefits and reduced risk of chronic disease. The good news is that two thirds of Americans drink coffee every day, more than any other beverage. The preponderance of scientific
evidence shows that America's favorite brew is associated with many unique health benefits, including reduced all-cause mortality, reduced risk of cardiovascular diseases, and reduced risk of multiple cancers.

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

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

In June 2020, the American Cancer Society's updated guidelines on diet in cancer prevention concluded that coffee reduces the risk of multiple cancers. With this in mind, we are
dismayed that the 2020 DGAC continues to ignore this preponderance of evidence, choosing, instead, to review coffee only as part of a group of sugar-sweetened beverages. Only about half of American coffee drinkers add sweetener of any kind to their coffee, many of whom choose low and no-calorie sweeteners as an alternative to sugar.

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

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


DR. YOUNG: Thank you for this
opportunity to speak. My name is Bruce Young. I'm an obstetrician specializing in maternal fetal medicine, with 40 years' experience caring for pregnant women. Today, I speak on their behalf and as a scientific advisor to the Grain Foods Foundation. These remarks complement written comments submitted by The Grain Chain, a grains industry coalition. I provide care to normal and high-risk pregnant women striving for healthy pregnancies and healthy babies.

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

There's a lack of clarity regarding carbohydrate macronutrients with respect to obesity and the contribution of grain foods in pregnancy. There is little information about
whole grains versus refined grains affecting the outcomes of pregnancy and their influence on childhood obesity.

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

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

Both groups gained weight
appropriately by Institute of Medicine guidelines, and neither had more large -- infants, a factor in childhood obesity. Also important is fiber, a shortfall in the diets of most Americans.

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

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

OPERATOR: Thank you, Commenter 36.

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

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

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

The Committee noted as much in its future directions chapter and its call to support efforts to consider the Dietary Guidelines' emulation to sustainability of the food system. Earlier this year, a systematic review co-authored by Tufts researchers was published that was an update to a research question identified by the 2015 Advisory Committee focused on the relationship between dietary patterns, sustainability, and food security. The review found that the primary dietary pattern recommended by the Dietary Guidelines may result in similar or even increased climate forcing emissions, energy use, and water use compared to the current U.S. diet.
This is alarming, given that current consumption patterns are already far too emissions and resource use intensive to be sustained. Developing Dietary Guidelines without consideration of sustainability undermines our ability to feed the U.S. population a healthy diet now and into the future.

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

Deputy Under Secretary Hutchins mentioned this importance of economic environmental sustainability in his opening comments today, yet this omission stands. The upheaval we have seen in our food supply chains as part of the fallout of the COVID-19 pandemic in the last few months highlights that we cannot
continue to make recommendations without
consideration of the U.S. food supply's ability
to actually meet the goals we lay out in the
DGAs.

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

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

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

OPERATOR: Thank you, Commenter 37.

Next is Commenter 38. Commenter 38, your line is
now open.

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

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

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

Thank you to the members of the Dietary Guidelines Advisory Committee, which includes 10 Academy members, and the staff of USDA and HHS for providing, for the first time, independent, science-based advice and
recommendations for children from birth to age 2.

Thank you, as well, for the open and transparent
process initiated by the Departments and the
multiple opportunities for public comment that
allowed for candid and constructive conversations
among Committee members and public stakeholders.

In effect, we are living, today, in parallel
epidemics, COVID-19 and the proliferation of
obesity and other diet-related diseases.

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

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

The Academy's comments also highlight
our concerns with some specific methodologies and
conclusions in the scientific report. We
underscore the critical need to sufficiently fund
and conduct nutrition research that will address
the gaps in the evidence base. The Academy
respectfully encourages the Departments to
identify opportunities to address these issues
and begin the process now of developing the
2025-2030 Dietary Guidelines for Americans using
a systems approach and adopting additional
recommendations of the National Academy of
Medicine to build upon the work of this
Committee.

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

OPERATOR: Thank you, Commenter 38.
Next is Commenter 39. Commenter 39, your line is
open.
DR. SIZEMORE-RUIZ: Good afternoon.

My name is Dr. Tiffany Sizemore-Ruiz, and I am a quadruple board certified cardiologist, as well as an internal medicine physician, board certified in nuclear cardiology and echocardiography, as well. As a practicing physician and expert in preventive cardiovascular medicine, I know firsthand the value of science-based guidelines to help assess patients' alcohol consumption. Unfortunately, the DGAC's proposal to change the definition of moderate drinking in the 2020 DGA is not supported by a preponderance of evidence and would negatively impact physician screening and interventions related to alcohol consumption.

Please note that I have, in addition to my medical practice and teaching roles, served as a medical advisor to the Distilled Spirits Council of the United States for four years now. In that role, and in all of my work, I stand by my highest ethical standards. My medical opinions are based on my extensive expertise in
the field, and it is on that basis that I offer
my testimony today.

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

Yet, in the Committee's own words, and
I quote, only one study examined the differences
among men, comparing one versus two drinks.
Surely, one study cannot be sufficient basis on
which to overturn decades of health guidance and scientific evidence.

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

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

In my professional opinion, the DGAC's proposal to change the definition of moderate drinking is not supported by a preponderance of
evidence, and it is neither credible nor correct.

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

OPERATOR: Thank you, Commenter 39.

Next is Commenter 40. Commenter 40, your line is now open.

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

(No response.)

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

Commenter 41.

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

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

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

Fortunately, the Committee report continues to focus solely on providing recommendations to the healthy population, even though, according to data from NHANES, only 12 percent of Americans are metabolically healthy, and according to the Journal of the American Medical Association report, 52 percent of Americans are either pre-diabetic or diabetic.
The USDA Committee insisted on omitting research whose primary outcomes included weight loss, which makes no sense when 70 percent of the population is overweight or obese.

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

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

We urge the USDA and HHS to act now and include language in the 2025 Dietary Guidelines clarifying that these guidelines are for healthy individuals and noting that if an individual is overweight or obese or have chronic health conditions, such as pre-diabetes or diabetes, they should talk to their doctor about
a lower carb approach, as indicated in the most recent standards of medical care from the ADA. We also ask that the standard definition of low carb diets be consistent with the American Dietetic Association, and we encourage the USDA and HHS to include language defining low-carb content as less than 25 percent of energy or 130 grams of carbohydrates per day.

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

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

OPERATOR: Thank you, Commenter 41. Next, we move back to Commenter 40. Commenter 40, your line is now open.
MR. HAYEK: Okay, thank you. My name is Mr. Hayek. I am a food scientist at the Islamic Food and Nutrition Council of America. We are a halal certification body providing service of halal certification to different sectors in the food industry and the nutritional supplements to serve the community in U.S. and around the globe, as well.

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

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

Notice that most of the vitamins, minerals, amino acids, most of the dietary supplements are imported from China. Majority of
the customers or regular consumers does not know about that.

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

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

So that is why the availability of the dietary supplements in the market is not the source guideline to guide all people to have their dietary supplements also to prevent the processed food from the market, lowering the
processed food and improving availability of good nutritional food to the population that would be an alternative source. Thank you.

OPERATOR: Thank you, Commenter 40.

Now, we take Commenter 42. Commenter 42, your line is now open.

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

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

We are pleased the report focuses on
the need to achieve a healthy dietary pattern across the lifespan, and we agree with the Committee that a healthy dietary pattern is higher in fruits, vegetables, legumes, whole grains, low in non-fat dairy, lean meat and poultry, seafood, nuts, and unsaturated vegetable oils, and low in red and processed meats, saturated fats and cholesterol, sugar-sweetened foods and drinks, and refined grains.

This aligns with AHA's dietary recommendations. We strongly support the Committee's recommendation to reduce saturated fat intake and replace it with unsaturated fats, especially polyunsaturated fats. This has been a long-standing AHA recommendation. Studies show that replacing saturated fat with polyunsaturated oils substantially reduces cardiovascular disease risk, but replacing saturated fats with refined carbohydrates does not reduce risk for heart disease and may increase risk for other conditions, such as diabetes and metabolic syndrome.
Therefore, we would like to see the Dietary Guidelines explicitly recommend against replacing saturated fat with refined carbohydrates or sugars. AHA also supports the Committee's recommendation to reduce added sugars to less than 6 percent of calories.

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

We have to do more than tell people
what to eat. We have to help them do it, and that will require examining all of the social, economic, environmental, and cultural factors that impact a person's ability to follow a healthy dietary pattern.

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

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

DR. DUBOST: Good morning. Hello. I'm Dr. Joy Dubost, registered dietitian and head of Nutrition North America at Unilever. Beverages have a role in hydration, and they also have an important role in providing food group recommendations, essential nutrients, and
bioactive compounds, such as flavonoids, all of
which have a role in health.

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

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

For instance, the scientific committee stated, on Page 180 of the report, quote, most adults consume two or more sweetened beverages each day. Replacing one or both of those per day with water or other beverages that do not contribute energy, all other dietary intakes being consistent, could reduce total energy
intake and help contribute to reduced energy balance. We concur with this statement and recommend unsweetened tea from as an alternative option to consumers. We know consumers enjoy variety and may not prefer plain water.

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

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

The scientific Committee noted, on Page 612, quote, beverages contribute positive health benefits. We concur and would like to highlight the positive health benefits of unsweetened tea. The most comprehensive study to
date on tea and heart health indicated that each
cup increase in daily consumption was associated
with an average 4 percent lower risk of
cardiovascular disease mortality. In those 65
years and older, with each cup of tea consumed,
one can lower their risk of CVD mortality by 10
percent.

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

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

OPERATOR: Thank you, Commenter 43.
Next is Commenter 44. Commenter 44, your line is now open.

DR. PALMER: Thank you. Good morning. I'm Dr. Carole Palmer, professor emeritus at Tufts University Schools of Dental Medicine and the Friedman School of Nutrition, where I taught nutrition and oral health for over 50 years. But today, I'm speaking for the Oral Health Alliance. We're a group of nutrition, oral health, public health professionals, advocates for children and older adults, and representatives of industry and consumer groups, but we're all concerned with oral health and its nutritional implications.

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

In fact, dental caries is a chronic
infectious disease which, believe it or not, can have serious, or even fatal consequences. Dental caries and other oral diseases can increase the risk of heart disease, diabetes, dementia, rheumatoid arthritis, premature birth, and even death from oral infection. Yes, death from a toothache. The oral pain and the discomfort from dental caries and other oral infections, in turn, is a major risk factor for inadequate consumption of the DGAC recommended dietary pattern. Increased snacking throughout the day, instead of the three meal a day routine of yore, raises the risk of obesity and increases the risk for dental caries for all age groups.

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

Who are we talking about?

One in four children under 5, half of all children age 6 to 19, over 90 percent of adults age 35 or more all have decayed, missing,
or filled permanent teeth.

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

Now is the time for USDA and DHHS to recommend that Americans across the lifespan implement optimum preventive practices by including in the 2020-2025 Dietary Guidelines for Americans this statement, quote, individuals of all ages should follow a daily oral hygiene routine, which includes brushing their teeth with
fluoridated toothpaste, cleaning between teeth where possible, limiting frequent or constant consumption of dietary fermentable carbohydrates -- these are all the simple sugars -- drinking fluoridated water where available, and chewing sugar free gum for 20 minutes after meals or snacks when possible, unquote. Thank you so much for your consideration.

OPERATOR: Thank you Commenter 44. Next, Commenter 45. Commenter 45, your line is now open.

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

However, we are hopeful that evidence
in the report will generate guidance to help reverse this concerning trend and promote health of Americans across the lifespan. CRN supports the Committee's recommendation that the Guidelines recognize special nutrient concerns at each life stage.

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

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

Vitamin D is a nutrient of public health concern for the entire population, from
infants to senior, but USDA's food patterns do not provide recommended amounts of vitamin D because few food sources are available.

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

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

We recommend that the Guidelines reinforce the Committee's advice that pregnant and lactating women follow a nutrient dense diet, along with guidance from healthcare practitioners on the appropriate use of dietary supplements to meet needs not likely covered by dietary intake.
alone, especially iron, iodine, and folic acid.

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

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

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

The framework and approach outlined in the 2020-2025 Dietary Guidelines highlight the importance of guidelines to improve the nutritional intake of Americans across the
lifespan. As older adults represent a growing proportion of the United States, including Dietary Guidelines relevant to an aging population is important. In fact, older adult malnutrition is a growing crisis in America today.

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

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

The Government Accountability Office found that the majority of older adults in the United States have chronic conditions, and evidence shows that nutrition is associated with the development of such conditions.
Nevertheless, the GAO found that the current Dietary Guidelines focus on the foods and nutrients healthy individuals need to maintain health and prevent nutrition-related chronic conditions, which limits their applicability to older adults who already have chronic conditions. Further, the GAO also found, through its research, that older adults' nutritional needs can vary with age and many face certain challenges that additional nutrition guidance could help address, such as the management of chronic conditions or age-related changes.

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

However, HHS has not yet documented this intention, such as through a formal plan.
closer look at any current guideline updates that might impact older adults, such as the sarcopenia related questions, and make sure that they cover the gamut of older adults, including the oldest, old, and those with chronic conditions. For example, study shows that older adults need a substantially higher amount of protein to maintain their muscle mass and prevent sarcopenia. Yet, the reference intake says the same for all groups age 14 and older, male and female. This should be re-evaluated.

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

On that note, HHS and USDA should encourage research into older adults' nutritional needs now, so that the results can inform the 2025-2030 update, and HHS should plan for the next round of updates now, so that work can begin
as soon as possible in meeting these goals.

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

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

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

It matches a parallel effort undertaken by an international volunteer group of 13 nutrition researchers, of which I was one, published in late 2019. It shows seafood, as a whole food, benefits children's neurocognitive
development, whether consumed by mother, during pregnancy, or the children, themselves.

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

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

In fact, the preponderance of scientific and medical knowledge that is current squarely refutes the 12 ounce limit. Moreover,
the lack of emphasis on the nutrient package that
is seafood is confusing to everyone,
professionals and public alike.

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

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

USDA and HHS should muster the courage
to follow the foundational evidence and be
transparent and inclusive. The evidence says that the harm to mothers and babies is from not eating enough seafood. Thank you.

OPERATOR: Thank you, Commenter 47.

Next is Commenter 48. Commenter 48, your line is now open.

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

ASN notes the important contributions of the many ASN members that led to this report and applauds the efforts of the 2020 DGAC, particularly given the shortened time frame in which they had to complete their work. ASN appreciates the DGAC's work to highlight important areas where the research is needed or still advancing and commends the DGAC report research recommendations. Absent or insufficient
scientific information must be noted, as we cannot justify dietary recommendations without evidence.

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

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

Additionally, ASN strongly urges the government to support a process for timely updates of the Dietary References Intakes to provide current accurate data to be used in guideline development. Of particular importance is the recommendation that research studies be conducted with diverse pre-specified populations, diverse in age, gender, race, ethnicity, and
socioeconomic background. USDA and HHS must take these diverse populations into account when developing the 2020 Guidelines, as well as considering that 6 in 10 American adults live with a chronic disease.

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

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

ASN encourages the government to continue to engage collaborators, including scientific organizations like ASN, to ensure the
Guidelines are disseminated and implemented by the public and that unresolved scientific questions continue to be a research focus. Thank you very much.

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

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

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

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

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

Frankly, these inadequate policies, which have been influenced by previous Dietary Guidelines, are causing serious harm to the health of entire communities. Healthier policies depend on healthier guidelines.
Additionally, there has never been a more urgent need to strengthen the standards of the Dietary Guidelines than in this moment, as our country battles two public health crises. Even before the current global pandemic, Americans were sick. Roughly 117 million American adults live with one or more chronic lifestyle related diseases. These are diseases that often begin in childhood and, like adults, children are experiencing unprecedented rates of preventable diet-related diseases. In fact, a study published in the New England Journal of Medicine noted that for the first time in two centuries, the current generation of children in America may have shorter life expectancies than their parents as a direct result of diet-related disease.

Clearly, the dietary patterns of most Americans are not just unhealthy. They're dangerous, and they're deadly, and they're influenced by the policies and food environments that are born from the Guidelines. Now is the
time for the strongest, most aspirational
Guidelines yet.

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

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

MR. SALLEY: Thank you. Hi, my name
is John Salley. I'm a four-time NBA champion who
played with the Los Angeles Lakers, Detroit
Pistons, Chicago Bulls. I'm here on behalf of Physicians Committee for Responsible Medicine.

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

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

For many of us, a glass of milk can also mean a real serious belly ache. Lactose
intolerance affects up to 80 percent of African-Americans, 95 percent of Asian-Americans, 80 to 100 percent of Native Americans, and up to 80 percent of Hispanic and Latinos.

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

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

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

DR. MILLER: Hello, my name is Dr.
Debra Miller. I'm the senior vice president of scientific and regulatory affairs at the National Confectioners Association, or NCA. We appreciate the opportunity to address you today. NCA is the leading trade association representing the $50 billion U.S. confectionary industry.

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

Foods with added sugars, such as confections, are part of our culture, and they're part of the traditions of many families, communities, and special occasions. NCA agrees that reducing added sugar intake is an important dietary goal, however, and meeting nutrient requirements should be the first priority in dietary advice. However, the agencies should consider three important points regarding the DGAC report on added sugars. One, added sugar intake is decreasing in the United States.
Although this is mentioned in the report, it does not appear that the DGAC fully considered the evidence that Americans' added sugar intake has been decreasing over the past decade.

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

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

That review found that only limited evidence, based primarily only on sugar-sweetened beverages, of an association of added sugar intake and the risk of cardiovascular health outcomes. For all other subcomponents of this research question, the DGAC found insufficient
evidence and could not assign a grade. Point three, Federal and regulatory education initiatives on added sugar have only just begun to be implemented. Since 2015, the FDA has undertaken large scale actions aimed at further reducing the intake of added sugar by establishing a Daily Reference Intake -- again, that is at the level of less than 10 percent of total calories -- and FDA has mandated the declaration of added sugar on all new nutrition fact panels.

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

In summary, given that Americans are reducing their added sugar intake and now will have more tools to effectively do so, it seems prudent for the agencies to maintain the
recommendation of less than 10 percent of calories from added sugar to be consistent and aligned with the existing labeling and educational efforts. Finally, NCA would like to encourage the agencies to also include a section on oral health and note the importance of sugar-free gum in the prevention of dental caries. Thank you.

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

MS. JARDINE: Hello. My name is Margaret Jardine, and I am a registered dietitian nutritionist and a certified diabetes care and education specialist. Thank you for this opportunity to provide my comments and expertise. I also appreciate the expertise this panel brings to the development of nutrition guidelines that are evidence based to promote the health of Americans. These Guidelines are for healthy people. However, there's a big problem in our
country right now; 1 out of 3 Americans have pre-diabetes; 70 percent are either overweight or obese; over 100 million people have high blood pressure; 80 to 100 million people have fatty liver disease. These are diet-related problems. These are underlying conditions that have also made Americans vulnerable to COVID-19. Americans should know exactly what they need to do to improve their health through nutrition. The healthiest people on the planet consume plant-based diets that are high in unrefined carbohydrates from whole grains, legumes, fruits, vegetables, nuts, and seeds. They eat very little animal products or processed foods. Eliminating red and processed meats will go a long way to reduce chronic disease. The Dietary Guidelines should also be honest and reasonable about recommending dairy products. For generations, Americans have been taught to believe that dairy is healthy and essential. As scientists, we know the evidence
does not support this marketing claim.

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

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

Dairy should not be a recommended food group. The Dietary Guidelines for Americans should not be marketing -- should not be a marketing vehicle for the dairy industry. Thank you.
OPERATOR: Thank you, Commenter 52.

Next is Commenter 53. Commenter 53, your line is now open.

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

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

This is extremely relevant to the Advisory Committee, which, in my mind, must stand as the authoritative voice of evidence-based science at this time. Bias is often a heated topic in nutrition science.
It mostly centers around the influence of industry, warranted at times, but also a small piece to a much larger issue at hand. Confirmation bias, while less apparent, can be equally as detrimental, as apparent in the alcoholic beverages chapter of the Advisory Committee report.

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

This helps to minimize bias in all forms. Furthermore, universally agreed upon nutrition specific methodologies for systematic review must be developed for future iterations of the Dietary Guidelines and nutrition science.

Continuing to adopt tools from the medical field is hazardous to nutrition policy.

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

Thank you.

OPERATOR: Thank you, Commenter 53.

Next is Commenter 54. Commenter 54, your line is open.

DR. TRAPP: Hello, I'm Dr. Caroline Trapp. I'm a nurse practitioner who specializes
in the care of people with type II diabetes and
am an adjunct faculty member of the University of
Michigan School of Nursing. I'm calling today
from Michigan to speak to you about under
consumption of a food component, fiber.

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

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

Laxatives are used daily by 10 to 20
percent of community dwelling older adults and 74
percent of nursing home residents. Up to 30
percent of children suffer from constipation. As
you know, Americans have an epidemic of obesity,
colorectal cancers, heart disease, and type II diabetes, all diseases that are linked to under consumption of fiber rich plant foods and over consumption of meat and highly processed foods.

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

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

Beans contain 4 of the 7 components identified by the Committee as lacking, iron, calcium, potassium, and, of course, fiber. Beans are low in fat. Beans are affordable. Canned beans are convenient. Beans are a staple food of most cultures. Bean agricultural is
environmentally friendly, a significant concern regrettably not addressed in this report. Beans are included in the three recommended food patterns across the lifespan. However, they are not emphasized, and often, they are hidden in the vegetable group and generally listed as the last choice among protein sources. In conclusion, I'm a nurse practitioner who wants to see diabetes and heart disease prevented and reversed.

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

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

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

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

In one regard, the science in report of the Dietary Guidelines Advisory Committee is a big step forward. High consumption of plant-based food is recommended. However, while the Committee's report cautions against red and processed meat, it persists in greenlighting lean meat, poultry, fish, and dairy. Research shows
that a whole food plant-based diet is the most healthful diet to prevent chronic disease.

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

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

I urge the USDA and HHS to update the Guidelines to more forcefully promote the whole food plant-based diet to benefit all Americans.
equally, as doing so saves lives. We must ensure our understanding of intentions does not extend to any food that increases the risk of chronic disease.

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

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

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

At 16 years old, I was diagnosed with kidney failure, arthritis, and continued on with blood clots in medical school, all from this disease. But 15 years ago, I switched to a
plant-based diet, got rid of all the cheese and eggs and other meats and processed foods I was eating, and my disease went away.

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

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

We've seen that the worst outcomes from COVID-19 happened from people who are even
mildly obese. They have a higher chance of ICU or death. In the U.S., we have an obesity epidemic where over 40 percent of our population is obese because of their diet.

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

And it's happening now. Our neighbor, Canada, finally had the courage to eliminate dairy from their nutrition guidelines. Our own Harvard University, one of the top places in the entire U.S. for research and good information, made the Harvard Healthy Plate, where they recommend a majority of people's foods come from
vegetables and fruits, and they urge people to
limit dairy, butter, processed meats, all those
animal products. We have guidelines that we can
look to. You have the chance to help us save
lives by giving people the right information.

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

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

OPERATOR: Thank you, Commenter 56.

Next is Commenter 57. Commenter 57, please go
ahead.

MS. HERRERA: Thank you, and good
afternoon. My name is Leslie Herrera. I work for Earth Justice, and along with the Sustainable Food and Farming Department, I have been researching Federal food programs and their adherence to the Dietary Guidelines.

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

First, while we support the increased focus on infant nutrition, we urge the Dietary Guidelines Advisory Committee to include more explicit, concise recommendations to parents and caretakers. Current Guidelines leave no room for sugar beyond what is found in fruits and vegetables and, furthermore, recommend infants avoid fruit juices for the first two years of life, recommendations we strongly agree with. However, models provided by the Committee based calorie and nutrition content on the consumption of plain yogurt and unflavored milk for starters, something the Committee, itself, acknowledges
isn't generally followed. Children's yogurt can have anywhere between 4 and 15 grams of sugar. And with total yogurt sales netting near $8 billion, a very significant portion of which is flavored with added sugars, this component of their diet must be accounted for.

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

Second, the Committee acknowledges the importance of supporting healthy dietary patterns for all Americans, and as such, we recommend the development of an entirely plant-based eating pattern model. While the vegetarian model does include a singular line on modifying it to be vegetarian, we believe that in order to truly promote healthful eating across all life stages,
a distinct model must be developed. A plant-based diet is fully in line with current nutrition recommendations, and we urge the Departments to use the 2020-2025 Dietary Guidelines as an opportunity to include a model that would capture a segment of the U.S. population that, as of this year, totals $9.6 million for which there is no current eating pattern model.

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

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

OPERATOR: Thank you, Commenter 57. Next, Commenter 59. Commenter 59, please go ahead.
DR. SMIGEL: Hello. My name's Jacob Smigel. I'm a physician board certified in emergency medicine, working in a rural area of Burnet, Texas, due west of Austin. I incorporated lifestyle medicine into my practice. In truth is it's the core of my practice. I'm representing myself and the people of Burnet, Texas, most of whom are in crisis when I see them, presenting with the acute presentation of chronic diseases.

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

I was struck by several findings in the draft report. Despite the current Guidelines for the last five years, nutrition-related health conditions are common. The intake of fruit and
vegetables and whole grains remain low, with overconsumption of protein foods, saturated solid fats, and added sugars. I appreciate your findings that there is strong evidence that cardiovascular risk is reduced by dietary patterns low in saturated fat, cholesterol, sodium, and high in fiber and potassium and unsaturated fat when polyunsaturated fats are substituted. That, alone -- that fact, alone, would seem to make the case for plant-based diets as the default diet for all Americans simply overwhelming.

But beyond the findings on cardiovascular disease, there's strong evidence, as well, as you noted, that the risk of all-cause mortality was decreased, moderate evidence that a whole food plant-based diet would lead to reduction in BMI, waist circumference and body fat percentage, while reducing the risk of developing type II diabetes and lowering the risk for post-menopausal breast cancer and colorectal cancer.
When I learn that a patient is a
smoker, I ask them to quit. I can't condone that
eye've cut back and now smoke one pack a day
instead of two. The report, itself, acknowledges
that meat and dairy are harmful, so I recommend
taking your own recommendations to their
scientific and logical conclusions to remove
dairy from the Guidelines. It's unnecessary and
likely harmful. How can Americans avoid
saturated fat to lower their risk of developing
heart disease, our number 1 killer, while eating
three servings a day of a food which, at its
worst, contains high amounts of saturated fat?
I'm not alone in this thinking.

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

If our goal is to really improve the
health of Americans, then we need to make big
changes to achieve the big results that we want.
This ignores the additional importance of
investing in a sustainable and benevolent food
system, which is simply not possible in a system
centered on intensive animal agriculture.

My suggestion, as a healthcare
provider on the front lines of a rural community
with unsustainable rates of chronic disease and
obesity, is for the current report to recommend a
whole food plant-based diet as the default for
all Americans. This is the most ethical and most
sustainable diet, which also happens to be the
optimal diet for human health. Thank you so
much.

OPERATOR: Thank you, Commenter 59.
Commenter 58 was unable to join, so we move to
our Commenter 60. Commenter 60, please go ahead.

MR. LEAR: Good afternoon. I am Al
Lear, director of science and research for the
International Bottled Water Association. IBWA
appreciates this opportunity to provide oral
comments to the United States Department of Agriculture and Health and Human Services on the scientific report of the 2020 Dietary Guidelines Advisory Committee.

IBWA has been an active participant throughout the DGA's process, providing both written and oral comments. Originally, plain water, including bottled water, was to be examined with all types of beverages.

However, the final DGAC report noted that the protocol for beverages was modified and plain water was removed from consideration. But the DGAC report does acknowledge that the Dietary Guidelines for Americans can extend beyond specific issues addressed in the DGAC scientific report on related dietary practices, including maintaining hydration. Plain water, including tap, filtered, and bottled, plays a vital role in supporting nutritional health.

The 2020 Dietary Guidelines for Americans should continue that, so the 2015 DGA's recommended shift to healthier beverage choices,
especially plain water. IBWA sees an opportunity for the 2020 DGA to improve dietary patterns by highlighting the importance of plain water in a healthy diet.

Americans need clear, simple messages about nutrition and health. We therefore urge even more enhanced messaging on plain water consumption in the 2020 DGA, including language that promotes drinking water in all forms across the lifespan.

The importance of plain water in a healthy diet is recognized by at least 48 countries throughout the world who promote plain water consumption in their nutrition guidance graphics. Plain water, in addition to the presence of dairy, should be included on the MyPlate nutrition graphic, as it is critical to good health. In December of last year, 69 members of Congress sent a letter to USDA and HHS encouraging both agencies to add a plain water symbol to the MyPlate nutritional graphic. As USDA and HHS prepare the 2020 Dietary Guidelines
for Americans, we urge you to take the following three actions.

    Recognize the importance of plain water consumption as part of a healthy dietary pattern. Two, include plain water in addition to dairy in the MyPlate nutrition guide graphic and other related documents and materials.

    Three, encourage plain water as a healthier beverage choice for consumers to drink and to replace sugar-sweetened beverages to reduce added sugar. Thank you for the opportunity to provide oral comments. IBWA will also provide written comments as it continues its support of USDA and HHS as you prepare the 2020 Dietary Guidelines for Americans.

    OPERATOR: Thank you, Commenter 60. Next is Commenter 61. Commenter 61, please go ahead.

    MS. WHARTON: Good afternoon. I am Jessica Wharton with the Low-Carb Action Network. LCAN is a coalition of doctors, academics, and other Americans who have had positive health
results from adopting a low-carb diet. We appreciate the opportunity to speak today on the Dietary Guidelines Advisory Committee final report on the 2020 Dietary Guidelines for Americans.

LCAN has repeatedly asked the DGAC to broaden its criteria for dietary patterns to provide a low-carb option. Benefits from a low-carb diet include helping people to achieve or maintain a healthy weight, which is one of the USDA stated goals for the Guidelines.

Low-carb diets have also been shown in clinical trials to reverse pre-diabetes and type II diabetes, as well as improve the vast majority of cardiovascular risk factors. We have pointed out to the Committee that 42.4 percent of Americans are obese, and 114 million Americans have pre-diabetes or diabetes.

Combined, an estimated 60 percent of the U.S. population suffer from one or more diagnosed diet-related health conditions. If not addressed, these epidemics will only get worse.
Despite our efforts, the DGAC continues to support nutritional guidance that is appropriate only for the less than 40 percent of Americans who have not been diagnosed with one or more diet-related chronic disease. The current dietary patterns, which the 2020 report plans on carrying forward, recommend a daily intake of between 51 to 54 percent of daily calories from carbohydrates.

This high level cannot be tolerated with obesity or diabetes or many other diet-related diseases. In fact, considerable science demonstrates that this high level of carbs will very likely exacerbate diet-related health conditions in the majority of the American public.

The 2020 Committee unfortunately excluded a large quantity of rigorous scientific evidence on low-carb diets. We have identified as least 65 clinical trials where a diet with fewer than 25 percent of calories from carbs were tested.
Virtually all of these studies were excluded from the Committee's review. We have asked your Departments to direct the Committee to re-open its review in order to consider these rigorous studies on thousands of Americans. The Committee's charter expires on October 5th, so there is still a window in which this review could be completed and the expert recommendations revised. If you decide to approve the Committee's report as presented, we ask you to consider the consequences of letting Federal nutrition guidance continue to ignore the ongoing and growing epidemics of obesity and diabetes.

Five years ago, in 2015, then HHS Secretary Sylvia Burwell Mathews, admitted at a hearing before the House Agriculture Committee that we're on the wrong trajectory in addressing these health concerns. Now, in 2020, the problems are worse.

How much worse will they be in 2025, when the next Guidelines are written? If the Dietary Guidelines are not the place to confront
the very real health consequences of chronic related diseases, then where should it be done?

Ignoring obesity and diabetes as irrelevant to the Guidelines is a travesty for the American people. This is being made worse as vulnerable people face COVID-19. The need to directly address the real needs of 60 plus percent of the American people with diet-related conditions by providing meaningful nutritional guidance is the basic issue underlying the debate on the Guidelines. Our nation needs guidance that serves the general public. It's the majority of the general public who are now sick. We urge you to create guidelines that address our current reality, not one from 40 years ago.

Thank you very much.

OPERATOR: Thank you, Commenter 61.

Next, Commenter 62. Commenter 62, please go ahead.

MS. BIONDO: The Dietary Guidelines have a vast influence over America's food choices and, subsequently, health and wellbeing. From
government-funded food assistance programs to school cafeterias and the dining halls of the U.S. military, the recommendations provided by this panel of food and nutrition experts can lead our citizens on the path toward strength and fitness or on an endless spiral of obesity, chronic illness, and other health issues.

Unfortunately, since the introduction of the Dietary Guidelines in 1980, the health of Americans has sharply declined. The United States Cattlemen’s Association, on which I’m providing testimony today, and our nationwide membership of independent cattle producers, urges the DGAC members to delay the release of the 2020-2025 Dietary Guidelines for Americans until the scope of the report includes not only recommendations for healthy Americans, but also for those suffering from declining health conditions.

In a June 8th letter from Congressman Dusty Johnson to leaders at both USDA and HHS, the South Dakota representative stated that over
80 percent of Americans are overweight, obese, or afflicted by type II diabetes and that by focusing exclusively on prevention, the policy now addresses only a small minority of the U.S. population.

Further, the DGAC's scientific report excludes virtually all clinical trials on weight loss, the last decade of science on saturated fats, and more than 65 clinical trials on low-carbohydrate diets.

The report makes no accommodation for people of different racial, ethnic, and cultural backgrounds, recommending the same three standard dietary patterns, U.S. Style, Mediterranean, and Vegetarian. These patterns are highly similar and continue to represent a one size fits all diet approach for all Americans. This July, the United States Cattlemen's Association participated in a tweet storm calling for a delay in the release of the 2020 to 2025 Dietary Guidelines for Americans.

More than 5,000 tweets and retweets
were sent during a four-hour period using the hashtag #delaytheDGA, with USDA's own account logging over 12,000 impressions during that time period.

In short, this illustrates that we were not alone in our assessment of the DGAC's scientific report, upon which the final recommendations will be based. Regarding beef, specifically, we were disappointed in the recognition of only lean beef as healthy beef.

This is exactly why it is important to consider all diet types, including high protein, high fat, and low-carb diets, in which beef is rightfully considered a super food for its macro and micronutrient contents. We saw a similar revelation occur in the egg industry in the past decade, when Americans learned that they could enjoy their egg yolks alongside their egg whites as a delicious and healthy part of breakfast, lunch, or dinner. USDA continues to affirm the health and nutritional benefits of beef in the diet, including as an ample source of protein and
of food that is rich in iron, folate, choline, and vitamins D and E.

We recommend delaying the release of the 2020-2025 Dietary Guidelines for Americans until the above procedural concerns are addressed. Thank you for the opportunity to provide testimony today.

OPERATOR: Thank you, Commenter 62.

Commenter 63 is not available. We move to Commenter 64. Commenter 64, please go ahead.

DR. GREGER: This is Dr. Michael Greger. First, let me thank you for all your hard work during these hard times. Allow me to focus on just one issue that I believe could improve the forthcoming Guidelines.

As you know, in 2018, the IARC, probably the most prestigious cancer research institution in the world, published a report on processed meat, including that bacon, ham, hot dogs, lunchmeat, sausage is cancer causing, classifying processed meat as a Group 1 carcinogen. These findings, concluded the
director of the agency, further support current
public health recommendations to limit intake of
meat.

The relative risk of colorectal cancer
appears to be on the order of 18 percent for
every 50 grams of processed meat a day, so one
hot dog, two breakfast links, two slices of
Canadian bacon or ham. A daily sandwich with one
or two slices of bologna may increase our
colorectal cancer risk 18 percent, a half-pound
pastrami on rye more like 80 percent.

Colorectal cancer is our second
leading cause of cancer death, for men and women
combined, after lung cancer. For those who don't
smoke, colon and rectal cancer may be our
greatest cancer nemesis. We could drop that risk
by about a fifth with a single dietary tweak,
taking the serving of processed meat out of our
daily diet.

To put the 18 percent increased cancer
risk in perspective, according to the surgeon
general, living with a smoker increases your risk
of lung cancer 15 percent, so breathing
secondhand smoke day in, day out increases your
risk of lung cancer almost as much as eating a
serving of processed meat day in and day out
increases risk of colorectal cancer.

Unfortunately, despite growing public
health concerns about processed meat consumption,
there have been no changes in the amount of
processed meat consumed by U.S. adults over the
last 18 years.

Of course, it didn't help that the
current Dietary Guidelines failed to call out
processed meat, but that came out before the IARC
published their report. Now, there's no excuse.
An explicit statement on processed meat as a
known human carcinogen in the next Dietary
Guidelines has the potential to save lives.

I was disappointed the scientific
Committee made no such recommendation. In
Europe, the European code against cancer makes it
explicit, avoid processed meat. Yet, U.S.
guidelines lack such clear, actionable language.
New York City has retained their reputation as a public health leader by passing legislation to ban processed meats from school meals. New York City led the fight against leaded paint, against trans fat, and now against processed meat. What a concept, not feeding our children something known to cause cancer. We can do better for our children. I'm eager to hear what the National Pork Board has to say for itself. Thank you.

OPERATOR: Thank you, Commenter 64. Next, we take Commenter 65. Commenter 65, your line is open.

MR. JONES: Good afternoon. I am Chris Jones, representing the National Pork Board. Upon review of the scientific report for the committee of the National Pork Board, on behalf of the more than 65,000 U.S. pig farmers it represents, offers the following information for continued consideration regarding the role of pork and lean meat in the pursuit of wellbeing for people through a healthy balanced diet.
Lean meat, including pork, is an important nutrient rich source of high-quality protein for all life stages. However, more than 40 percent of the U.S. population is consuming the protein food group below recommended levels. With the majority of the American public overweight, yet under nourished in key nutrients, the consumption of lean, nutrient-rich animal protein, such as pork, can help fulfill nutrient needs, while also helping to limit the amount of calories eaten. A three-ounce serving of pork is an excellent source of thiamin, selenium, protein, niacin, vitamin B6, and phosphorous, and a good source of riboflavin, zinc, and potassium.

Additionally, pork provides several important nutrients identified by the 2015 Dietary Guidelines Advisory Committee, including iron, potassium, and vitamin B12. Today's pork is also 16 percent leaner and 27 percent lower in saturated fat compared to 28 years ago, and eight cuts of pork meat the USDA Guidelines for lean.

Regarding overall dietary patterns,
the 2015 Dietary Guidelines emphasize that these are adaptable and can be tailored to individual preferences to make them more attainable, enjoyable, and culturally appropriate.

In looking at the DASH diet, for example, research has shown it can be extended beyond the chicken and fish included in the traditional pattern to include lean pork for the same positive health outcomes. Similarly, when adults ate higher amounts of lean red meat within the USDA's healthy Mediterranean-style eating pattern, they experienced similar positive impacts on cardiovascular disease risk factors.

Within each of the dietary patterns under the examination for adults, the National Pork Board underscores the important role of protein in positively impacting several of the outcomes put forth, including body weight, risk of cardiovascular disease and diabetes, and bone health.

The Institute of Medicine recommends adults get a range of 10 to 35 percent of total
daily calories from protein. A growing number of studies support the higher end of that range as more optimal for health.

Protein intake is especially relevant within the context of lower carbohydrate diet, as lower carbohydrate intake needs a simultaneous increase in either dietary fat, protein, or both. As noted, pork is a component of healthy eating patterns that is inclusive of all food groups, including fruit, vegetables, low-fat dairy, whole grains, and other lean meats. This balanced approach provides an opportunity for complete nutrition in people's bodies. It is important to keep in mind the key limitations that persist with food pattern research. It is often difficult to define specific food groups like lean meats consistently across review papers.

Many lifestyle factors are in play in studies that evaluate red meat, including how meat is prepared, which greatly complicates the relationship. As you can clearly see, the pork industry and its producers understand the
importance of looking at diet and nutrition to
enhance holistic wellbeing.

National Pork Board remains committed
to bringing knowledge and research to bear
benefiting people at all life stages and through
all dietary choices. Thank you.

OPERATOR: Thank you, Commenter 65.

Next, we take Commenter 66. Commenter 66, your
line is open.

MS. BAUSCH: As a United States
Olympian and a citizen who stands for justice for
all, I am deeply concerned about the USDA's
recommendation that Americans consume dairy
foods. You have taken on the responsibility to
guide our citizens and public policies toward
health. Yet, the promotion of three servings of
low-fat dairy a day is making millions of
Americans sick. Thirty-six percent of Americans
are lactose-intolerant, meaning that they
experience symptoms ranging in severity, such as
difficulty breathing, diarrhea, bloating, itching
skin rashes, and gastrointestinal distress every
time they consume dairy.

That's over one third of the American population, or 118 million people for which dairy does far more harm than good. Communities of color, including Blacks, Asians, Latinx, and Native Americans are disproportionately affected and range from 70 to 98 percent intolerant.

If it were any other food with statistics like these making people sick, I feel confident that food group would be ripped from the Guidelines immediately, but because of the deeply embedded relationship between our government and the dairy industry, I have little confidence this will happen this time around.

However, the updated Guidelines must include the following. Extensive education on lactose intolerance and what it is and the symptoms and risks of consuming dairy. Offer a lactose intolerance test or include basic lactose intolerance information prominently below the MyPlate diagram. Currently, the Guidelines address lactose intolerance by offering soy milk
as an alternative.

Even if one were to thoroughly read the guidelines and stumble across this alternative, they do not have a reason to choose it. How is one to know that they should opt for the alternative when they have no idea that dairy is making them so sick?

Next, the updated Guidelines must also include dairy alternatives in schools. Public schools serve 7 billion meals per year, all of which include a carton of cow's milk. In fact, for the 30 million children who receive free or reduced-price lunches, they're required to take a milk unless they provide a doctor's note.

For these students, school-provided breakfasts and lunches may provide more than half of their daily caloric intake. Students deserve access to meals that are healthful for all. As the Guidelines stand, millions of school children are being forced to compromise their health or go hungry. In the future direction section of your July 15th report, you state that America will
continue to grow even more diverse, and you set a
goal to develop methods to incorporate diversity
into USDA's food pattern modeling. Why on Earth
is this considered a future consideration?
American minorities are suffering now.

Children of color are suffering now.
The inclusion of dairy as a food group is
outdated and unjust and is a clear form of
dietary racism. In a nation that stands for
equal opportunity and equality, this system needs
to change. I implore you to offer in-depth
education on the risks of consuming dairy and
offer alternatives in schools. Thank you.

OPERATOR: Thank you, Commenter 66.
Next, we take Commenter 67. Commenter 67, your
line is open.

MS. VANCE: Keltie Vance, Corporate
Accountability. Corporate Accountability is a
member-powered, non-profit organization that has,
for more than four decades, advocated for
critical reform to global public health policy
and organized to hold corporations accountable
for their abuses. Corporate Accountability will highlight three findings that show how the DGA development process has been, and continues to be, compromised by industry influence. These findings will demonstrate the scope of this interference and why the DGAs, as well as their development processes, must be free from influence of the food and beverage industry.

First, our research, with findings from other organizations, shows that a majority of the DGAC have ties to the food and beverage industry, with more than half of the Committee having ties to the International Life Sciences Institute, also known as ILSI.

We note that the DGA process didn't effectively implement key recommendations published by the National Academies to enhance transparency. For example, based on publicly available information, the USDA and HHS didn't employ a third party to undertake a review of the nominations for qualified candidates.

Notwithstanding industry ties in the
DGAC, some officials have tasks to oversee the DGAC process also seem to have connections to industry groups. Second, as of May 12th, we found that almost 70 percent of public comments that seemed to be submitted by organizations to the DGAC were from entities with ties to big food and beverage. Contained in these industry comments were an array of questionable citations supporting recommendations aimed at influencing the DGA process at the expense of public health.

The USDA and HHS are opening the floodgates for the industry to further influence our diets and put its profits over anything else.

Third, in the 14 chapters of the DGAC report, we found that each chapter had at least three references with some ties to big food and beverage, including to Coca-Cola, PepsiCo, and McDonald's.

Some recommendations in the report seem quite in line with comments submitted by industry groups, including the big soda-backed Calorie Control Council. With historic industry
influence in the past and current DGAs, the USDA and HHS is yet again at the final stage of the process to ensure the DGA is free from any industry influence once and for all.

Some initial steps we urge you to take are: 1) prohibit ILSI and other industry groups from nominating participants in policy processes such as the DGA; 2) prohibit those with any ties to the industry from participating in future DGA development processes and ensure their recusal from the current process; and 3) discontinue all partnerships and involvement with industry groups, including disallowing officials from affiliating with them.

Thus, Corporate Accountability is calling on the USDA and HHS to ensure that the DGAs are driven by industry-free, scientific evidence and by officials who don't have industry ties. Finally, that the DGA serve all Americans, especially Black, Indigenous, and people of color above all. Thank you.

OPERATOR: Thank you, Commenter 67.
Next is Commenter 68. Commenter 68, please go ahead.

MS. MULLER: Thank you to the agencies for taking time to hear our commentary. I am grateful to be here as the co-founder and CXO of Little Spoon. For quick context, Little Spoon is an early childhood nutrition company for birth to 8 years. We've been building Little Spoon for more than three years, launching our delivery service for cold-pressed organic baby food nationally in 2017. In 2019, we launched a line of vitamins and remedies. Before the end of this month, we will be launching a line of prepared meals to offer higher nutritional value to older children.

First and foremost, at Little Spoon, we are so grateful to this team of experts and their collaboration on the development and refinement of the Guidelines. We think the lifespan approach the Committee has decided to take is incredibly valuable and agree that the most critical moments to lay the foundation of
healthy eating habits happen in the first 24 months of life.

At Little Spoon, we talk often about our North Star value that first bites matter, so we are thrilled to hear that you have decided to retire the idea that the first 12 months are just for fun and instead move toward a world where every bite counts.

We applaud the Committee's recommendation of a healthy diet pattern for the birth to 24-month age group that encourages the consumption of fresh fruits and vegetables, as well as limiting foods high in sugar, fat, starches, and sugar-sweetened beverages. Little Spoon also wholeheartedly supports your recommendation to introduce common allergen foods early, such as peanuts and eggs, to prevent allergy. We understand and respect that the 2020 to 2025 DGAC offers the best guidelines it can for this round.

In the Guidelines for Americans age 2 years and older, there are many helpful details...
on the how of food consumption. Although the Committee stated they would not address that same how in children under 2 years old, we strongly urge future Committees and the agencies to consider how baby and toddler food is processed and how this age group is fed.

The heat processing that most shelf-stable brands use are rendering the food commercially sterile, and parents deserve to understand the difference.

Also, research has shown clear benefits of the spoon-fed approach, rather than pouch feeding, which we urge you to consider in the next round of Guidelines. Last, we are facing the biggest economic crisis in our country's modern history. Job loss during COVID is real, and parents' reliance on support programs like SNAP and WIC is going to be essential for the swaths of families struggling to feed their children. I strongly urge the agencies to work across both the public and private sectors to ensure that education and
information about the guidelines is made available to everyone in our country.

All babies deserve the absolute best start in life when it comes to nutrition, and we would greatly appreciate breaking down the arcane barriers to help companies like Little Spoon participate in programs like SNAP and WIC, so more Americans have access to the food quality that they deserve. Thank you so much for your time.

OPERATOR: Thank you, Commenter 68. Next is Commenter 69. Commenter 69, please go ahead.

DR. KING: Good afternoon. My name is Nicole King, and I am a mother and a physician. As an anesthesiologist and intensive care physician, I am faced with life and death circumstances every day. In no way did I ever consider breastfeeding my child would be as stressful as supporting a COVID patient through their critical illness. Five years ago, I realized how wrong I was. As a new mother who
had a breast reduction, and a physician, I should
have known better, but I did not.

I fed into the same propaganda,
misinformation and fervor around breastfeeding
that has grown over the last 30 years as a result
of the Baby Friendly Health Initiative and the
WHO's ten steps. I was not informed of its risks
and followed the exclusive breastfeeding
guidelines.

As a result, my newborn lost excessive
weight and was re-admitted for dehydration and
jaundice. The current USDA Guidelines are filled
with the same soft science, riddled by
confounding factors that has led to the shaming
of women who are unable to exclusively breastfeed
for six months.

The Guidelines are an ableist and
elitist narrative and read as an invitation to
admonish women for failing to produce enough milk
for her child. It blatantly ignores research
that clearly shows that delayed lactogenesis in
mature milk is common, found in up to 40 percent
of first-time mothers and 22 percent of all mothers, even those who are motivated to exclusively breastfeed. Never mind the 15 percent of women who are incapable of sustaining breastfeeding past the first month, even with lactation support.

If you are ill and in the hospital, nutritionists are there to calculate the calories needed to feed you, in order for you to thrive and recover. Why, then, are we so easily fooled into thinking an infant, who's building muscle, fat, and brain cells, can be sustained on far less than their caloric needs comported by the baby friendly policy?

If the biological norm is put forth as a reason to exclusively breastfeed, then why are exclusively breastfed infants being admitted daily for dehydration, jaundice, and hypoglycemia?

Why do we continue to insist on a policy that increases the risk of harm to infants while vilifying supplementation that prevents
serious complications? Every day, I protect my
patients with medications, machines, and
nutritional alternatives to overcome so many
failures of the biological norm. I do this
because I, too, am human and understand that we
care and love for each other, regardless of our
ability to live up to a standard of perfection.
Yet, we allow babies to become seriously ill by
pressuring mothers to achieve the standard of
perfection that many cannot safely achieve.

If judicious and humane
supplementation is the difference between a
hospitalized and safely breastfed children, then
we have failed all mothers and infants in this
country by disparaging its use. The USDA draft
policy continues to ignore these realities, and
thus fails to protect countless infants.

National guidelines should never
encourage a policy that is directly responsible
for the leading cause of re-hospitalization of
healthy term infants. Most importantly, as a
national guideline, it should apply to all
mothers, regardless of her ability to breastfeed, across all socioeconomic demographics.

As a mother who failed these guidelines and was led to rehospitalize her own infant, I beg you to consider the plight of all mothers and infants in this country. Every infant deserves to be protected from hospitalization and the complications of an exclusive breastfeeding policy, and their mothers deserve to know that breastmilk is but one way to best nourish their children. The USDA is responsible for every child in the U.S., and their policy should reflect this responsibility.

Thank you.

OPERATOR: Thank you, Commenter 69.

Next we take Commenter 70. Commenter 70, please go ahead.

DR. NEGRON: I'm Ana Negron, practicing family physician dedicated to preventing and reversing chronic illness in underserved communities with a whole food, plant-based dietary pattern. I have one
statement and three points.

Cow's milk is not a required food for humans. Cow's milk for humans must be optional.

Point number 1, the USDA and HHS scientific report correctly states that low intakes of fruits and vegetables contribute to the under-consumption of important nutrients. It then moves on to state that under-consumption of important nutrients or lack of important nutrients is due to inadequate intakes of dairy. The logical solution to the above problem is to increase the intake of, not milk, but fruits, vegetables, grains, and legumes, thereby increasing all the unique and rounded benefits that these foods provide, such as prevention, halting, and possibly reversing heart disease, our number 1 killer.

Point number 2, the report singles out dairy and arbitrarily advises the public to increase its consumption of total dairy foods each day. In fact, it recommends three cups for most age and sex groups.
This is an industry-biased recommendation based on no scientifically founded evidence that cow's milk is essential for humans. Point number 3, the report identifies demographic differences in dairy intake and worries that only 2 percent of the U.S. population meets the industry recommendation of three cups a day.

It expresses alarm that 88 percent consume too little dairy. This purported concern sidesteps at least two facts: that Asian-Americans, Hispanic-Americans, Native Americans, African-Americans, many others experience symptomatic lactose maldigestion, and that, while mother's milk is perfect food for her infant, all mammals wean their young and graduate them to the food of their species. In conclusion, I urge the Guidelines to be clear that cow's milk is not a required food for humans, that cow's milk for humans is optional.

Thank you for this opportunity.

OPERATOR: Thank you, Commenter 70.

Next is Commenter 71. Commenter 71, please go
MS. REGISTER: Good afternoon. My name is Krystal Register, and I appreciate the opportunity to provide comments today on behalf of FMI, the food industry association. FMI works with and on behalf of the entire industry to advance a safer, healthier, and more efficient consumer food supply chain.

The recent impact of our work is extensive, ultimately touching the lives of over 100 million households in the United States and representing an $800 billion industry, with nearly 6 million employees. As a registered dietitian, I am the director of health and wellbeing at FMI, and I serve as the lead coordinator and issue expert for health and wellbeing programs and activities, nutrition policy, operations, and communication issues for FMI members. FMI recognizes the key role of the Dietary Guidelines in Federal nutrition policy, nutrition standards, and educational programs.

Effective and achievable dietary
guidance must be both science-based and practical for Americans in order to have a positive impact on public health. The food industry works tirelessly to deliver a consumer marketplace full of healthy, accessible, nourishing food choices, along with information to support healthful eating patterns for all consumers, including SNAP and WIC shoppers.

Together, retailers, suppliers, and manufacturers continually strive to facilitate healthy choices and eating behaviors among shoppers.

Many employ registered dietitians at the corporate or store level to assist in strategic innovation, nutrition messaging, and personalized choices for consumers looking to improve health and stay well at all stages of life. Per USDA, we know that now more than ever, consumers are cooking at home, relying heavily on foods purchased in the supermarket and online. Opportunity is ever-present to help individuals and families recognize the importance of the
foods, beverages, and nutrients encouraged by the
Dietary Guidelines and to help consumers build
meals at home that provide nutritional advantages
as part of a balanced diet.

As more Americans look to stay healthy
and well, variety and choice provided by
retailers, along with education and encouragement
by dietitians and health professionals, can lead
to gradual adoption of healthy eating habits more
closely aligned with the Dietary Guidelines to
improve public health, particularly if
recommendations are clearly grounded in science
and practical for consumers to accept.

Our members and valued partners are
committed to providing easy, affordable, and
nutritious choices and meal solutions to help
families stay strong for breakfast, lunch,
snacks, and dinner where they live, learn, work,
play, and gather.

I appreciate the opportunity to
provide comments today. FMI will also submit
detailed written comments. Thank you kindly for
your important work.

OPERATOR: Thank you, Commenter 71.

We will now hear from our standby commenters, beginning with Commenter 72. Commenter 72, please go ahead.

DR. TROUP: Good afternoon. Thank you for the opportunity to provide brief remarks today. My name is Dr. John Troup, vice president for dietary supplements at the Consumer Healthcare Products Association, CHPA.

CHPA represents more than 190 consumer healthcare companies, including the manufacturers of over-the-counter medicines, consumer medical devices, and dietary supplements, as well as providers of business services who share CHPA's belief in the importance of consumers taking their healthcare personally through responsible self-care.

CHPA applauds the work of the Committee in assessing and recommending improvements to USDA's Dietary Guidelines for 2020 to 2025, particularly for including the
needs of specific populations and ensuring that
gaps in their nutrition can adequately be filled
based on individual needs. As nutrition sciences
continue to support the important role that
nutrient-dense diets and appropriate nutritional
supplementation can play in maintaining a strong
foundation for health, guidelines empower
consumers by providing them with crucial
information that can help them overcome under-
nutrition.

According to the Dietary Guidelines
Advisory Committee report, we now see that up to
80 to 90 percent of Americans don't consume
recommended levels of fruits and vegetables or
sufficient amounts of specialty crops. This gap
in dietary practices puts the consumer at greater
risk of compromised health.

Education to increase the awareness of
the important and impact that diet and nutrition
can have on health is more critical than ever
before. We support and encourage expanding
educational programs for consumers and healthcare
providers to better understand and integrate improved nutrition and nutritional supplementation into their daily practices. As the Guidelines are finalized, we hope that specific provisions supporting community-based education programs will be included to facilitate bringing the Guidelines into practice. Thank you.

OPERATOR: Thank you, Commenter 72. Next is Commenter 73. Commenter 73, please go ahead.

DR. HEANER: I'm Dr. Martica Heaner, and I'm a nutrition professor at Hunter College in New York. I'm also an exercise physiologist and have done obesity research at Columbia University. Last year, Canada released their evidence-based dietary guidelines, taking bold steps to de-emphasize the role of dairy. I request the Committee include warnings about the hazards of dairy products, and also remove dairy entirely as a recommended food group. Instead, dairy should be shifted to the
discretionary zone with other processed foods, like sweet drinks, candy, and junk foods.

Whether dairy is full-fat or low-fat, it's been shown to cause harmful, even deadly effects in a large number, if not the majority of Americans. Dairy from animals causes inflammatory reactions. Around 50 million Americans or more are lactose-intolerant, including up to 90 percent of Hispanics, African-Americans, and Asians and White Caucasians. Many are allergic to dairy proteins, and perhaps other compounds, but don't realize that their everyday health problems, like acne, migraines, pain from arthritis, asthma, allergies are triggered by the dairy they eat.

I used to love eating dairy, but people also love candy bars, sodas, alcohol, and hot dogs, foods that, like dairy, can be harmful to human health. I didn't realize that the milk, yogurt, and cheese I ate every day was causing my asthma. I was on two daily inhalers.

My doctor told me it was my one cat.
It was only when I had an anaphylactic reaction
to just one sip of milk and thought I was going
to die, since I could not breathe, that I
realized how toxic dairy is to humans. I gave up
dairy and have not used inhalers in eight years.
I also have four cats, and no asthma.
We can live with low-grade inflammatory symptoms
like breathing problems, skin conditions, GI
issues, bloating, pain from diarrhea, and
constipation and not realize it's caused by milk
and dairy. There's no denying that dairy
contains nutrients. It is a healthful food for
baby cows. The scientific literature also shows
that hay is high in protein and calcium, as well,
but humans are clearly not designed to consume
hay or milk meant for cows. In fact, milk and
its products are highly processed to make them
even acceptable for humans to eat.

The FDA warns against humans consuming
raw milk and raw milk products. If the Committee
recommends milk, logically, you should recommend
breastmilk from humans, not from cows or other
animals.

I urge the Committee to remove dairy as its own special food group -- it does not deserve that -- and to categorize dairy as a sometime food to be consumed with extreme caution, if at all.

Luckily, there are hundreds of plant-based milks, yogurts, cheeses, and plant-based ice creams that are nutritious and delicious. More dairy farmers are shifting to making plant-based products. It's time to ditch animal-based dairy. Thank you.

OPERATOR: Thank you, Commenter 73. Next is Commenter 74. Commenter 74, please go ahead.

MS. KAMOTANI: Hello, my name is Setsuko Kamotani. On behalf of Nestle, we welcome the opportunity to provide comments today.

Nestle is comprised of seven main businesses, Nestle USA, Nestle Waters North America, Nestle Professional, Nestle Purina Pet
Care, Nespresso, Nestle Health Science, and Nestle Nutrition, who are all focused on enhancing quality of life and contributing to a healthier future by providing high-quality, great-tasting, and nutritious foods and beverages for consumers across the lifespan and throughout the life stages.

We would like to commend the Committee for all of their work. After careful review of the scientific reports, we would like to make the following recommendations.

The final Guidelines should consider recommending vitamin D supplementation for all babies from birth until 12 months of age, as a majority of infants under 12 months of age are not achieving the adequate intake level and risks of exceeding the upper level intake is minimal. The Guidelines should be explicit on the acceptability of introducing complementary foods and beverages between 4 to 6 months of age to help assist in meeting both nutrient intake goals and starting healthy dietary patterns.
The Guidelines should recommend the use of fortified infant cereal for all infants, starting with complementary food introduction and continuing through at least 12 months of age to help achieve nutrient and food group goals.

The Guidelines should recognize the importance of developmentally appropriate baby food for infants 6 to 12 months in helping meet nutrient and food group goals.

The Guidelines should encourage a healthy diet for toddlers, but clarify for consumers that food specifically designed and labeled for toddlers may be more appropriately fortified, may have lower added sugar and lower sodium, and are portion-sized and labeled for this age group.

The Guidelines should recommend the majority of grains be whole grains for children age 12 to 24 months. Such a recommendation should also be considered for children aged 2 to 4 years. The Guidelines should recommend avoidance of nutrient-poor sweetened beverages.
for children under 2 years of age, children over 2, and adults. Healthier hydration choices, such as water, milk, and limited amounts of 100 percent fruit juice should be encouraged for young children.

The Guidelines should reflect higher protein levels, protein intake levels for older adults, and the Guidelines should keep the added sugar level for adults and children over the age of 2 at 10 percent of total energy.

We are aligned with children under 2 getting no more than 6 percent of energy from sugar, given their low-calorie and high-nutrient requirements. Finally, the Guidelines should recommend that the public pay attention to portion sizes. Thank you.

We appreciate the opportunity to share our recommendations. We will be submitting written comments, as well, which will go into more detail on what we shared today. Thank you again.

OPERATOR: Thank you, Commenter 74.
Next is Commenter 75. Commenter 75, please go ahead.

Dr. Kane: Hi. Thank you. My name is Jamie Kane. I'm the section chief of obesity medicine at the Hofstra Northwell School of Medicine and the director for the Center for Weight Management at Northwell Health in New York.

Thank you to the Committee for allowing me to speak. I promise to be brief. Given the circumstances of these proceedings, I have not been able to hear everything presented today, so my apologies if I'm repeating anything already iterated, although I can assure you it won't be anything from the amply represented industry today.

I was dismayed when I read the Guideline recommended two to three cups of whole dairy per day, and that there seemed to be concern that nearly 90 percent of adult Americans failed to reach this threshold.

Overall, I am not sure there were any
convincing arguments as to why dairy is a recommended fixture in the American diet. What I found is some questioning of the validity of literature discussing its harms, but not a reasonable presentation on its necessity. When my patients discuss dairy, there are two issues they bring up, first are assumptions that they should consume dairy based on previous recommendations and making decisions based on whether they are lactose-tolerant or not.

In fact, the overwhelming majority of non-White people are lactose-intolerant, and adults, even if not formally lactose-intolerant, produce less lactose after early childhood. However, as an expert on obesity medicine, I would prefer to deal with issues specific to that population.

The second concern for my patients is protein. Yes, milk has protein, as do all whole foods, but casein from cow's milk, beyond reasonable assertions that it is immunomodulating and potentially addictive, is converted to
casomorphin, raises IDF1 levels.

Increased IDF1 levels are associated with cellular aging, mortality, and inflammation. Outside of people in starvation, I'm not sure of the reasoning here. Furthermore, dairy fat, a major component of whole dairy, is comprised mainly of saturated fat. The executive summary was careful to point that Americans were -- American diets were too high in saturated fat consumption, and yet contradicts itself by later insisting that people eat more whole dairy. Saturated fat is known to be one of the primary drivers of intramyocellular lipid accumulation, and thus insulin resistance.

We have the perfect storm for obesity and metabolic disease, something that affects far more people than starvation in this country. Inflammation and insulin resistance are pre-requisites for the accumulation and maintenance for excess adiposity and addictive substances perpetuate overconsumption.

As such, I think it appropriate that
the formal need for dairy be more clearly
outlined and studied, without funding from
industry profiting from its consumption, before
being considered a mandatory food. Thank you for
your time.

OPERATOR: Thank you, Commenter 75.

This concludes our public comments on the
scientific report of the 2020 Dietary Guidelines
Advisory Committee. At this time, the meeting
will be turned over to Administrator Pam Miller.

I would like to turn control over to
Pam Miller. Please go ahead.

MS. MILLER: Great, thank you. I want
to thank all of you who commented on a broad
range of topics today, especially as we held this
meeting online. Since we started in 2018, public
participation has been an important part of USDA
and HHS's process to develop the 2020-2025
Dietary Guidelines for Americans.

As Deputy Under Secretary Lipps
mentioned this morning, we have had more public
engagement than ever throughout this process. We
made a very concerted effort to increase transparency in this process, which was a key recommendation by the National Academies of Science, Engineering, and Medicine.

To meet this recommendation, we added new steps to the process to give the public more opportunities to provide feedback than previous years. We had a comment period that was open for the development of the topics and questions.

We had a second comment period open for the nominating of the Committee members, and a third that remained open throughout the Committee's work for over a year and a half to allow for an open dialogue with the public throughout the process. Finally, we have this fourth and last comment period, which comes to a close at the end of this week, to ensure the public had the opportunity to comment on the final report from the Committee.

Our Departments will now turn to writing the Guidelines, so that we can provide them by the deadline later this year. As a
reminder, there is more information on our website about the writing process and what to expect over the next few months, between now and the release of the 2020-2025 Dietary Guidelines for Americans.

Lastly, another big thanks to our USDA and HHS staff, who have supported the Committee and kept the website up to date and the public informed throughout the process. Now, they will be turning to the writing of the Guidelines.

Thanks again to all of you for your interest and your participation in this last public meeting of the 2020-2025 process. At this time, I will now turn it back over to Dr. Eve Stoody to close out the meeting. Thank you.

OPERATOR: Thank you, Administrator Miller. Eve Stoody, your line is now open.

DR. STOODY: Wonderful, and thank you, again, so much for joining us. We do appreciate -- I know we're running a little bit late on schedule with the challenges of doing this meeting remotely. We wanted to allow a little
bit of extra time, so that we could hear everyone who was able to provide comments to us today.

Thank you for hanging on. For those of you who do need to hop off, as usual, this meeting will be posted at DietaryGuidelines.gov, and you're welcome to go back and view these last remarks later, if you choose to do so.

Just in the next couple of minutes, I'll elaborate a little bit more on what Administrator Miller set up. We are now -- again, thank you, again, for all the comments on the Advisory Committee's scientific report.

We're now moving into the phase where USDA and HHS will develop the next edition of the Dietary Guidelines. In these next steps, USDA and HHS will write and publish the 2020-2025 Dietary Guidelines for Americans. As with previous editions, each edition of the Dietary Guidelines builds on the previous edition, with scientific justification for changes informed by the Advisory Committee's scientific report, along with input from Federal agencies and the public,
including those comments considered today. USDA and HHS do plan to release the next edition of the Dietary Guidelines at the end of this year.

Once released, the new edition will replace the current 2015-2020 Dietary Guidelines for Americans. As has been mentioned, you can learn more about the process at DietaryGuidelines.gov. If you go to our website, in that top tool bar, there's a section called work underway.

If you click on that, one of the page options is USDA and HHS development of the Dietary Guidelines. There, you can read more about the writing process, the review process, as well as the ultimate release of the Dietary Guidelines.

A little bit of a process in brief. As I just kind of outlined, the key inputs into the development of the Dietary Guidelines is the current edition of the Dietary Guidelines, the 2015-2020 edition, the scientific report of our 2020 Dietary Guidelines Advisory Committee, as
As well as public and agency comments. Those are the inputs into the writing process. From there, USDA and HHS will draft the Dietary Guidelines, and in addition to those inputs, consider several factors, including best practices and guidance development.

Throughout this step, there is consultation with Federal subject matter experts. After we have that draft guidance, it goes through a rather extensive review and clearance process. That includes Federal expert technical review, as well as an external peer review and departmental clearance.

That departmental clearance includes review by USDA and HHS agencies with nutrition programs and culminates with the administration, including the Secretaries of Agriculture and Health and Human Services.

Along the process, we've been talking about the National Academies study on the process to develop the Dietary Guidelines and how the Departments are working to meet the
recommendations provided in those studies. I just want to note that there is one recommendation related to this step of the process in the National Academies report. That's found in the second report that they developed. That recommendation was that the Secretaries of USDA and HHS should provide the public with a clear explanation when the Dietary Guidelines omit or accept only parts of conclusions from the scientific report.

Of course, we do not know what the Dietary Guidelines will say just yet, but if there are changes, the Departments do plan to provide a written explanation for decisions made in considering the Committee's report in the development of the Dietary Guidelines.

This next edition of the Dietary Guidelines will provide advice on healthy eating, this time from birth into older adulthood. We're really excited about that expansion. We heard a lot about that today and other interest in this space.
We're also excited that that's expanded our stakeholders and the audiences that we are able to reach. We do want to note that there will be educational and promotional materials that will be developed along with the Dietary Guidelines, and we really hope that you all sign up to receive updates and stay engaged.

Again, if you go to our website at DietaryGuidelines.gov, at the bottom of the page, you'll see the thumbnail that you see there on the slide that says stay updated. From there, you can sign up to receive updates. We use this as a tool.

As Deputy Under Secretary Lipps noted, we have over 240,000 individuals signed up for our listserv. It's a great way that we are able to reach all of you. Again, thank you for your participation in this multi-year process. We developed this timeline early on in the process, in 2018, and it's really hard to believe that we're now here in 2020.

With this process, we launched a
redesigned Dietaryguidelines.gov to help the public follow the process. We've had over 1 million page views from across all 50 U.S. states and D.C. since announcing the 2020 Committee on February 21, 2019, so thanks to your engagement at DietaryGuidelines.gov.

Our webcast meetings have also allowed for more public participation over the course of the Committee's work. The Committee held a total of six public meetings. All of those were webcast. On average, we had more than 1,000 individuals attend each meeting. Most of that attendance was through our web option. Thank you for staying engaged. In addition, all of the meetings were posted at DietaryGuidelines.gov after the public meeting.

There have been over 13,000 views of past meeting clips. Those will continue to remain at DietaryGuidelines.gov. Of course, the Committee's work culminated in the release of the scientific report of the 2020 Dietary Guidelines Advisory Committee.
In the first week that the report was posted, there were over 10,000 downloads of sections of the report. It has been noted a few times, there have been multiple opportunities to provide public comments throughout this process. Going back to our timeline, the blue hash bars indicate periods for public comment.

Our first was in February of 2018. That was a call for comments on the topics of scientific questions that would be considered by the 2020 Dietary Guidelines Advisory Committee. We received over 12,000 written comments in that comment period. The next opportunity was an opportunity to nominate individuals to the 2020 Dietary Guidelines Advisory Committee. One hundred eighty individuals were nominated by the public. All members of our Committee were nominated by the public. We'll just note that this is similar to the number that we had nominated in 2015.

Our Advisory Committee then picked up their review. They started their review. Over
the course of their review, there was an open
public comment period. During that time, the
Committee reviewed over 60,000 written comments.
Additionally, they had two opportunities for oral
comments.

In the public, there were 125
individuals who provided oral comments to the
Committee. Then, of course, we're now in the
written comment and oral comment period of the
Committee's scientific report.

So far, we've had more than 22,000 and
counting written comments on the Committee's
report and all of you who were able to join us
today. If you'd still like to provide comments,
there is still time. As has been noted, the
written public comment period will close later
this week. It will close on Thursday, August 13,
at 11:59 p.m. Eastern Time. To provide comments,
go to DietaryGuidelines.gov. At the top of the
page, you'll see a tab or a button to get
involved. If you click on that button, it'll
take you directly to a page where you can submit
public comments.

You'll see that: the blue button to submit a comment. You can also go directly to Regulations.gov to provide your comments. We've provided the docket number here on the screen. It's Docket FNS-2020-0015. Again, just want to reiterate, thank you, again, to our 2020 Dietary Guidelines Advisory Committee.

Thank you for volunteering your time, volunteering your expertise to advise USDA and HHS on the next edition of the Dietary Guidelines. That adjourns our meeting today. Again, we hope that you will stay involved at DietaryGuidelines.gov, and thank you again.

(Whereupon, the above-entitled matter went off the record at 1:27 p.m.)
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