

US DEPARTMENT OF AGRICULTURE

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CENTER FOR NUTRITION POLICY AND PROMOTION

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DIETARY GUIDELINES FOR AMERICANS
LISTENING SESSIONS

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FRIDAY
FEBRUARY 19, 2016

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

PRESENT

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

ALSO PRESENT

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

ALSO PRESENT (cont.)

MARY PAT RAIMONDI, Academy of Nutrition and
Dietetics

LORRENE RITCHIE, Nutrition Policy Institute

MICKEY RUBIN, National Dairy Council

LEE SANDERS, American Bakers Association

STEPHANIE SCARMO, The Pew Charitable Trusts

NINA TEICHOLZ, The Nutrition Coalition

DOROTHEA VAFIADIS, American Heart Association

DAVID WALSH, Snack Food Association

KRISTIN PEARSON WILCOX, International Bottled
Water Association

A G E N D A

10:00 - 11:30 a.m. Session 5

Break.57

1:00 - 3:00 p.m. Session58

Break. 149

3:30 - 5:00 p.m. Session 149

Adjourn. 184

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

2 10:00 a.m.

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

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

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

22 In addition to considering your member

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

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

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

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

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

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

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

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

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

22 The advantage that you have is that if

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

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

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

22 MS. RAIMONDI: Mary Pat Raimondi with

1 the Academy of Nutrition and Dietetics.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 MS. ROMERO: Thank you very much.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 MS. ROMERO: Thank you very much.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 Thank you.

22 MS. ROMERO: Thank you very much.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 MS. ROMERO: Thank you.

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

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

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

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

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

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

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

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

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

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

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

1 toward a healthier food environment.

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

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

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

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

14 MS. ROMERO: Thank you.

15 Sarah Ohlhorst.

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

1 research to help all individuals live healthier
2 lives.

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

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

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

22 ASN supports expanding the DGA process

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

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

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

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

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

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

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

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

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

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

4 MS. ROMERO: Thank you.

5 Mr. Jacobson.

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

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

22 To better prevent chronic diseases and

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

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

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

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

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

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

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

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

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

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

4 MS. ROMERO: Thank you, Mr. Jacobson.

5 Ms. Klein.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 MS. ROMERO: Thank you.

14 Ms. Mohamedshah.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 MS. ROMERO: Thank you.

19 Mr. Hentges.

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

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

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

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

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

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

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

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

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

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

4 MS. ROMERO: Okay, Ms. Scarmo.

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

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

22 (Whereupon, the above-entitled matter

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Thank you.

5 MS. ROMERO: Thank you.

6 Okay, Ms. Sanders.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 MS. ROMERO: Thank you.

1 Ms. Jack.

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

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

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

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

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

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

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

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

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

1 reduce chronic disease risk.

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

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

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

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

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

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

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

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

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

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

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

5 Mr. Gummalla.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 MS. ROMERO: Thank you.

6 Okay, Ms. Johnson.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 MS. ROMERO: Thank you.

15 Mr. Burns.

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

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

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

22 Specific areas of expertise

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

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

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

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

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

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

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

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

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

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

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

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

20 MS. ROMERO: Thank you very much.

21 Mr. Johnson.

22 DR. JOHNSON: Deliciousness, if there's

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

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

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

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

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

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

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

1 taste for healthfulness.

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

11 MS. ROMERO: Thanks very much.

12 All right. Ms. Butts.

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

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

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

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

22 Additionally, to insure sound science

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

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

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

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

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

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

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

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

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

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

3 Thank you.

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

5 Mr. Rubin.

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

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

1 to accomplish that work.

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

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

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

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

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

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

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

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

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

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

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

4 Ms. Kleiner.

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

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

1 people closer to those recommendations.

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

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

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

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

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

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

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

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

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

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

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

14 Mr. Kovich.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 Ms. Gentile.

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

1 Agriculture.

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

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

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

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

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

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

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

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

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

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

22 Another issue NTF encountered this

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

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

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

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

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

11 Ms. Booren.

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

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

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

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

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

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

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

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

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

1 Committee.

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

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

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

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

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

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

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

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

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

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

22 Mr. Walsh.

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

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

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

1 process can be made more transparent.

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

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

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

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

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

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

22 Additionally, SFA strongly believes

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

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

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

15 Ms. Gaine.

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

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

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

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

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

22 We feel that there needs to be more

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 Mr. Green.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 Ms. DiSogra.

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

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

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

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

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

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

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

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

1 risk of chronic disease and poor health.

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

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

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

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

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

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

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

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

15 MS. ROMERO: Thank you.

16 Ms. Kinnaird.

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

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

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

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

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

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

22 On behalf of USDA, I want to thank you

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 Collectively at NPI we have reviewed

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

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

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

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

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

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

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

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

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

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

21 MS. ROMERO: Thank you.

22 Okay, Ms. Maslow.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 Ms. Heimowitz.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Ms. Kucinich.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 Ms. Teicholz.

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

22 The problem that we might agree upon

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 MS. ROMERO: Thank you.

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

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

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

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

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Americans Listening Sessions

Before: USDA

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