

U.S. Department of Agriculture  
CENTER FOR NUTRITION  
POLICY AND PROMOTION

FOOD GUIDANCE SYSTEM  
PUBLIC COMMENT MEETING

Thursday, August 19, 2004

Jefferson Auditorium  
South Agriculture Building  
U.S. Department of Agriculture  
14<sup>th</sup> and Independence Avenue, SW  
Washington, DC 20250

<u>APPEARANCES/STATEMENTS:</u>	<u>PAGE</u>
ERIC J. HENTGES, Panelist and Facilitator	
KATE COLER, Panelist	
CAROLE DAVIS, Panelist	
TRISH BRITTEN, Panelist	
ERIC M. BOST, Key Note Speaker	5
AMY LANOU	17
CHARLES BAKER	21
MARY YOUNG	24
BARBARA BERRY	28
STUART TRAGER	33
BILL SANDA	38
DEAN ORNISH	43
SUSAN LARAMEE	47
ALISON KRETZER	50
SAURABH DALAL	53
SUE BORRA	57
JAY LAVINE	61

KAREN MILLER-KOVACH	63
ROBERT EARL	68
KATHERINE BEALS	72
LAURA DAWSON	76
MICHAEL JACOBSON	79
DAVID KATZ	83
MAYA EDMONDS	85
CONNIE DIEKMAN	87
JENNIFER TONG	90
EDWARD SIGUEL	95
ANNETTE DICKINSON	100
ROBERT SINDT	103
ANNE BANVILLE	107
MARTHA LINDGREN MARINO	111
PHIL PERKINS	115



1           As Under Secretary, Mr. Bost oversees two  
2 agencies: the Food and Nutrition Service, and the Center for  
3 Nutrition Policy and Promotion. He is responsible for  
4 oversight of USDA's activities involving the Dietary  
5 Guidelines, and the food guidance system.

6           Additionally, he is responsible for administration  
7 of the 15 USDA nutrition assistance programs with a combined  
8 budget of over \$50 billion dollars. These programs include  
9 the Food Stamp Program, the WIC program, and the National  
10 School Lunch Program.

11           During his tenure, Under Secretary Bost has made  
12 significant progress in furthering the agencies goals of  
13 combating obesity and helping needy families and individuals  
14 secure a nutritious diet. He has led efforts to support and  
15 motivate Americans to make concrete improvements in their  
16 diet and physical activity as part of the President's  
17 HealthierUS Initiative.

18           Please join me in welcoming Under Secretary Bost.

19           MR. BOST: Eric, thank you. Good morning and  
20 welcome. On behalf of myself and Secretary Veneman, we are  
21 so pleased to have all of you here with us today.

22           It's unfortunate and also very troubling that we  
23 are the fattest people in the entire world. Over 60 percent  
24 of all adults in this country are overweight. 30 percent of  
25 us are obese. We have seen a doubling and almost tripling

1 in the number of children in this country that are  
2 overweight.

3           If we were just chubby and happy, it would be one  
4 thing. But that's not the case. We've seen a significant  
5 increase in the number of adults that are experiencing  
6 diabetes, heart disease, cancer. In addition to that, over  
7 400,000 people, over 400,000 people die as a direct result  
8 of obesity-related illnesses, soon to surpass the number of  
9 people who die as a direct result of smoking in this  
10 country.

11           And if that's not enough for you, we spend over  
12 \$120 billion, and that's B, billion dollars a year on  
13 obesity-related illness in this country, all because we eat  
14 too much and we move too little. It sounds simple, but it's  
15 not.

16           That's one of the reasons that we're very happy  
17 that you're here. We're happy that you're here because of a  
18 couple of things. First and foremost, we believe the  
19 government has a very important role in addressing this  
20 issue of obesity in this country, and moving Americans  
21 toward a healthier lifestyle.

22           For us, that's the big picture, a healthier  
23 lifestyle. But as I said, we believe that we have a very  
24 important role to play, but we are not the only player when  
25 it comes to addressing this issue. And we cannot do it by

1 ourselves. We need the media. We need the industry. We  
2 need teachers, administrators. We need parents. All of us  
3 have a very important role to play in terms of addressing  
4 this issue of moving Americans toward a healthier lifestyle.

5           When I met with staff, it seems like years ago,  
6 but some time ago, to talk about setting up this process,  
7 there were a couple of things that I talked about. One, we  
8 wanted to be transparent and open. Two, we wanted to ensure  
9 that every person who was interested had the opportunity to  
10 come and talk about what they thought we should do to help  
11 Americans address this issue.

12           That's why you're here. It affords you an  
13 opportunity to talk with us, to share with your colleagues  
14 about what you believe that we can do in terms of the  
15 revision of the food guidance system, the food guide  
16 pyramid, if you want to call it that, in terms of moving  
17 Americans in this country toward a healthier lifestyle.

18           Obesity is very important, and we need to address  
19 it. And we've taken some steps with our partners under the  
20 umbrella of the HealthierUS Initiative to start to do that.

21       But the issue for us is, it's not just obesity. It's  
22 moving people toward a healthier lifestyle, which is not  
23 only what you eat, how much you eat, but also some level or  
24 some form of physical activity which we believe is also very  
25 critical in terms of addressing this issue for all of us in

1 this country.

2 I talk about these things because we love to talk  
3 about them. You all are going to come and speak, and we've  
4 had the opportunity to have -- how many forums have we had  
5 around the country? We had 12 forums around the country  
6 where we had people that actually came and talked with us  
7 about what they believed we could do to address this issue.

8 And interestingly enough, I posed three questions  
9 to people in the audience. I said, what do you believe  
10 government can do to address this issue? What do you  
11 believe you can do to address this issue? And what do you  
12 believe that we can do together to address this issue?

13 Interestingly enough, 90 percent of the comments  
14 were on what they believed government should do. They  
15 didn't believe they should do anything. They believed that  
16 they could continue to eat and not gain any weight, but that  
17 somehow we were going to fix all of their issues. I think  
18 you know that that's not the case.

19 This is an opportunity for us to hear from you  
20 about what you think that we can do and also you can do to  
21 address this issue in this country that is essentially  
22 killing us and severely compromising the health of our  
23 children.

24 This is very important. We take this very  
25 seriously. We are interested in continuing to move the ball



1 forward to take very proactive steps in addressing something  
2 that is very serious, that is compromising the health -- let  
3 me back up, severely compromising the health of many  
4 Americans.

5           A couple of points that I think are real  
6 important. Remember what I said, 30 percent of us are  
7 obese. At the current rate that we're eating, by 2010 it is  
8 anticipated that 40 percent of us will be obese. It took us  
9 almost 20 years to get from 20 to 30 percent. At the  
10 current rate that we're eating, we're going to get from 30  
11 to 40 percent of us obese in less than six years. That  
12 should be of concern to all of us, and I know that it is.  
13 And because of that, we are so pleased and very happy that  
14 you are here.

15           One of the issues that is very important to be  
16 personally, and I know is very important to the staff, and  
17 it's also very important to the Secretary, is that  
18 regardless of the recommendations that we make in terms of  
19 what should be on the Pyramid, or whether there should be a  
20 Pyramid itself, or what the graphics should look like, is  
21 the fact that somehow we've got to be able to implement this  
22 and also to provide information to Americans so that they  
23 are able to make informed decisions and choices about the  
24 nutritional needs of themselves, their family, and their  
25 children.

1           And this is critical, because regardless of what  
2 we come up with, it's not going to make any difference at  
3 all if people don't use it. Because at the end of the day,  
4 at the end of the day, individuals still have to make some  
5 decisions about what they are going to do.

6           So we can provide them with information, but if  
7 they don't use it, if it's not user-friendly, if they don't  
8 think that it's relevant to them, then they are not going to  
9 use it.

10           We talk about obesity, and obesity is very  
11 important. But I'm also sensitive to the needs of the  
12 family, and the mother at home, who is trying to make, or is  
13 interested in making informed decisions about the well being  
14 and health of her children who may not be obese. I'm also  
15 sensitive to the needs of the person who is not overweight,  
16 who is not obese, and wants to maintain a healthy lifestyle  
17 so that they don't get there.

18           I'm also sensitive to the needs of the people who  
19 were obese, they've lost a lot of weight, and they're trying  
20 to keep it off so that they don't go back, or they don't do  
21 the yo-yo effect.

22           And I can speak to some of those things  
23 personally. Over the last couple of years, I lost 70  
24 pounds. That's almost a person, not quite, but almost. 70  
25 pounds. But over the course of the last year, I've gained

1 20 back. And so the issue for me, that I talk to myself  
2 about all the time, and they'll tell you that I ask this  
3 question, what information can you provide to me that will  
4 help me, one, lose that 20 that I've gained, keep it off,  
5 and try to maintain some sort of healthy lifestyle in my  
6 diet.

7           And so for me it's a personal issue, too. And so  
8 I ask of all of you today who are going to comment, and  
9 we're very pleased that you're all here, to think in terms  
10 of the big picture; to think in terms of your comments and  
11 how they would apply to all Americans and to people around  
12 the world, because I talked with my colleague most recently  
13 in the UK, that he's very interested in what we're going to  
14 come up with. And so not only are people in this country  
15 interested in this process, but also people around the world  
16 are watching.

17           We have the ability and the capacity to make a  
18 positive difference in the lives of a significant number of  
19 people. It is my hope, it is my desire, it is my belief  
20 that we can do that.

21           Again, thank you so very much for being here. We  
22 appreciate you taking the time out to come and comment. And  
23 we are looking forward to hearing from you today. Thank  
24 you.

25           DR. HENTGES: We now want to go ahead and review

1 for you where we're at in this process, what has transpired  
2 before, and go through a little bit quickly. If we could  
3 have the curtains opened. We'll go ahead and have the first  
4 slide, please.

5           Okay. This is where we are at. And this is the  
6 issue that we have before us, is where do we go with this  
7 emblem, with this product, to move forward in the future,  
8 and get the kinds of changes that Under Secretary Bost just  
9 talked about.

10           The USDA has a long history in this area. The  
11 actual food guidance history goes back to 1916. These are  
12 just a few of the depictions of that history. And some of  
13 them are familiar to you. The circle, in particular, the  
14 basic seven, is quite familiar. And you can see the  
15 iteration of the history. Next.

16           In 1992 then, that food guidance became the food  
17 guide pyramid that we currently know. Next.

18           The question is, with that guidance system, what  
19 are we eating? What is it that we are actually consuming  
20 today? Next.

21           This is our consumption pattern today.  
22 Unfortunately, this is where we are at. This is the  
23 behavior that we get when we look at food patterns today.  
24 Next.

25           And that brings us to our dilemma of updating this

1 food guidance system, and where we are going to go. The  
2 scope has been two-fold. We have had a technical aspect and  
3 a consumer updating aspect.

4 With regard to the technical update of the data,  
5 we have new nutrition standards, include the dietary  
6 reference intake, and the 6th Edition that many of you have  
7 participated in of the Dietary Guidelines for Americans.

8 We also have new food consumption data, and new  
9 food composition data. And then, additionally, regarding  
10 this implementation, and getting the better behavior change,  
11 the consumer education update, we need to have a new systems  
12 approach, is what we're looking at; a new consumer research.

13 What are we being told. And we're looking for that kind of  
14 input today. Next.

15 Last September, we had the first Federal Register  
16 notice calling for comments on the technical revisions to  
17 the food patterns. And many of you participated and we're  
18 very pleased with that. Next.

19 We had a large number of comments, and a wide  
20 range of views expressed. But there were topics where there  
21 was considerable agreement, and that included energy level  
22 and nutrition goals, and emphasis on whole grains, legumes,  
23 dark green vegetables, and unsaturated fat. And also the  
24 communications -- moving away from a standardized serving to  
25 more of a household measures type of communications.

1           While we have moved forward and summarized those  
2 comments, we are waiting to receive the final report from  
3 the Dietary Guidelines Advisory Committee to finalize that  
4 aspect of the revision. Next.

5           And that brings us to this, our second, Federal  
6 Register notice on revisions. On July 13th we put forth  
7 this notice. Next.

8           There are six specific questions that we ask for  
9 comment on. And we hope to hear a lot of comment today  
10 around those six questions. It includes whether to keep the  
11 shape and strategies that include motivational and  
12 educational elements. How do we individualize and  
13 personalize the messages in the system? What about a core  
14 framework of education messages, and key components that  
15 will allow us to develop effective interactive tools, so  
16 once you have the motivation and the education you can also  
17 improve behavior and increase physical activity?

18           And then delivery channels, what are the best  
19 delivery channels? What are the most advantageous, and what  
20 should be a priority in those delivery channels? Next.

21           Well, the question on most people's mind is, are  
22 we going to have a new shape? And indeed, there is no  
23 decision on that. This is part of the process in making  
24 that decision. And we are open to all ideas in that venue.  
25 Next.

1           Well, the process that we will be going through  
2 here is that we have the opportunity today for oral public  
3 comment. Written comments are due on the 27th of this  
4 month. And all the comments will be posted on the Center's  
5 website. And if you don't have that, you can ask any of our  
6 staff in here, and we'll make sure that everybody has that  
7 information.

8           Staff will then analyze and summarize these  
9 comments, and that input will be used in support of the  
10 development of the food guide system. Next.

11           Our time line for this activity is that public  
12 comments will be concluded this summer; the consumer  
13 research will be completed by late fall of this year. The  
14 new Dietary Guidelines, the policy document from HHS and  
15 USDA is expected to be delivered in early 2005; and then  
16 shortly thereafter, the new food guidance system will be  
17 unveiled. Next.

18           In this whole process, USDA is committed to having  
19 an open, transparent process, with lots of opportunity, as  
20 Under Secretary Bost said, for public comment. We are also  
21 focused on the implementation of this new system, and to be  
22 able to personalize this and to individualize this system to  
23 get a meaningful behavior change in the future. Next.

24           I can't emphasize enough this key element of  
25 implementation. If we do not get a better way of

1 implementing our guidance, then we will probably have the  
2 same sort of results that we have had. Our science has been  
3 strong and it continues to evolve. We have got to find the  
4 best way to implement this. Mr. Bost made this very clear as  
5 well.

6 And we are looking forward, then, to your  
7 participation, your partnership, which is going to be vital  
8 in success of this activity. Thank you.

9 Before we have the first speaker, I have a few  
10 housekeeping items to go over. Each speaker will have five  
11 minutes to make their presentation. If you will refer to  
12 the speaker list that was handed out, this is the order of  
13 speakers. So, as you see the speaker ahead of you take the  
14 podium, please move to this front left side so that we can  
15 orderly move through our presentations today.

16 Janie Fleming, on our staff, over here, who has  
17 the rose, will be our time keeper. Janie will hold up a  
18 yellow card indicating that you have one minute remaining to  
19 complete your remarks. At the five minute mark, Janie will  
20 display a red card that indicates that your time is up.

21 Before you make your presentation, please state  
22 your name and affiliation. For the benefit of the panelists  
23 and the audience and the transcriber, please speak directly  
24 into the mike, clearly, so we can make sure we record all  
25 the information.



1 All remarks are being recorded and transcribed,  
2 and they will be posted verbatim on the website, as soon as  
3 we can get them up.

4 This is a listening session, and it will not be a  
5 discussion or Q and A. And, it is governed by the rules of  
6 notice and comment. So we look forward to receiving your  
7 input. If we need a point of clarification, the panelists  
8 will ask.

9 Again, we appreciate everyone taking time to  
10 prepare these comments, and take time out of your busy  
11 schedule to participate in this activity. Thank you very  
12 much.

13 And the first speaker is Amy Lanou. I apologize  
14 ahead of time if I am not correct on all pronunciations. We  
15 will look for you to pronounce your name correctly. Thank  
16 you.

17 MS. LANOU: My name is Amy Joy Lanou. I'm with  
18 the Physicians Committee for Responsible Medicine. Thank  
19 you for the opportunity to offer input to this important  
20 process of developing a new food guide graphic and consumer  
21 education materials.

22 First, let me say that in keeping with the  
23 scientific literature on diet and disease risk, and changing  
24 chronic disease patterns, I feel that both updated dietary  
25 advice and a new graphic are an excellent idea. And I

1 appreciate the way you are going forward with trying to  
2 provide more targeted information to consumers.

3           Specifically, I feel that the graphic and the  
4 education materials should target problematic food  
5 consumption patterns, promote healthy eating, and reduce  
6 chronic disease risk, and provide strong, clear food-based  
7 messages on how to achieve healthy weight and long term good  
8 health.

9           To the first point, what is wrong with the  
10 American diet? We've seen a little bit about that this  
11 morning. We certainly consumer too much protein, saturated  
12 fat, transfat, sugar, salt and cholesterol. We consume far  
13 too little fiber, and lower than recommended amounts of a  
14 variety of vitamins and minerals.

15           Our average, case in point, our average adult  
16 fiber intake is about 10 to 12 grams per day. The new IOM  
17 recommendations double that amount.

18           We consume too many calories and far too many  
19 discretionary ones. Or, put another way, we consume too few  
20 foods from plant sources, too many highly processed  
21 convenience foods, and too many foods from animal sources.

22           Consider that cheese intake has doubled between  
23 1975 and 1999. Consider also that in one national survey,  
24 only 15 percent of high school students met the five a day  
25 recommendation for fruits and vegetables, while over half

1 did not eat any cooked vegetables on the previous day.

2           As we all know, the intake of fast food, sugar,  
3 soda, and other sugary foods has been on the rise. And  
4 fluid milk is the number one source of fat and saturated fat  
5 in children's diets.

6           To the second point, science on diet and disease  
7 risk clearly shows that diets built from plant foods,  
8 vegetarian and also vegan ones, reduce the risk of cancer,  
9 heart disease, hypertension and diabetes, among other  
10 medical conditions. Diets rich in fiber reduce the risk of  
11 heart disease, obesity, and some types of cancer, and are  
12 useful in the management of diabetes. Diets low in  
13 saturated fat reduce the risk of heart disease.

14           Diets low, very low in total fat, saturate fat,  
15 and cholesterol, are beneficial for the treatment of type  
16 two diabetes, heart disease, hypertension, and overweight.  
17 And many plant food sources contain phyto-chemicals that may  
18 protect against cancer and promote immune function, or  
19 improve immune function. Think broccoli, tomatoes,  
20 blueberries, sweet potatoes, garlic.

21           To the third point, I urge you to provide clear,  
22 strong messages and images that urge Americans to, one,  
23 increase our consumption of fruits and vegetables and other  
24 foods of plant origin. This is how we're going to meet  
25 those fiber recommendations.

1           Limit or avoid foods of animal origin. These  
2 foods are the primary source of heart disease, promoting  
3 saturated fat, and the only source of dietary cholesterol.  
4 They are fiber-less and calorie dense.

5           I would also urge you to make it clear the dairy  
6 products are optional, and highlight the full range of  
7 calcium containing foods in the US food supply. Many  
8 nondairy sources have the advantage of being low in  
9 saturated fat, and high in fiber.

10           I also recommend that we reduce our reliance on  
11 highly processed foods. Processing at its most creative  
12 changes a nutrient dense food into a pile of discretionary  
13 calories.

14           I also encourage you all to incorporate language  
15 to help consumers understand the importance of complex  
16 carbohydrate and fiber in the diet. Specifically, we need  
17 to help them distinguish carbohydrates from whole foods,  
18 such as whole grains, legumes, fruits and vegetables, from  
19 those in highly processed foods, such as soda, candy, sugary  
20 cereals, and many baked goods.

21           In short, the new food guide graphic, and consumer  
22 education materials, would better serve Americans if they  
23 encouraged choosing a diet built from plant foods, and the  
24 graphic should highlight legumes, whole grains, fruits and  
25 vegetables, and specifically identify the foods to be

1 limited or avoided, rather than disguising these  
2 recommendations using macro-nutrient descriptions that many  
3 laypersons find difficult to understand.

4           Taken in total, I would recommend that the new  
5 food guide graphic, and the core messages help individuals  
6 to use discretion when making dietary choices. Thank you.

7           DR. HENTGES: Our next speaker is Charles Baker.

8           MR. BAKER: Good morning. I am Charles Baker,  
9 vice president, Scientific Affairs at the Sugar  
10 Association. The association represents US sugar cane and  
11 sugar beet growers and processors, and was established in  
12 1943 to monitor nutrition science, fund research, and  
13 educate the public.

14           Based on the totality of the scientific evidence,  
15 we support and promote sugar as a safe, useful, and  
16 important food ingredient. We appreciate this opportunity  
17 to provide testimony on the proposed revision to the food  
18 guide pyramid.

19           No matter the issue, the association firmly  
20 believes that the American public is better served when  
21 dietary guidance and nutrition policy are established solely  
22 on the entire body of science. Every major scientific  
23 review has concluded that lifestyle diseases, including  
24 obesity, are not linked to sugar's intake. This conclusion  
25 was once again the outcome of the exhaustive 2002 review of

1 macro-nutrient intakes conducted by the US Institute of  
2 Medicine.

3           The institute found no compelling evidence to  
4 establish an upper intake level for either total or added  
5 sugars. The institute stated unequivocally that there is no  
6 link between the increased intakes of added sugars in BMI,  
7 nor did it find evidence of nutrient displacement at  
8 commonly consumed levels.

9           That said, the association agrees that the public  
10 should eat a balanced diet, rich in fruits and vegetables  
11 and various grain products. The association further agrees  
12 that there are certain foods meant to be treats and consumed  
13 in moderation. However, the association continues to  
14 strongly disagree with the underlying premise attached to  
15 added sugars in the original food guide pyramid and its  
16 proposed revision.

17           First, proposed added sugar intake levels are  
18 based solely on mathematical formulas instead of credible  
19 scientific evidence to substantiate negative health impacts.

20       This methodology contradicts the science-based approaches  
21 applied when intake recommendations for classes of dietary  
22 fats and micro-nutrients like calcium were established. The  
23 association requests that the same standard of persuasive  
24 evidence be applied to all nutrients, including added  
25 sugars.

1           Second, the proposed food guidance system  
2 continues to assign added sugars to the category of leftover  
3 calories to accommodate this mathematical model. The  
4 association questions the consumer benefit, since this  
5 creative model essentially minimizes the importance of  
6 fortified and enriched foods in the US diet. The  
7 association respectfully points out that this model  
8 artificially lowers the number of discretionary calories  
9 allotted to added sugars.

10           The proposed treatment of added sugars continues  
11 to give the consuming public the perception that sugar has  
12 no value other than the source of calories. For centuries  
13 sugar has provided functional properties to food systems  
14 like safety, due to its preservative action, and  
15 palatability, due to its capacity to balance the acidity and  
16 bitterness of fruits and vegetables.

17           Thus, sugar is present in many of the healthy  
18 foods necessary for maintaining balanced and nutritionally  
19 adequate diets. Healthy foods require ingredients, and  
20 sugar is a natural time tested ingredient, with only 15  
21 calories per teaspoon.

22           Continued mathematically-based emphasis on added  
23 sugars in food guidance in the absence of any valid  
24 scientifically verifiable detrimental health implications  
25 will only further obscure the real issue. If one consumes

1 more calories, no matter their sources than one requires for  
2 daily activities, weight gain is inevitable.

3 All of us in this room know obesity rates only  
4 increased throughout the low and fat decade of the 1990's.  
5 Focusing on the restriction of one food ingredient category,  
6 added sugars in this instance, camouflages the significance  
7 of caloric balance. The unintended consequence that it is  
8 okay to eat as much as one wants will only be repeated if a  
9 low in added sugars decade replaces the failed low in fat  
10 decade.

11 The pyramid's mathematical model lacks a  
12 scientific underpinning to be used as the basis for official  
13 or unofficial quantitative recommendations for levels of  
14 added sugars intake. Therefore, the association  
15 respectfully asks the Center for Nutrition Policy and  
16 Promotion to seriously consider this fundamental shortcoming  
17 as it directs revision of the food guide pyramid. Thank  
18 you.

19 DR. HENTGES: Thank you very much. Our third  
20 speaker is Mary Young.

21 MS. YOUNG: Good morning. I'm Mary Young, a  
22 registered dietician and executive director of nutrition for  
23 the National Cattlemen's Beef Association, funded by  
24 America's beef farmers and ranchers. Thank you for the  
25 opportunity to offer some thoughts about improving our



1 nation's food guidance system.

2           We commend USDA for focusing on nutrient density  
3 and energy balance in its considerations for the food  
4 guidance system. We believe these are the two most powerful  
5 concepts to address in today's environment. Given the  
6 epidemic of overweight and obesity, we must help Americans  
7 watch their calories, and help them make their calories  
8 count more.

9           And improved food guidance also needs to be  
10 communicated in a way that achieves sustainable behavior  
11 change. The food guidance system must fulfill its mission  
12 to help people follow the dietary guidelines for Americans.

13           The dietary guidelines scientific advisory  
14 committee recently concluded that a person needs to eat from  
15 all five food groups to meet all their nutrient needs. Thus  
16 food guidance needs to help people build healthy diets.  
17 Each food group offers different essential nutrients that  
18 are critical to promoting health and preventing chronic  
19 disease.

20           Meat plays an important role in health, and is a  
21 fundamental building block in food guidance. In fact, in  
22 your published food patterns, USDA showed the important  
23 nutrient contributions of meat within a calorically balanced  
24 diet.

25           Improved food guidance needs to communicate this

1 important point. For example, just one three-ounce serving  
2 of lean beef is an excellent source of five essential  
3 nutrients, protein, zinc, vitamin B-12, selenium and  
4 phosphorus, and a good source of four, niacin, B-6, iron and  
5 riboflavin. And today, people can easily manage their  
6 saturated fat intake by choosing one of 19 cuts of beef that  
7 meet government standards for lean.

8           Variety within food groups is also important.  
9 Within the meat group, for example, different proteins bring  
10 different nutrients to the table. Given the current concern  
11 over caloric intake relative to obesity, it is important to  
12 note that when comparing protein equivalents, beef provides  
13 significantly fewer calories than do some vegetable  
14 proteins. In fact, a one-ounce serving of ground beef  
15 contains the same amount of protein as a half-cup serving of  
16 legumes, yet only half the calories.

17           A healthy lifestyle is more than just eating. It  
18 is also about being active everyday. The food guidance  
19 system needs to emphasize the importance of energy balance  
20 by showing people how to enjoy daily physical activity,  
21 balanced with the amount of food they eat.

22           The food guide graphic should be evolutionary, not  
23 revolutionary. The USDA should build on the food guide  
24 pyramid's powerful brand recognition by keeping the pyramid  
25 shape, but strengthening it to make it more actionable. For

1 example, the graphic could be a two-dimensional pyramid that  
2 promotes energy balance and nutrient density by illustrating  
3 physical activity on one side, and naturally nutrient rich  
4 food choices on the other.

5           The food chart should show all five of the  
6 nutrient-bearing food groups and their recommended daily  
7 servings for a 2000 calorie diet, to make it compatible with  
8 the nutrition facts label. This simplified pyramid graphic  
9 could then support core messages for the general population  
10 to emphasize nutrient density and energy balance.

11           For example, a core nutrient density message that  
12 has tested well, with both professionals and consumers is,  
13 choose naturally nutrient rich foods first, such as whole  
14 grains, fruits, vegetables, lean protein sources, and low  
15 and nonfat dairy.

16           You've asked whether the food guidance system be  
17 generalized or individualized. We believe this is not an  
18 either/or proposition. In fact, in the interest of  
19 improving public health, it must be both.

20           The food guide graphic must provide a teachable  
21 moment for those consumers who may not seek or have access  
22 to individualized guidance. It is imperative that the  
23 improved graphic be available, accessible, and meaningful in  
24 and of itself, to reach people who may not have access, such  
25 as low income and low literacy populations.

1           The food guide graphic must also be accompanied by  
2 an education system that is flexible enough to allow people  
3 to individualize, based on age, lifestyle, and culture.

4 This system should be designed to motivate behavior change.

5 To do this, the system must be rigorously tested among  
6 consumers to ensure that the graphic and messages are clear  
7 and realistic, and that people are able to use it  
8 successfully.

9           Food guidance should involve all sectors of  
10 society to reach the widest possible audience. We encourage  
11 USDA to strengthen its existing public/private partnerships,  
12 such as the Dietary Guidelines Alliance, a longstanding  
13 successful partnership between health organizations, the  
14 food industry, HHS and USDA. Public/private partnerships  
15 are vital in extending the reach and impact of the new food  
16 guidance system. Thank you for your consideration.

17           DR. HENTGES: Thank you. Our fourth speaker is  
18 Barbara Berry.

19           MS. BERRY: Good morning. My name is Barbara  
20 Berry. I'm vice president of programs for the Produce for  
21 Better Health Foundation. PBH is the founding partner,  
22 along with the National Cancer Institute for the National  
23 Five-a-Day for Better Health program that encourages all  
24 Americans to eat five to nine servings of fruits and  
25 vegetables.

1           We are pleased to have USDA as such an integral  
2 part of our partnership, and appreciate your increased  
3 involvement over the past several years to promote fruits  
4 and vegetables, throughout many USDA programs and agencies.  
5 Thank you for providing me this opportunity to highlight  
6 PBH's recommendations on the reassessment of the food guide  
7 pyramid. I'm here today to provide three overall  
8 recommendations.

9           First, PBH recommends that the new food guidance  
10 system, no matter what shape it takes, needs to place a  
11 stronger emphasis on the role of fruits and vegetables.  
12 Specifically, based on the meeting of the dietary guidelines  
13 advisory committee, just last week, we recommend that the  
14 words five to 13 servings accompany the new food guidance  
15 graphic, and that fruits and vegetables figure more  
16 prominently in both the graphic and core messages.

17           We make this recommendation for the following five  
18 reasons. One, current intake for fruits and vegetables is  
19 low. Of all the key dietary recommendations, consumers do  
20 the worst in meeting the fruit and vegetable guidelines. So  
21 therefore, they need to be more prominently emphasized.

22           CMPP's own data shows, for example, the  
23 consumption of orange and green leafy fruits and vegetables  
24 is far below recommended intake levels. Women and men need  
25 to increase their dark green vegetables, for example, by 330

1 percent, and 406 percent respectfully, to meet the increased  
2 pyramid, the existing pyramid recommendations.

3           Second, all age and sex groups show a lack of  
4 variety in their fruit and vegetable intake. So not only  
5 are consumers under-consuming fruits and vegetables, but  
6 they're not eating enough variety. Just six fruits and  
7 vegetables make up about 50 percent of all the fruits and  
8 vegetables consumed by Americans.

9           Third, fruits and vegetables play a critical role  
10 in disease prevention and health promotion. And the science  
11 supporting this continues to grow stronger every day.

12           Fourth, fruits and vegetables can assist with  
13 weight management. When paired with activity and used as a  
14 substitute for energy dense less nutritious foods, fruits  
15 and vegetables play an important role in weight maintenance  
16 and reduction. Upbeat messages about eating more fruits and  
17 vegetables are a welcome relief from more restrictive  
18 approaches.

19           And fifth, fruits and vegetables play a critical  
20 role in meeting the new IOM recommendations for fiber and  
21 potassium. These new levels cannot be met without  
22 increasing fruit and vegetable intake levels.

23           For these five reasons, PBH urges USDA to assure  
24 that any food guidance system needs to better reflect the  
25 higher number of servings, the five to 13, and place fruits

1 and vegetables more prominently in the graphic.

2           Our second recommendation deals with how to  
3 effectively communicate important dietary messages to  
4 consumers without overburdening them. USDA has recognized  
5 the need to provide consumers with a more individualized  
6 approach, based on their unique needs and intake patterns.  
7 We generally support such a strategy.

8           We have concern, however, regarding an approach  
9 that depends in large part on consumers needing to take  
10 extra steps to gather additional nutrition information,  
11 whether it's via the internet or CD rom.

12           We're concerned about the large number of  
13 Americans who don't likely share our keen interest in diet  
14 and health, and who may not take these extra steps. Before  
15 significant resources are spent on websites, interactive  
16 tools and brochures that may not reach those most in need,  
17 we urge USDA to take a hard look at existing social  
18 marketing efforts, and invest in strategies that have a  
19 proven track record.

20           Our final recommendation addresses the need for  
21 enhanced coordination among key government agencies. USDA's  
22 efforts to communicate key health messages to consumers  
23 should be coordinate with agencies such as the FDA that have  
24 specific expertise in this area. PBH suggests that CNPP  
25 work with FDA to develop a new set of standards to define

1 the use of any symbol or icon that may be used on food  
2 packages. The use of a symbol should be limited to food  
3 products that we want consumers to eat more of.

4           Because the pyramid currently appears on a wide  
5 number of food products, regardless of their nutritional  
6 quality, it's not an effective tool today in helping  
7 consumers make wise food choices. If USDA intends for the  
8 new symbol to have a significant meaning to consumers, then  
9 standards need to be developed, and they must be monitored  
10 and enforced.

11           In summary, in order to move consumers beyond  
12 simply recognizing the pyramid, the graphic and key messages  
13 must focus on those areas in most need of change. This  
14 includes encouraging consumers to eat more fruits and  
15 vegetables. This more targeted and cost-effective approach  
16 to behavior change puts the new food guidance system  
17 concepts into actionable steps.

18           We look forward to working with USDA and others as  
19 you continue your efforts to help consumers make healthy  
20 food and beverage choices. Thank you.

21           DR. HENTGES: Thank you. We are planning to have  
22 a break at 10:30, so if you are wondering if we are going to  
23 stop at all, indeed we will have a break at 10:30. Our  
24 fifth speaker is Stuart Trager.

25           DR. TRAGER: Good morning. Let me begin by



1    thanking you for the opportunity to present to you today,  
2    this morning, the Atkins Food Guide Pyramid, and our  
3    thoughts regarding the subject.

4                I am Dr. Stuart Trager, medical director of Atkins  
5    Nutritionals.  And I am here today representing the tens of  
6    millions of people who have been helped by the Atkins  
7    nutritional approach, and who can be helped by controlling  
8    carbohydrates in the future.  Together, we can offer  
9    options, offer solutions, and we can make a difference in  
10   helping people take a more active role in improving their  
11   health and managing their weight by recognizing emerging  
12   science, and the values of controlled carbohydrate  
13   nutrition.

14               With other 64 percent of our population overweight  
15   or obese, and more than 400,000 Americans dying of obesity-  
16   related diseases each year, the magnitude of this problem is  
17   not lost on any of us.  It's becoming increasingly  
18   important, in fact, that we provide scientifically validated  
19   solutions to help people take an active role in managing  
20   their health and their weight, and find approaches that  
21   people can follow, as you pointed out earlier.

22               Moving beyond a one-size fits all approach that  
23   has failed to impact the epidemic, is critical.  As is the  
24   recognition that solutions must work not only in the  
25   laboratory, but that they must work for real people in the

1 real world with real appetites and real lifetime stresses  
2 that preclude some of the other approaches that are  
3 sometimes discussed.

4           Despite relentless admonishment regarding the  
5 evils of fat consumption through the national dietary  
6 guidelines, we have seen only limited success in lower the  
7 percentage of total fat intake with overall fat consumption  
8 actually rising. People simply can't follow this approach  
9 despite the fact that we've made this message very clear,  
10 repeating the message louder and louder, unfortunately, like  
11 dealing with our children sometimes, doesn't necessarily get  
12 the point home. We need to find a message that they can  
13 hear and are willing to embrace and accept if we expect to  
14 see results that are truly meaningful.

15           Even more staggering than the rise in fat  
16 consumption has been the overall consumption of highly  
17 refined carbohydrates and products with added caloric  
18 sweeteners. Making foods that are low in fat to taste good  
19 and be acceptable requires, unfortunately at times, the  
20 addition of highly refined carbohydrates and sweeteners to  
21 appeal to taste.

22           In the last three years alone, it's important to  
23 recognize that over 30 different studies published in  
24 prestigious peer review journals from major universities,  
25 and in many cases, funded by independent groups like the

1 American Heart Association and the National Institute of  
2 Health, have validated the Atkins nutritional approach to  
3 controlling carbohydrates as a valid solution that can help  
4 many improve their health and manage their weight  
5 effectively.

6           This research can no longer be ignored. Difficult  
7 as change may be, a nutritional policy must reflect science.  
8 Must as the low fat advocates and the animal rights  
9 activists would like, the accumulating body of scientific  
10 evidence can no longer be ignored.

11           For many, controlling carbohydrates has provided a  
12 valuable solution for taking an active role in managing  
13 their weight and improving risk factors for heart disease.  
14 It has helped them regain energy and in doing so changed  
15 their lives.

16           This, too, cannot be ignored. With the message of  
17 calorie control and fat restriction having failed many, it's  
18 time to offer a solution that works. Experts agree that a  
19 solution is not to be found in a particular diet, but rather  
20 a modification of lifestyle risk factors for obesity. This  
21 would include dietary modifications, combined with exercise  
22 to reach long term net health gains. And as we must  
23 remember, the solution must be one that people can embrace.

24           It is disheartening as we fight to manage the  
25 rising costs of health care, that less than 20 percent of

1 the population is currently following the guidelines and  
2 recommendations to eat less and exercise more. Especially  
3 when we consider the tremendous popular support that has  
4 grown for controlling carbohydrates.

5           Recognizing that people like to eat this way, can  
6 eat this way, and get tremendous results when they eat this  
7 way, and that this is backed up by scientific studies, is  
8 worth considering at a time when we take on such a great  
9 challenge like revising our guidelines.

10           Revisions to the pyramid must represent the  
11 dynamic relationship between activity and food intake, and  
12 there can be no escaping the understanding that exercise is  
13 clearly important for long term helpfulness. For this  
14 reason, our pyramid clearly demonstrates the relationship  
15 between increasing activity level and increasing food  
16 choices, as well as stresses the importance of consuming  
17 good carbohydrates, fruits and vegetables.

18           I think it's interesting to note on the pyramid,  
19 as you bring up (indiscernible).

20           Counting carbohydrates is quite simply easier for  
21 many people than eating smaller amounts of less satiating  
22 foods. And with new scientific research showing that there  
23 is, in fact, a metabolic advantage to controlled  
24 carbohydrate nutrition, we must figure this into  
25 recommendations going forward as it can provide a useful

1 tool for people who have struggled with managing their  
2 weight because of genetic predisposition and activity levels  
3 that haven't been able to be raised to the level that would  
4 allow them, based again on their genetics, to manage their  
5 weight effectively.

6           As the science in support of controlled  
7 carbohydrate diets continues to mount, and national  
8 guidelines are revisited, much can be gained by decisions  
9 made to enhance, rather than stand in the way, of this very  
10 encouraging development in fighting obesity.

11           To this end, we would hope that revisions to the  
12 guidelines include recommendations that recognize the  
13 benefits of adequate protein consumption, the importance of  
14 balanced untreated fat consumption, and finally, teaching  
15 carbohydrate awareness, so that Americans can learn to  
16 respect and understand how this group of macro-nutrients  
17 further impacts not only their weight, but also their  
18 health.

19           We're offering our version of the pyramid as an  
20 easy to follow, scientifically validated solution, that is  
21 built on the principals of carbohydrate awareness. Our  
22 pyramid refocuses attention towards nutrient dense whole  
23 foods, noticing again that fruits and vegetables play a  
24 major role right in the center of our pyramid. Pyramid  
25 looks at whole foods and those carbohydrates with the least

1 impact on blood sugar as part of a healthy diet.

2           Helping our population better understand the  
3 relationship between what we eat and how it affects our  
4 health and weight, has never been more important. To this  
5 end, we believe that giving people options that work, and  
6 those that they can follow, must be a priority. The  
7 solution must be individualized. It must be embraceable.  
8 And it must include lifestyle changes.

9           We have seen the impact of controlled carbohydrate  
10 nutrition now in tens of millions of people. We have seen  
11 its acceptance, and people actually choosing it because it  
12 is a lifestyle they can embrace. We are optimistic that  
13 greater carbohydrate awareness --

14           DR. HENTGES: Please. Excuse me, please.

15           DR. TRAGER: -- play a significant role in --

16           DR. HENTGES: Please wrap up.

17           DR. TRAGER: Thank you.

18           DR. HENTGES: Thank you very much. Our sixth  
19 speaker is Bill Sanda.

20           MR. SANDA: My name is Bill Sanda. I am the  
21 director of public affairs for the Westin A. Price  
22 Foundation. The foundation is a nonprofit 501(c)(3) food  
23 and nutrition educational organization founded in 1999,  
24 dedicated to restoring nutrient-dense foods to our diet  
25 through education, activism, and research.

1           I want to take this opportunity to thank the USDA  
2 and the Center for Nutritional Policy and Promotion for  
3 conducting this very important public hearing on the food  
4 pyramid.

5           Before I give our recommendations, I wanted to  
6 make two comments. A 1971 USDA study on nutrition titled,  
7 an evaluation of research of the United States on human  
8 nutrition reported, number one, major health issues are diet  
9 related.

10           Number two, the solution to illness can be found  
11 in nutrition.

12           Number three, the real potential for an improved  
13 diet is preventative in that it may defer or modify the  
14 development of a disease state.

15           And fourth, better health, longer life span, and  
16 greater satisfaction from the work, family, and leisure time  
17 are some of the benefits from improved nutrition.

18           Interestingly, this study was never released by the Nixon  
19 administration to the public.

20           In addition, many now believe that we have more  
21 altered our food, we have more altered our food supply in  
22 the last 50 years, than we have in the last 10,000 years,  
23 when humans started to shift their, from hunter gatherers to  
24 farming practices.

25           Given these findings, as well as many others, on

1 nutrition, food in our diets, obviously play a most  
2 significant role in our health and well being. To that end,  
3 the foundation finds an effective approach to healthy  
4 nutrition is to go back to the four basic food groups and  
5 eating practices recommended more than 60 to 70 years ago in  
6 books on nutrition dietetics written before the introduction  
7 of imitation foods in the 1950's.

8           The Westin A. Price Foundation makes the following  
9 recommendations. First and foremost, abandon the current  
10 food pyramid concept. Return the proposed food guidance  
11 dietary guidelines to plain high quality of foods in the  
12 four basic food groups.

13           Every day, eat high quality unprocessed foods from  
14 each of the following groups. Animal foods, meat, poultry,  
15 fish, eggs and whole milk products; grains and legumes,  
16 including whole grain baked goods, breakfast cereals and  
17 beans; fruits and vegetables, preferably fresh or frozen;  
18 fats and oils, unprocessed, saturated and mono-unsaturated  
19 fats including butter and other animal fats, palm oil,  
20 coconut oil, olive oil, and peanut oil. Eat sparingly,  
21 sweets, white flour products, soft drinks, and fried foods.

22           Urge the avoidance of processed foods containing  
23 refined and partially hydrogenated vegetable oils, highly  
24 sugared foods, especially those foods containing high  
25 fructose corn syrup, as well as foods containing refined



1 highly processed protein isolates. In addition, we would  
2 limit the added sugars to no more than 10 percent of our  
3 daily caloric intake.

4 As you can see, we don't distinguish between any  
5 particular food group as to which should go before the  
6 other, as the food pyramid does now.

7 I am aware of the fact that this statement  
8 contradicts the information given to both the health  
9 profession and the public since the development of the  
10 dietary guidelines in the 1970's.

11 Our experience is that the current food pyramid  
12 does not give anyone trying to use any clear indication of  
13 the amounts of natural food products that would be  
14 appropriate, versus the processed food products that would  
15 be selected.

16 Our preference is that all food products used for  
17 forming meals and snacks should be natural and not highly  
18 processed products that are so readily available in a  
19 supermarket. That would mean that there should be a minimal  
20 amount of products being promoted that are made or prepared  
21 with trans-fatty acid containing partially hydrogenated  
22 vegetable oils, or with excessive amounts of the refined  
23 polyunsaturated oils with high amounts of omega-6 essential  
24 fatty acids, which are highly inflammatory.

25 Natural more saturated fat and oils, such as

1 butter, tallo, lard, coconut, palm, and palm kernal oils  
2 should be encouraged rather than discouraged, because of  
3 their health promoting benefits. These include the  
4 saturated fatty acids such as palmetic acid and loric acid,  
5 both of which are needed in the diet. Palmetic acid keeps  
6 the lungs healthy, and loric acid helps the body fight many  
7 pathogenic bacteria and viruses.

8           Butter should be used instead of margarine. Milk  
9 and cheese products should be preferably full fat. Nut and  
10 bean milks should used judiciously, knowing that they are  
11 not an appropriate replacement for cow or goat milk. And  
12 imitation cheese should be avoided. Eggs should be farm  
13 raised, as opposed to factory or battery raised.

14           Only during the last century, as man's diet  
15 included a high percentage of refined carbohydrates. Our  
16 ancestors ate fruits and grains in their whole, unrefined  
17 state. The nature of sugars and carbohydrates, the energy  
18 providers, are linked together with vitamins, minerals,  
19 enzymes, protein, fat and fiber, the body building and  
20 digestion regulating components of the diet.

21           In whole form, carbohydrates support life, but  
22 refined carbohydrates are identical to light because they  
23 are devoid of body building elements.

24           The amounts of grain products should be  
25 individualized with the realization that many individuals

1 are carbohydrate sensitive. Grain products made with sugar  
2 or high fructose corn syrup should be recognized as foods  
3 for occasional consumption that may have excessive calories  
4 for some individuals. Fruits and vegetables should be  
5 encouraged to be grown organically. I thank you very much.

6 DR. HENTGES: Thank you. Our seventh speaker will  
7 be Dean Ornish.

8 DR. ORNISH: Thank you for indulging me. I  
9 appreciate it. Distinguished panelists, ladies and  
10 gentlemen, thank you for the opportunity to be here today.  
11 It's just on a personal note, the last time I was in this  
12 hall was four years ago when we had the great nutrition  
13 debate with Dr. Atkins and others. So it's nice to be back.

14 And while we're on the subject, it's worth  
15 mentioning to try to clarify some of the common  
16 misconceptions that we've heard from previous speakers and  
17 in the general media that people say, you know, Americans  
18 have been told to eat less fat. They're fatter than ever,  
19 therefore, fat is not part of the problem; when in fact,  
20 Americans are actually eating more fat than ever. They are  
21 eating even more simple carbs. So the relative percentage  
22 of fat in the American diet has gone down, but the total  
23 amount of fat is actually higher than ever.

24 And so therefore, the pyramid that I represent is  
25 suggesting eating less fat and fewer simple carbs. And

1 second, that the studies of the Atkins diet have focused  
2 primarily on weight and triglycerides and lipids. Those  
3 studies that have actually looked at blood flow to the  
4 heart, have found that it gets worse. And that's one of the  
5 bottom lines.

6           So before accepting recommendations to increase  
7 the amount of red meat and animal protein in the American  
8 diet, I think it's important to take an evidence-based  
9 approach that looks at the actual disease processes, not  
10 simply at risk factors.

11           In our work, we've spent the last, I guess, 27  
12 years doing a series of randomized trials, showing that when  
13 people eat a diet comparable to what's on this food pyramid,  
14 heart disease can be reversed. Our new studies indicate  
15 that the progression of prostate cancer can be stopped and  
16 even reversed in some patients. And so having seen what a  
17 powerful difference these changes can make, I hope that the  
18 pyramid guidelines reflect these, so that they can be made  
19 available to more people.

20           I like the concept of the pyramid, because it's  
21 really about a food spectrum. It's saying, you have a range  
22 of choices, and as opposed to a diet that you get off or  
23 that you get on.

24           And as soon as you tell somebody, don't eat this,  
25 don't eat that; do eat this, do eat that, people immediately

1 want to do the opposite because part of what we've learned  
2 is that even more than being healthy, people want to feel  
3 free and in control. And the food pyramid gives you a  
4 spectrum, and the message can be, to the degree that you  
5 move in a healthful direction, you can lose weight, feel  
6 better, and look better and be healthier.

7 I also think it's worth pointing out that there is  
8 a lot that we all agree on. I wrote an essay in Time  
9 Magazine a couple of months ago to say that there is  
10 actually a lot of agreement. For example, I think most  
11 people agree that trans-fatty acids should be avoided; that  
12 simple carbs should be reduced. Even Dr. Atkins and I  
13 agreed on that.

14 It's where you go from there. I don't think that,  
15 again, red meat and so on are the ways to go; but rather to  
16 increase your consumption of fruits and vegetables, whole  
17 grains, legumes and soy products. I think that we all agree  
18 that omega-3 fatty acids are beneficial in reducing the risk  
19 of sudden cardiac death, and stabilizing endothelium, and in  
20 reducing the risks of prostate, breast, and colon cancer.

21 And again, it's not just what you exclude from  
22 your diet that's harmful, but what you include that's  
23 beneficial. And there are at least 1,000 substances that  
24 are protected that have anti-cancer, anti-heart disease,  
25 anti-aging properties. Phyto-chemicals, bio-flavinoids,

1 carotinoids, retinals, isoflavones, dremosine, lycopine.

2 There is alphabet soup of these.

3           Where do you find these? With few exceptions, you  
4 find them in fruits, vegetables, whole grains, and legumes.  
5 That's why they're at the base of the pyramid, where I think  
6 that they belong.

7           The major difference that I have with, for  
8 example, Dr. Walter Willet, and others, whose work I respect  
9 tremendously, is the emphasis on plant-based oils. And I  
10 think plant-based oils can be beneficial, particularly the  
11 omega-3's, but Americans have 10 times as many omega-6 as  
12 omega-e's. And so an emphasis on olive oil, for example, is  
13 only going to exacerbate that.

14           And second, we've heard a lot about energy  
15 balance, which is true. And all oils have nine calories per  
16 gram. So if you have one tablespoon of oil, you're going to  
17 have 14 grams of fat, multiply that by nine for the number  
18 of calories, it's a tremendously energy-dense way of getting  
19 calories.

20           And so from the standpoint of reducing caloric  
21 intake, I think that oil should be closer to the top, rather  
22 than near the bottom. But I do think that it's important to  
23 distinguish between the simple carbs and the complex carbs,  
24 and I think that would be the major difference between the  
25 old food pyramid and what we're proposing here.

1           So in summary, this is an evidence-based approach  
2 that also recommends moderate exercise, stress management  
3 techniques, and social support with an emphasis on fruits,  
4 vegetables, whole grains, legumes and soy products, with  
5 some plant-based oils, some egg whites, some fish for those  
6 who want it, trying to avoid the mercury and the toxins, and  
7 minimizing the intake of simple carbohydrates and red meat.

8       Thank you. And there are copies of this on the table  
9 outside.

10           DR. HENTGES: Thank you. Okay. Our next speaker  
11 is Susan Laramee.

12           MS. LARAMEE: Good morning. I am Susan Laramee, a  
13 registered dietician and president of the American Dietetic  
14 Association. On behalf of the more than 67,000 members, I  
15 would like to thank you for taking on this thorough,  
16 transparent and evidence-based review of the food guidance  
17 system. ADA is a strong advocate for evidence-based  
18 nutrition guidance, and is proud to be a participant in this  
19 process.

20           Given ADA's reliance on science, we support  
21 maintaining the pyramid shape as the primary icon for the  
22 food guidance system. The original research that identified  
23 the pyramid as the best guide to communicate variety,  
24 proportionality, and moderation is still valid today.

25           Although it is clear that the food guide pyramid has

1 not been fully affective as an independent nutrition  
2 education tool, it is not the shape, but rather the content  
3 details and the accompanying consumer messages that need to  
4 be revised.

5           ADA regularly conducted nutrition trend surveys  
6 that give us insight into consumer behavior, knowledge, and  
7 perception. In 1997, in a survey, we asked people if they  
8 recognized the food guide pyramid, and if they found it  
9 valuable. Two-thirds of the people recognized the pyramid  
10 and almost half of them considered it valuable.

11           In 2002 we asked people to identify correct  
12 serving sizes for different foods. With the exception of  
13 bread, the majority of consumers could not correctly  
14 identify the serving sizes of foods. With very few  
15 exceptions, the consumers perceptions of the right serving  
16 sizes are larger than those recommended by the food guide  
17 pyramid.

18           While people recognize the pyramid, and many  
19 people value the pyramid, most do not understand the message  
20 of the pyramid. They are particularly puzzled about issues  
21 related to moderation, such as the serving size confusion  
22 illustrates.

23           ADA suggests that the graphic be maintained, that  
24 the content be updated, and the focus be on improving  
25 consumer understanding. Serving sizes must be harmonized



1 amongst all government programs, such as food labels and the  
2 pyramid.

3           The utility of the updated food guidance system  
4 will be directly related to the effectiveness of the  
5 consumer messaging that accompanies it. The range of  
6 strategies described in section three of the Federal  
7 Register will require considerable market testing, with  
8 diverse audiences in order to ensure that the graphic,  
9 design, and core messages communicate what is intended to  
10 all those audiences to whom it is intended.

11           The messaging will be most effective if  
12 coordinated with other relevant agencies. Most importantly,  
13 USDA should coordinate with FDA on the issues of serving  
14 sizes, such as the nutrition label complements, so that the  
15 nutrition label complements, rather than confounds, the  
16 message of the food guidance system.

17           Given the importance of the consumer research in  
18 making these messages relevant and effective, ADA suggests  
19 that the consumer research results be made public and  
20 available via the Federal Register. The consumer messaging  
21 piece requires the same level of analysis as the technical  
22 background piece received. Continuing with the transparent  
23 and evidence-based approach to the food guidance system  
24 development beyond this comment period and throughout the  
25 development of the messaging is paramount to creating the

1 best outcomes, and to maintaining the process' credibility.

2           ADA supports the food guidance system's focus on  
3 the total diet, and the general principals of good  
4 nutrition: variety, proportionality, and moderation. Those  
5 messages are based in sound science. It is critical that  
6 consumers be more than just familiar with a message. They  
7 must understand it in order to be able to apply it in their  
8 daily life.

9           ADA stands ready to assist USDA in developing a  
10 scientifically-based consumer-oriented food guidance system,  
11 and looks forward to continuing to work with USDA to  
12 communicate the messages of healthy eating to Americans.  
13 Thank you.

14           DR. HENTGES: Thank you. Our next speaker is  
15 Allison Kretser.

16           MS. KRETZER: Good morning. I'm Allison Kretser,  
17 representing the Grocery Manufacturers of America. GMA  
18 appreciates this opportunity to comment on the graphics and  
19 educational materials for the food guidance system that have  
20 been proposed for the Center for Nutrition Policy and  
21 Promotion at USDA.

22           As the voice of branded foods and beverages, the  
23 foods that people purchase at the supermarket everyday, GMA  
24 will provide more detailed written comments by the August  
25 27th deadline. Today, I will make four points that GMA and

1 its member companies believe are key to a successful food  
2 guidance system.

3           One, keep the shape of the pyramid. It's not the  
4 shape that's hampered Americans from following the current  
5 pyramid's dietary advice. The pyramid is widely recognized.

6       A number of GMA companies use it on their packages and the  
7 department should build on the brand equity it has built  
8 since 1992. By all means, change the dietary  
9 recommendations inside the pyramid based on the most recent  
10 nutrition and health science.

11           Two, prioritize the changes in the food supply and  
12 dietary habits. Neither consumers nor the food and beverage  
13 industry can make all of the recommended changes overnight,  
14 so help us all avoid failing. Surely the Center for  
15 Nutrition Policy and Promotion knows what changes it would  
16 like to see first. Let us all know so that we can succeed.

17           Three, make the goals achievable for all  
18 Americans. The proposed food guidance pyramid appears to  
19 recommend ideal diets for Americans. This will likely be a  
20 significant challenge for most consumers, and therefore a  
21 challenge to the success of the food guidance pyramid.

22           For the pyramid to be a useful tool for most  
23 Americans, it's imperative that the agency lay out a  
24 roadmap. The shortest path to the top of a mountain may be  
25 straight up, but almost all hikers actually use an elaborate

1 set of switchbacks to get to the summit successfully. The  
2 same holds for changing dietary habits.

3           Individuals should be encouraged to make small  
4 improvements in eating that over time add up and move them  
5 closer to meeting the recommendations of the new food  
6 guidance pyramid, incremental but cumulative change should  
7 be encouraged and applauded.

8           Four, harmonize educational information across all  
9 consumer touch points, including dietary guidelines, the  
10 food guidance pyramid, and the nutrition facts panel. GMA  
11 urges the department not to conflict with the NLEA  
12 regulations that comply with a statute of law on what  
13 constitutes a serving size. While it is true that the  
14 serving sizes for the nutrition facts panel and the revised  
15 food guidance pyramid serve different purposes, care must be  
16 taken that conflicting advice on what constitutes a serving  
17 should not be given to the consumer.

18           In closing, we all have a shared goal, getting  
19 consumers to reach and maintain a healthy lifestyle. GMA  
20 and its member companies stand willing to be an effective  
21 partner with the department by amplifying the diet and  
22 nutrition messages developed by the department and  
23 motivating consumers to make healthy food choices. Thank  
24 you.

25           DR. HENTGES: Thank you. Our next speaker, and I

1 apologize ahead of time, Saurabh Dalal.

2 MR. DALAL: Good morning. Thank you for the  
3 opportunity to hear the comments. My name is Saurabh Dalal  
4 and I'm speaking on behalf of three organizations: the  
5 International Vegetarian Union, of which I'm secretary, and  
6 its regional arm for North America, the Vegetarian Union of  
7 North America, as well as the Vegetarian Society of D.C. So  
8 there's little doubt about what the theme of my comments  
9 will be.

10 Vegetarian foods offer powerful advantages and are  
11 best for humans. So many studies have shown and proven the  
12 remarkable health benefits of a vegetarian diet. Animal  
13 products are the main source of saturated fats, and the only  
14 source of cholesterol in the diet. Animal products contain  
15 no fiber, and we know fiber helps reduce cholesterol levels.

16 I claim that a well planned low fat vegetarian  
17 diet, actually a vegan diet, where no animal products  
18 whatsoever are consumed, is the best diet for humans.  
19 Preventing and actually reversing heart disease, as we have  
20 heard, preventing certain cancers, preventing and reversing  
21 diabetes, lowering blood pressure, helping manage weight,  
22 are some of the successes of such a diet, and the list goes  
23 on.

24 The American Dietetic Association in its 2003  
25 position paper on vegetarian diets states, well planned

1 vegan and other types of vegetarian diets are appropriate  
2 for all stages of the life cycle.

3           Vegetarian diets offer a number of nutritional  
4 benefits including lower levels of saturated fat,  
5 cholesterol, and animal protein, as well as higher levels of  
6 carbohydrates, fiber, magnesium, potassium, folate, and  
7 antioxidants, such as vitamin C and vitamin E, as well as  
8 phyto-chemicals.

9           Vegetarians have been reported to have lower body  
10 mass indices than nonvegetarians, as well as lower rates of  
11 death from eschemic heart diseases. Vegetarians also show  
12 lower blood cholesterol levels, low blood pressure, lower  
13 rates of hypertension, type two diabetes, and so forth.

14           The unified dietary guidelines developed by the  
15 American Cancer Society and the American Heart Association,  
16 the National Institutes of Health, and the American Academy  
17 of Pediatrics -- and note no word of vegetarianism in any of  
18 those organization names -- they all call for a diet based  
19 on a variety of plant-based foods, including grain products,  
20 vegetables, fruits, to reduce the risk of major chronic  
21 diseases.

22           And your group, of course, the USDA in its fifth  
23 edition of the dietary guidelines for Americans in 2000,  
24 states, vegetarian diets can be consistent with the dietary  
25 guidelines for Americans and meet recommended daily

1 allowances for nutrients. They give recommendations on  
2 meeting nutrient requirements for those who choose to avoid  
3 all or most animal products. So support for vegetarian  
4 diets is established and strong.

5           If the food guide pyramid is to continue to  
6 emphasize specific nutrients as in the cases of calcium and  
7 protein, represented by the milk, et cetera, group, and the  
8 meat, et cetera group, then the updated pyramid and graphic  
9 could demonstrate the above important positions by  
10 illustrating plant foods and alternatives more prominently.

11 The group should be renamed something akin to calcium, et  
12 cetera, group, or the protein group, and not only can plant  
13 products provide calcium and protein along with all the  
14 nutrients needed, they also are typically lower in saturated  
15 fats and cholesterol. Plant foods are then indeed better  
16 sources.

17           The key is removing the emphasis on animal derived  
18 foods in favor of plant foods, with the well-represented  
19 vegan diet being optimal.

20           A few reminders on nutrition and health, a diet  
21 drawn from varied plant sources easily satisfies protein  
22 requirements without the potential for protein excess. I'd  
23 go on, but there are many parts there.

24           Many plant-based sources of calcium exist. And  
25 examples are soy and rice milks that are fortified,

1 fortified juices, all sorts of dark, leafy greens, and many  
2 others. Let's not forget the calcium absorption and bio-  
3 availability from these foods have been shown to be  
4 excellent.

5           Each serving of these plant-based sources of  
6 calcium also count towards choices from one of the other  
7 food groups, like say cooked leafy green vegetables count as  
8 a serving results from the calcium-rich groups, and in the  
9 vegetable group.

10           More extensive range of dietary sources of calcium  
11 would increase intakes of boron, vitamin K and magnesium,  
12 helping reduce the risk of osteoporosis. Animal products  
13 force calcium out of the body, and so promote bone loss.  
14 Again, well-planned vegetarian diets and yield a lower risk  
15 of osteoporosis. Iron is, of course, plentiful in beans,  
16 whole grains, and fruits. Flax seeds are an excellent  
17 source of omega-3's, while fish has the downside of  
18 potential mercury content, other contaminants, and  
19 significant cholesterol.

20           A few broad observations. Eating patterns are  
21 changing, and the diets of a great many towards a more  
22 plant-based diet are true for in the past decade, including  
23 vegetarians with a proportionally high percentage of vegans  
24 and many quasi-vegetarians. There is tremendous interest  
25 around vegetarians when the USDA guidelines must address



1 those needs.

2           The eating patterns of many people who do not use  
3 milk and dairy products for ethnic, health or ethical  
4 reasons, need to be reinforced by guidance that is more  
5 comprehensive in terms of alternatives to animal foods.  
6 There is a greater societal context, and what's better for  
7 the individual in terms of vegetarian foods, is also what's  
8 best for the health of the country and the planet, if I had  
9 more time. But the numbers are truly staggering.

10           A simple, wholesome, well-planned vegetarian diet  
11 that consists of no animal products, is the right type of  
12 guidance to establishing healthy eating habits through the  
13 daily selection of foods. Let's make sure we're doing our  
14 utmost to make the lives of our citizens far better, and  
15 also recognizing and improving on the way we impact the  
16 world and indeed in turn ourselves.

17           So we urge the reassessment team to incorporate  
18 even more vegetarian foods, specifically, a well-planned low  
19 fat vegan diet, and the remarkable benefits in all respects  
20 as you update the food guide pyramid and the dietary  
21 guidelines. Thank you for your time and consideration.

22           DR. HENTGES: Thank you. After the next speaker,  
23 we will go ahead and take a 10 minute break. Our next  
24 speaker is Sue Borra.

25           MS. BORRA: Good morning. I'm Susan Borra with

1 the International Food Information Council, and I want to  
2 thank you for the opportunity to comment on the revision of  
3 the food guidance system.

4 The decision to revise food guidance is extremely  
5 timely, given our current understanding of the way consumers  
6 attitudes and behaviors are about diet and nutrition.  
7 Surveys tell us that consumers are feeling confused.  
8 They're feeling conflicting. And they feel this advice is  
9 constantly changing.

10 Therefore, it's important as we look at future  
11 food guidance, that it provide clarity in its messaging to  
12 meet consumer needs, as also motivate positive behavior  
13 change.

14 It's through the IFIC foundation's experience in  
15 conducting consumer research and developing consumer  
16 messaging, we'd like to share the following insights.

17 The first vital step to developing new food  
18 guidance is consumer research. The food guide pyramid has  
19 indeed been very successful in getting recognition over the  
20 years. In fact, recent consumer research shows that almost  
21 90 percent of the American public recognizes the current  
22 pyramid graphic. This is an enormous accomplishment, and it  
23 provides an excellent framework to build upon as we  
24 modernize and build our nutrition guidance.

25 At the same time, though, we also know that a

1 majority of our Americans do not follow the pyramid's  
2 advice. The divide between recognition and behavior  
3 certainly provides an opportunity for us to improve our food  
4 guidance messages. The best way to ensure that the public  
5 will be receptive to nutrition and physical activity  
6 messages is to conduct consumer research.

7           Consumer research will help us to be instrumental  
8 in personalizing the food guidance information, improving on  
9 educational messages, and also it should be used to guide  
10 creation of interactive tools to increase motivation to  
11 follow the guidance.

12           Now, developing messages that personalize food  
13 guidance is our next important step. We know that each  
14 individual has unique food preferences, and consumer  
15 research has told us, we really need to respect these  
16 preferences when it comes to recommending food intake.

17           Therefore, it's necessary to provide individuals  
18 with highly personalized nutrition information that really  
19 fits into their lives. Additional consumer research that  
20 we've conducted in collaboration with USDA and the Food  
21 Marketing Institute indicates that pyramid messages are much  
22 more useful to consumers when they are tailored to meet  
23 their specific needs.

24           For example, participants in our research found it  
25 was more understandable when things like portion sizes for

1 various food groups were illustrated in the context of the  
2 foods that they eat, such as a deli bagel is equivalent to  
3 four or more servings from the bread group. Consumers told  
4 us that they found providing portions size information in  
5 real life amounts was very helpful and something that they  
6 could relate to.

7           Maximizing public adoption of new food guidance  
8 may appear to be daunting, therefore, our next  
9 recommendation is to use partnerships to reach the widest  
10 possible audience with the clearest possible messages. This  
11 can be done by forming partnerships with groups such as  
12 health professional organizations, educators, food industry,  
13 and even the media.

14           One such entity is certainly the Dietary  
15 Guidelines Alliance. This alliance is a public/private  
16 partnership that's been active in extending dietary  
17 guidelines for Americans since 1995. The group's consumer  
18 research can provide a strong foundation for developing and  
19 designing effective food guidance communications.

20           So in summary, three steps should be taken as you  
21 start down this pathway to increase food guidance  
22 effectiveness. Conduct consumer research, personalize the  
23 dietary advice, and utilize partnerships. It's important  
24 that while you're thinking of food guidance revision, that  
25 this revision be guided by consumers, rather than merely be

1 developed for consumers. This is accomplished by conducting  
2 consumer research throughout the development process, and  
3 using this information to personalize the dietary advice.

4 Consumers will be much more likely to adopt messages  
5 that they can identify with, thus increasing public health  
6 and wellness. And to disseminate these messages in a clear  
7 in consistent manner, communication partnerships are  
8 imperative.

9 Finally, the International Food Information  
10 Council looks forward to exploring new partnerships and  
11 opportunities to communicate food guidance messages that  
12 consumers will really recognize, understand and use. Thank  
13 you.

14 DR. HENTGES: Thank you. We will go ahead and  
15 take a 10 minute break at this time. When we come back, our  
16 next speaker will be Jay Lavine, and I ask that you return  
17 promptly and return to your seats at that time, so that we  
18 do have time for all of the next speakers. Thank you.

19 (Recess.)

20 DR. HENTGES: Our next speaker is Jay Lavine.

21 DR. LAVINE: Good morning. I'm Jay Lavine, M.D.,  
22 and I'm representing myself. The present food guidelines  
23 and pyramid have not been successful in changing the dietary  
24 habits of Americans. If we look at the food balance sheet  
25 data for the year 2001 from the FAO, we see that if we

1 exclude potatoes, Americans derive only 2 percent of their  
2 calories from vegetables, 3 percent if we include legumes in  
3 the vegetable category.

4 In contrast, 12 percent of calories come from  
5 beef, or meat in general, 13 percent from dairy products and  
6 eggs, and a whopping 18 percent from added sugars.

7 What we have failed to do is to change the way  
8 most Americans think about a meal. The prevailing  
9 conception is that meat of some kind is central to any  
10 entree, and that vegetables are mere condiments. As long as  
11 that conception remains, the goals of the dietary guidelines  
12 will go unrealized.

13 What we need to do is to turn things around and  
14 make whole planned foods, vegetables and whole grains  
15 central to any meal. Anything else, low fiber foods, fatty  
16 foods, sugary foods, or salty foods, should be just an  
17 option or a condiment.

18 The message will be to put plants on the center of  
19 your plate, and teaching people just how to do that will be  
20 the educational project of the next decade.

21 I would emphasize the word whole with regard to  
22 plant foods, because less healthy plant products like white  
23 bread would be relegated to the periphery. Consuming whole  
24 grains needs to be an important part of this educational  
25 message.

1           It should not be necessary to compartmentalize  
2 healthy foods. Many people who look at the food guide  
3 pyramid have the mistaken notion that if they fail to  
4 consume the recommended number of servings of each and every  
5 food group, they will become nutritionally deficient.

6           Does it really matter whether someone consumes six  
7 to 11 servings of grains and three to five of vegetables  
8 instead of the reverse? As far as I know, no one ever  
9 suffered sudden death from consuming too many servings of  
10 kale.

11           The fact is that many healthy foods, such as kale,  
12 by themselves cover almost the entire nutritional spectrum.

13       So even if people decided to omit a food group, such as  
14 legumes or nuts, they would still do just fine.

15           The overriding nutritional principal is to consume  
16 a wide variety of healthy foods, and to minimize the less  
17 healthy foods. That recommendation avoids confusion and  
18 provides the greatest latitude and flexibility in healthy  
19 food choices that will facilitate compliance. Thank you  
20 very much.

21           DR. HENTGES: Thank you. Our next speaker is  
22 Karen Miller-Kovach.

23           MS. MILLER-KOVACH: Good morning. I'm Karen  
24 Miller-Kovach, chief scientific officer for Weight Watchers  
25 International. Thank you for the opportunity to provide a

1 perspective on how the food guidance system can be enhanced  
2 to help Americans establish sustainable and healthy eating  
3 patterns.

4 I had the privilege of attending last week's  
5 meeting of the Dietary Guidelines Advisory Committee. We  
6 believe that the committee is providing you with an  
7 outstanding foundation from which to build a new food  
8 guidance system.

9 The committee's recognition that a healthful diet  
10 needs to be met through a thoughtful and balanced selection  
11 of essential calories that are rich in nutrients and low in  
12 energy density presents clear direction for you.

13 It was apparent to all of us at that meeting that  
14 the guidelines panel places a high priority on addressing  
15 the major public health issues of overweight and obesity.  
16 The food guidance system must make this a priority as well.

17 When it comes to helping adults lose excess  
18 weight, no one can match Weight Watchers' experience. For  
19 more than 40 years, we've helped millions of people achieve  
20 and maintain a healthy body weight through a combination of  
21 sound nutrition, behavior modification, physical activity,  
22 and a supportive environment.

23 As research in healthy weight has evolved, we've  
24 used the latest evidence-based science in our programs to  
25 help our members lose weight. And contrary to the long held



1 assumption that weight loss cannot be maintained, we have  
2 seen through the accomplishments of our members that  
3 sustainable weight loss is possible. And we've also seen  
4 through the accomplishments of our members that how a person  
5 loses weight directly affects their long-term outcomes.

6           A recent study published in the may supplement of  
7 the International Journal of Obesity, looked at a national  
8 random sample of Weight Watchers members who had achieved a  
9 healthy body weight and completed a six-week maintenance  
10 phase of the program. The study showed that after two years  
11 an average of two-thirds of the participants weight remained  
12 off, and after five years about half of the weight had  
13 stayed off.

14           The USDA acknowledges that while almost 80 percent  
15 of Americans recognize the existing food pyramid, only 2 to  
16 4 percent eat their meals according to its guidance. In  
17 other words, they recognize it, but they don't do it.

18           The current pyramid, as a food guidance system,  
19 falls short because it does not show people how to eat in a  
20 way that matches the reality that is their lives. We have a  
21 diverse population when it comes to eating, from ethnic  
22 groups with exotic food traditions, to the dietary  
23 preferences of vegetarians. More importantly, we have a  
24 myriad of mixed foods.

25           A slice of bread and a tomato are single foods

1 whose place on the pyramid is easily recognizable. But  
2 that's not what people eat. They eat tacos. They eat  
3 pizza. They eat spaghetti with meat sauce. And where do  
4 these fit on the pyramid? That's not so easily recognized.

5           And that's where the pyramid falls short. It's  
6 recognizable and it's understandable, but it doesn't help us  
7 to make food choices in a way that matches the foods that we  
8 eat. And if it doesn't do that, it cannot succeed as a food  
9 guidance system.

10           It's often said, people don't eat nutrients. They  
11 eat food. We would add, people don't think or eat foods as  
12 isolated components that are organized into neat little food  
13 groups. They eat foods in combinations, as casseroles, as  
14 soups, as stir fries. And they eat meal type foods, and  
15 they eat snack type foods.

16           A key lesson that we've learned at Weight Watchers  
17 is that for people to make wise food choices that control  
18 calories, they must have a versatile, easy to follow way of  
19 doing it. This is the only means by which food choices can  
20 be made in a livable and sustainable way.

21           Americans need a guidance system that shows them  
22 how to choose familiar foods that are rich in nutrients and  
23 low in energy density, and in a way that fits within their  
24 lives. Such a system would also guide people to control  
25 caloric intake, a critical component for weight management.

1           Another lesson that we've learned from our  
2 extensive experience, is that a method for controlling  
3 calories alone isn't enough. People must have a supportive  
4 environment that reinforces making those healthy food  
5 choices on a daily basis.

6           People need a guidance system that shows them how  
7 to eat familiar foods, but also how to make those food  
8 choices within a variety of situations; situations that vary  
9 from day to day, weekday to weekend, and from week to week.

10           Our experience and our science-based research  
11 shows that providing people with the four mutually  
12 reinforcing pillars of healthy nutrition, behavior  
13 modification, physical activity, and a supportive  
14 environment, is a guidance system that brings about results,  
15 in our case, healthy and sustainable weight loss.

16           We urge the USDA to extend the food guidance  
17 system beyond a graphic depicting a single food choice, and  
18 develop a true guidance system that's easy to follow; a  
19 system that helps people reduce calories, if they need to  
20 lose weight, to choose nutrient-dense foods that are also  
21 low in energy density, and to provide encouragement for  
22 behavior modification and increased physical activity. This  
23 approach to a food guidance system can truly address the  
24 epidemic of overweight and obesity that exists in our  
25 country. Thank you.

1 DR. HENTGES: Thank you. Our next speaker is  
2 Robert Earl.

3 MR. EARL: Thank you to Mr. Bost, Dr. Hentges and  
4 the USDA staff for having this open meeting on this  
5 important topic. Good morning. I am Robert Earl, senior  
6 director for nutrition policy at the National Food  
7 Processors Association based here in Washington, D.C.

8 As the department prepared the next evolution of  
9 America's food guidance system, it has the critical task of  
10 making graphic communications, education, and motivational  
11 sense of dietary and food guidance for consumers. This is a  
12 great challenge.

13 NFPA offers the following remarks to highlight  
14 selected issues that will be amplified in written comments  
15 that we will submit later.

16 The current pyramid graphic may not be perfect,  
17 but it performed better than other evaluated when it was  
18 first developed. We urge the department and center to  
19 revisit what was learned during the initial development of  
20 the food guide pyramid, an experience, as well, that has  
21 been learned over a decade with the nutrition facts panel,  
22 in order to learn from the past, to prepare for the future.

23 Given high consumer recognition of the current  
24 pyramid, we believe that USDA should invest in refining the  
25 graphic with the majority of resources devoted to public

1 education materials, to support the graphic as part of the  
2 food guidance system. There's a compelling need to make the  
3 dietary guidelines, the food guidance system, and the  
4 nutrition facts panel on food labels, as complementary as  
5 possible.

6 For food guidance, the challenge is to foster  
7 consumer use of the current pyramid, or any revised graphic,  
8 so that it will be equivalent to its current recognition by  
9 consumers.

10 We believe that individual guidance should build  
11 on general messages. Educational components must motivate  
12 consumers to choose wisely, whether for a healthy lifestyle,  
13 whether for weight management, or for weight loss.

14 Communications messages and educational support  
15 materials must convey the spectrum of options for food  
16 products available to consumers from both fresh and  
17 processed foods. The graphic needs to be flexible and  
18 reflect the reality of the forums in which consumers  
19 purchase and consume foods, fresh, minimally processed,  
20 juice, dried, canned, frozen, and multi-component foods.

21 There is an abundant variety of processed foods  
22 from fresh and then minimally-processed to multi-component  
23 that provide high nutrition, convenience, and value to  
24 consumers.

25 Whether it be a revised food pyramid, an

1 adaptation thereof, or a new graphic, food manufacturers  
2 also need to be able to use the graphic to illustrate how  
3 their products informs as purchased, fit in the food  
4 guidance system. We believe this flexibility to responsibly  
5 depict individuals foods, main dishes and meals into food  
6 guidance, will encourage understanding and use by consumers.

7           Because individualized needs of consumers and  
8 their desire to craft healthful diets as part of healthy  
9 lifestyles, we believe that multiple modes of communication  
10 and education are essential. Determining what is effective  
11 with consumers across a range of technologies, languages,  
12 cultures, and motivation levels, is critical. To achieve  
13 this, consumer understanding, testing and evaluation of  
14 general and individualized messages is absolutely vital.

15           A critical component of food guidance education is  
16 to inform the public about servings and portions. To that  
17 end, we want to reiterate comments we've previously made, of  
18 the need for harmony between serving and portion information  
19 across the dietary guidelines, food guidance system, and the  
20 nutrition facts panel on food labels.

21           To maximize consumer benefit, we believe that the  
22 food guidance system should move toward serving sizes and  
23 use of household measures that are used in nutrition  
24 labeling, and make them compatible. There will always be  
25 some tension between the food guidance and the food label,

1 but if consumer nutrition education materials focus on  
2 services expressed as what is used in nutrition labeling,  
3 tools such as a new food guidance system and the nutrition  
4 facts panel can be best used for wise food choices for good  
5 health.

6           Because of the inseparable link between physical  
7 activity and food and energy balance, weight maintenance or  
8 weight loss, parallel materials need to motivate consumers  
9 about the need for physical activity as part of a healthful  
10 lifestyle.

11           Food and activity pyramids for children may  
12 provide models that may serve as examples that can be used  
13 across all age groups to convey both food guidance and  
14 physical activity information.

15           The National Food Processors Association  
16 appreciates the opportunity to comment on these important  
17 issues. As you proceed forward with the next evolution of  
18 America's food guidance system, we encourage maximum  
19 flexibility and integration with other government-wide and  
20 public and private efforts to educate the public about how  
21 to eat and live healthful lifestyles, taking full advantage  
22 of processed and fresh foods available.

23           Calories count, energy balance and variety, and  
24 enjoyment of food choices are themes that make America's  
25 trilogy of tools for healthful eating, the dietary

1 guidelines, food guidance and nutrition labeling, a  
2 coordinated way to motivate the public to improved health.  
3 Thank you.

4 DR. HENTGES: Thank you. Our next speaker will be  
5 Katherine Beals.

6 MS. BEALS: I'm Katherine Beals. I'm a registered  
7 dietician and consultant to the U.S. Potato Board. We  
8 appreciate the opportunity to provide input on the design  
9 and communication of the new food guidance system. We have  
10 targeted our suggestions to address the specific goals for  
11 the revision outlined by the CNPP in the second Federal  
12 Register.

13 Goal number one, increase consumer awareness of  
14 the new science-based food guidance system. Consumers are  
15 becoming more discerning when it comes to diet nutrition  
16 information. They need to be assured that the new food  
17 guidance system is not the result of industry and/or private  
18 party persuasion, but the synthesis and analysis of the most  
19 current scientific research.

20 Providing consumers with the science to support  
21 the dietary recommendations is crucial for establishing the  
22 credibility of the information, and thus consumer confidence  
23 in its validity.

24 Goal number two, encourage consumers to make  
25 positive changes in their food choices. The declining



1 quality of the American diet, and the concomitant increasing  
2 prevalence of obesity are proof that despite widespread  
3 consumer awareness of the food guide pyramid, the majority  
4 of Americans do not follow the dietary recommendations it  
5 illustrates.

6           This is not particularly surprising, given what we  
7 know from social learning theory, which is that simply  
8 increasing knowledge and/or awareness is not enough to  
9 promote behavior change. By the same token, dietary change  
10 requires not only knowing what needs to be done, that is  
11 awareness, but knowing exactly how to do it; that is,  
12 guidance via simple, actionable steps.

13           Indeed, research examining the efficacy of  
14 structured meal plans for weight loss confirms that  
15 providing specific dietary instructions promotes greater  
16 weight loss and improved weight loss maintenance.

17           We also know from social learning theory that  
18 behavior is shaped by reinforcements, and positive  
19 reinforcements seem to be more effective than negative  
20 reinforcements. According to a recent study by the  
21 International Food Information Council, consumers prefer  
22 positive messages that motivate and alleviate confusion  
23 about nutrition. Telling Americans that they are allowed to  
24 eat certain vegetables, but must reduce their intake of  
25 others, as implied by the daily food intake patterns, is

1 negative messaging, may confuse consumers, and even  
2 discourage vegetable consumption. On the other hand,  
3 encouraging Americans to eat the vegetables they enjoy is  
4 positive and reinforcing.

5           No nutrition education tool, pyramid or otherwise,  
6 will effectively change eating behavior if it does not  
7 capitalize on the factors that influence food choices.  
8 Taste, convenience, and cost are most often cited as the top  
9 three influences of food choices.

10           Potatoes are perfectly suited to play the role of  
11 sample vegetable in positive communication messages, and  
12 education materials, since they readily capitalize on these  
13 three influences.

14           Potatoes are America's favorite vegetable, proof  
15 they taste great. Potatoes are convenient. They are simple  
16 and easy to prepare. And potatoes are inexpensive and  
17 widely available year round.

18           Goal number three, educate consumers about food  
19 choices and amounts to eat. Learning theory tells us that  
20 people acquire new knowledge more readily if they can build  
21 upon existing knowledge. Thus the food guidance system  
22 should be developed and communicated in such a way that it  
23 builds on Americans existing eating patterns and  
24 preferences, using foods that are well liked and familiar to  
25 consumers in educational tools and messages.

1           For example, combining vegetables that are well  
2 liked and more frequently consumed, such as potatoes, with  
3 those that are less well liked, or infrequently consumed,  
4 may help meet the goal of increased vegetable consumption.

5           We strongly urge against the new food guidance  
6 system separating vegetables into subgroups, and more  
7 importantly making recommendations based on these groups.  
8 Such segregation will not help to meet the goal of  
9 increasing vegetable consumption, and is likely to produce  
10 the exact opposite effect.

11           No single vegetable provides all the nutrients  
12 needed for good health. Each vegetable has a unique  
13 nutritional profile that adds to the overall nutrient  
14 density of the diet. Thus a wide variety of vegetables  
15 should be consumed daily so as to ensure an adequate intake  
16 of all the essential nutrients.

17           Potatoes eaten with the skin rank highest in  
18 potassium among the 20 most commonly consumed raw vegetables  
19 and fruits. Potatoes are an excellent source of vitamin C,  
20 providing 45 percent of the daily value. Potatoes provide  
21 as much or more fiber than many whole grain foods. And  
22 potatoes have been a dietary staple for millions of people  
23 of many cultures for hundreds of years. Thank you.

24           DR. HENTGES: Thank you. Our next speaker is  
25 Laura Dawson.

1           MS. DAWSON: I'm waiting for my screen to light  
2 up, and I will, too, when that happens. Good morning,  
3 ladies and gentlemen. My name is Laura Dawson. I am a  
4 disabled individual that is a small business owner here in  
5 the United States, and I hold a masters degree in  
6 traditional Chinese medicine and acupuncture.

7           I became nationally certified to practice  
8 acupuncture and oriental medicine in the United States, and  
9 I'm certified by the NCCAOM. I was a participant in the  
10 National Institute of Health's consensus that brought  
11 acupuncture into the medical system in the United States in  
12 1997.

13           One of the things that I find most profound in my  
14 practice in the past, and my consulting work, is the  
15 nutritional evidence of created health. So in establishing  
16 my business, Spirit of Food, in 1998, during my academics,  
17 it was dedicated to educating and to inspire and empower  
18 individuals to achieve and maintain optimum health and enjoy  
19 life more fully. This is done through using food choices to  
20 create and manage better health.

21           We have developed a method, food physics and body  
22 dynamics, which is trademarked, as a public interactive  
23 presentation to that end. Nutrition has been the focus of  
24 this method to improve and enhance health, thus my presence  
25 here today.

1           In the interest of time, I will address my  
2 comments to the pros and cons of individualized as opposed  
3 to generalized information.

4           The food intake patterns that are currently being  
5 looked at by ourselves for the -- excuse me, for the  
6 individualized information are age, sex or gender, and  
7 physical activity.

8           I would propose that two additional items are  
9 included in them, and they are climate and locale, in that a  
10 body's constitution is environmentally interactive, and also  
11 the foods that are available at that particular climate and  
12 location are important to address so that individuals are  
13 not required to eat watermelon in Alaska.

14           So hang on. Excuse me for just a moment. My  
15 screen went dark. I apologize.

16           In finalizing my information to you, it is my hope  
17 that to choose to individualize the information, and  
18 continue to use the food pyramid, I recently attended a  
19 conference of 365 people in Las Vegas, and they were global.

20           These people are in all facets of business and medicine.  
21 And I took a mini-survey and found that almost everyone had  
22 knowledge of the food pyramid. And while they could not  
23 recognize the components that were within it, they had the  
24 shape down. So they knew what to look for, for their  
25 information.

1                   And I would propose that we put an icon path to  
2 that further location of information. Every audience member  
3 that I surveyed, did have computer access. So that appears  
4 to me to be an excellent tool and pathway to the information  
5 that you're able to provide.

6                   It is my goal as an individual and as a  
7 practitioner, to teach. I am the person that goes out to  
8 the public. And in traditional Chinese medicine, it used to  
9 be called the barefoot doctor. And that was the person who  
10 traveled from village to village and shared information.

11                   I'm a yadda-yadda. I happen to be better at  
12 yadda-yadda than anything else. So as I do my yadda-yadda  
13 before you today, I would like to claim that there are  
14 several types of learners. Those learners are readers.  
15 Those learners are listeners. There are also the sensory  
16 learners. But I would propose to you that the learners that  
17 are most commonly found and travel over the widest amount of  
18 individuals are those that model after roles.

19                   I believe this to be the most profound method.  
20 And as a person who manages her disabilities with nutrition,  
21 I happen to be one of those role models. I think that,  
22 therefore, it is essential that we look at quality  
23 stakeholders to deliver the information that you as a panel  
24 created.

25                   I would like to also state, just for a moment,

1 that I was a candidate to be on the panel, to write this,  
2 some of these guidelines that you people did in the year of  
3 2002. I'm disappointed that I didn't get to be a part of  
4 that panel. I'm actually pleased that I did not have that  
5 level of responsibility. I am totally in awe of the work  
6 that you do. But I would be honored to continue that work.

7 My feeling is that the American public enjoys the  
8 right to independent choices. Excuse me. I'm going to take  
9 a breath. Excuse me. Excuse me. I will finish.

10 The American public enjoys the right to  
11 independent choice. It is one of our fundamental rights,  
12 and one of the things that we, as Americans, honor the most  
13 about who we are. Don't smile at me and I'll do a heck of a  
14 lot better. Let us support that right to choose with the  
15 knowledge to make the best choice. Thank you.

16 DR. HENTGES: Thank you.

17 MS. DAWSON: My pleasure.

18 DR. HENTGES: Our next speaker is Michael  
19 Jacobson.

20 MR. JACOBSON: Thank you very much for this  
21 opportunity to provide CSPI's comments on USDA's food guide.  
22 The current food guide pyramid was tragically flawed from  
23 the day it was announced, because it fails to distinguish  
24 between foods of very different nutritional qualities within  
25 given food groups.

1           Thus hamburgers and peas are considered the same.  
2    Whole wheat and white breads are equals. And skim milk,  
3    cheese, and ice cream show up in the same sector. That's a  
4    formula for dietary confusion, not healthful diets.

5           Regardless of the content, precious little was  
6    done to convert the guide's advice into actual dietary  
7    improvements. The government has undertaken neither policy  
8    changes, nor sponsored well-funded educational campaigns to  
9    encourage people to eat more healthful foods. Without an  
10   implementation program, the shape or content of the guide  
11   hardly matters.

12           USDA said it is considering using a food guide  
13   graphic more as a branding logo than an educational device,  
14   in part because improving the current triangle would make it  
15   too complicated. I disagree. Draining the graphic of  
16   content would forego an opportunity to educate consumers.

17           Instead, the current content should be modified by  
18   focusing on healthful foods. That is, USDA should make the  
19   symbol a healthful diet triangle. For instance, grains  
20   would be whole grains, and protein foods would focus on  
21   beans, fish and poultry, and low-fat or fat-free dairy  
22   products. A line of text could also indicate that foods  
23   should be low in sodium and that alcohol, if consumed,  
24   should be limited to one drink a day for women, and two for  
25   men.



1 CSPI and others have used the triangular shape to  
2 depict various diets that are far more healthful than what  
3 is described by USDA's triangle. In one case, CSPI  
4 published a triangle based on the Dash trial. And I gave  
5 Mr. Webster copy to give to you, that I assume you have, of  
6 that triangle.

7 Dash studies demonstrated that a diet rich in  
8 fruits, vegetables, and low-fat dairy foods, but limited in  
9 saturated fat, cholesterol, and total fat, can provide all  
10 the necessary nutrients, while lowering blood pressure and  
11 LDL cholesterol. Reducing sodium resulted in further  
12 declines in blood pressure.

13 A triangle based on the Dash diet would be built  
14 on a foundation of top quality, government sponsored,  
15 clinical studies.

16 A complementary unhealthful diet triangle could  
17 emphasis the nutrients and foods we should eat less of  
18 because of their content of saturated and transfat,  
19 cholesterol, salt, and refined sugars and flour. Translated  
20 into foods, that would include such foods as soft drinks,  
21 cheeseburger, whole milk, candy, ice cream, and french fries  
22 cooked in partially hydrogenated oil.

23 In that vein, CSPI published an actual pyramid  
24 which, that is there, that lists anytime foods, in  
25 moderation food, and seldom foods on three of its sides.

1           In the few moments I have this morning, I would  
2 like to respond to two specific questions the USDA raised.  
3 First, USDA asks about the value of individualizing  
4 messages, as opposed to disseminating messages appropriate  
5 for the general public.

6           It would, indeed, be useful to have advice geared  
7 to specific subpopulations, and it would also be useful to  
8 have websites that provided more detailed nutrition  
9 information based on an individual's personal  
10 characteristics.

11           But individualized guidance would not supplant the  
12 need for broad public health campaigns, and food and farm  
13 policies to move the whole nation toward a more healthful  
14 diet.

15           Mass media campaigns and policies should encourage  
16 the foods that are depicted on the anytime side of the  
17 pyramid, and the kinds of foods that many of the speakers  
18 this morning were talking about, of moving towards a more  
19 plant-based diet.

20           USDA also asks how, beyond printed materials, and  
21 the internet, information should be delivered to the public.

22           Clearly, television and radio remain the pre-eminent media  
23 for mounting marketing campaigns, be they to encourage  
24 people to eat more candy bars, or to eat more fruit.

25           CSPI knows from the controlled studies that it has

1 conducted that paid mass media campaigns can actually change  
2 eating habits. Our campaigns in several West Virginia  
3 cities encouraged people to drink 1 percent and skim milk  
4 instead of higher fat milk. Those campaigns, which lasted  
5 only six weeks, as much as doubled the market share of 1  
6 percent or skim milk, as measured by supermarket sales.

7 Nutrition campaigns work. What is missing are the  
8 political will and the funding to mount them. Thank you  
9 very much.

10 DR. HENTGES: Thank you. Our next speaker is  
11 David Katz.

12 MR. KATZ: Good morning. My name is Dr. David  
13 Katz. I direct the Prevention Research Center at the Yale  
14 University School of Medicine, and I'm here on behalf of the  
15 partnership for essential nutrition.

16 Two principal threats to effective dietary  
17 guidance are dissent and ambiguity. This morning is witness  
18 to the unavailability of health dissent. But I appeal to  
19 your common sense. We are not clueless about the basic care  
20 and feeding of homo-sapiens. There is a forest through  
21 these trees we have climbed this morning. Please do not  
22 lose sight of it for the ruckus we are making.

23 Several historical follies attest to the hazard of  
24 ambiguity. The public received the message to restrict  
25 their intake of dietary fat, and sought solutions to the

1 problems of epidemic obesity and diabetes in boxes of  
2 Snackwell Cookies, and found neither there.

3           We now have a case of deja vous all over again,  
4 same basic strategy, different macro-nutrient class. We see  
5 supermarket shelves filling up with high calorie low carb  
6 foods of suspect nutritional quality, which are no better  
7 than high calorie low fat foods of suspect nutritional  
8 quality.

9           And another issue of ambiguity is that we admonish  
10 schools to ban vending machine junk food. We inform the  
11 public that up to a third of the calories of the typical  
12 American diet derive from junk food. And yet it is policy  
13 to state that there is no such thing as a bad food.

14           Does that mean that up to a third of our calories  
15 come from foods that don't exist, or that junk isn't bad?  
16 That is ambiguous, and that is an enemy to effective dietary  
17 guidance.

18           I believe we can do better. Eating well is not  
19 about choosing among the macro-nutrient classes. But  
20 rather, choosing well within each of them. Choosing well  
21 means, eating more of some foods, but also eating less of  
22 others. And we should not hesitate to convey that message.

23           And if there are junk foods, if there are bad foods, we  
24 should be neither shy nor trepidatious in pointing them out  
25 to a public in need at a time of crisis.

1           Those who do not learn from the follies of history  
2 are destined to repeat them. The single best way to predict  
3 the future is to create it. I implore you now to be  
4 parents, to be protectors of the public health, rather than  
5 engaged in politics as usual.

6           The public needs clear guidance from us about  
7 foods they should be eating more of, foods they should be  
8 eating less of. We can do better than repeat the follies of  
9 history. We can create a better nutritional future. Thank  
10 you very much.

11           DR. HENTGES: Thank you. Our next speaker is Maya  
12 Edmonds.

13           MS. EDMONDS: Good morning. I'm Maya Edmonds,  
14 director of scientific affairs with the Soy Foods  
15 Association of North America. The Soy Foods Association of  
16 North America, SANA, is a trade association of soy farmers,  
17 manufacturers, processors, chefs, and educators. SANA  
18 appreciates the opportunity to raise three key points before  
19 USDA regarding the acknowledgment of diverse eating patterns  
20 and lifestyles, as you shape national dietary guidance.

21           First, the new food guidance system, like the 2005  
22 dietary guidelines, will need to provide information and  
23 messages that will assure diets can be planned to meet  
24 recommended nutrient intakes, especially for potassium,  
25 iron, calcium, fiber, vitamin D, and magnesium.

1           These diets must be flexible to enable individual,  
2 cultural, vegetarian, and other preferences. SANA suggests  
3 that the new food guidance system parallel the food guide  
4 pyramid for young children that acknowledges the cultural  
5 diversity in American food choices, and presents plant-based  
6 food alternatives.

7           Soy foods are presented in that publication as  
8 calcium-containing alternatives to dairy foods, and high  
9 quality protein alternatives for meats.

10           Secondly, to ensure that more legumes are included  
11 in the American diet, the new guidance system should also  
12 illustrate various versions of foods made from legumes, and  
13 show how they fit into several groups. Widely available  
14 forms of soy fit into numerous food groups of the food guide  
15 pyramid.

16           Fortified soy milk and cultured soy in the milk,  
17 yogurt and cheese group; tofu, soy burgers, soy nuts and  
18 soybeans in the meat, poultry, fish, dried beans, eggs and  
19 nuts group; fresh soybeans in the vegetable group; and baked  
20 goods made with soy flour into the bread and grain group.

21           Third, soy foods that provide high quality protein  
22 and key nutrients without contributing saturated fat,  
23 cholesterol, or excess energy have become a fast growing  
24 part of the American diet. In 2003, one in six Americans  
25 incorporated some form of soy into the diet at least once a

1 week, according to a United Soybean Board survey.

2           This finding parallels the increasing sales of soy  
3 foods that grew from 862 million in 1992, to reach 3.65  
4 billion in 2002, about a 15 percent annual growth.

5           In supermarkets across the United States,  
6 thousands of forms of soy foods are available to meet the  
7 taste preferences of Americans. The new food guidance  
8 system should feature a wide variety of foods to help all  
9 Americans, regardless of cultural, ethnic, or health food  
10 preferences, meet the 2005 dietary guidelines.

11           SANA appreciates this opportunity to testify on  
12 the role of soy in the food guidance system, and looks  
13 forward to providing any additional information that may be  
14 needed in additional deliberations. Thanks.

15           DR. HENTGES: Thank you. Our next speaker is  
16 Connie Diekman.

17           MS. DIEKMAN: Good morning. I'm Connie Diekman,  
18 director of University Nutrition at Washington University in  
19 St. Louis, Missouri. Thank you for the opportunity to offer  
20 comment on the design and implementation of the proposed  
21 food guidance system.

22           Americans are heavier than ever, and conflicting  
23 nutrition messages are in the news everyday. As a  
24 registered dietician I applaud the committees leadership in  
25 proactively looking for solutions that will address these

1 issues to help guide Americans to make better health and  
2 lifestyle choices.

3           It is important to consider the high level of  
4 recognition the pyramid shape has attained as a symbol of  
5 food guidance. Dieticians use it as a teaching tool. My  
6 students recognize it. And it's on millions of food  
7 packages. Changing the shape now would mean abandoning the  
8 base level of awareness it has established.

9           Instead, the USDA can capitalize on the pyramid  
10 recognition by evolving the graphic, to more clearly convey  
11 two things for consumers. One, what balanced intake of food  
12 and nutrients looks like; and two, clear portion messages.

13           On balanced intake, the new pyramid should help  
14 Americans choose a balanced eating plan based on current  
15 science. The USDA and the dietary guidelines advisory  
16 committee have both emphasized the importance of eating  
17 nutrient rich foods. Science has shown that many foods and  
18 nutrients can promote better health and when as part of a  
19 balanced eating plan, may even help reduce the risk of  
20 serious health problems like obesity, diabetes, and  
21 hypertension.

22           On clear portion messages, the USDA's proposed  
23 strategy to motivate and create awareness through the new  
24 graphic suggests it is not to be used as a stand alone  
25 educational tool. However, in this time of over



1 information, it's likely to be used alone, including many  
2 food companies who simply don't have room on packages for  
3 much more information. In this scenario, the pyramid with  
4 no numbers indicating how much of a food group is not likely  
5 to help anyone.

6           The simplified symbol should include clear portion  
7 messages. Simple, actionable messages, such as three a day  
8 of dairy, and five fruits and vegetables a day have  
9 increased consumer awareness about the number and the size  
10 of portions they should get from those food groups.

11           The proposed strategies for educational components  
12 suggests a focus on core messages, instead of the graphic to  
13 represent educational messages. This requires three steps  
14 from an individual.

15           Look at the graphic. Read the messages. And then  
16 go on line and follow instructions. We live in a very time  
17 crunched world where moms want five minute recipes with  
18 three ingredients that the family will eat and like. This  
19 approach may be too much work for today's world.

20           The graphic should convey consumer-friendly  
21 guidance messages that are tested to convey motivation for  
22 the consumer. Specific serving recommendations for each  
23 food group, based on the 2000 calorie eating plan, may be  
24 less confusion and more actionable for Americans. This  
25 corresponds with the nutrition facts label, and my represent

1 an opportunity to work with FDA to communicate proper  
2 portion sizes and keep nutrition messages consistent.

3 The core messages could motivate consumers to seek  
4 additional information through printed materials or on-line.

5 In this technological time, interactive tools allow  
6 consumers to assess nutritional intake in the privacy of  
7 their homes, providing them immediate, individualized  
8 feedback. And this helps them feel in control.

9 Making lifestyle changes is easier when the  
10 individual is involved. Interactive tools give the consumer  
11 that opportunity.

12 Once the new food guidance systems is released,  
13 the USDA can encourage coordinated consumer education  
14 efforts by facilitating partnerships among groups, including  
15 the educational community, industry, and government.

16 And finally, to help ensure the food guidance  
17 system is effective in motivating change among Americans, I  
18 suggest you synchronize it with the nutrition facts panel.  
19 You keep it simple, relevant, and actionable, as best you  
20 can. Thank you very much.

21 DR. HENTGES: Thank you. The next speaker is  
22 Jennifer Tong.

23 MS. TONG: Good morning. My name is Jennifer  
24 Tong, and I am the director of food safety and nutrition  
25 outreach for the United Fresh Fruit and Vegetable

1 Association.

2           As the produce industries oldest national trade  
3 association and public policy advocates for producers,  
4 wholesalers, distributors, brokers and processors of fresh  
5 fruits and vegetables, we have long supported scientific  
6 evidence endorsing the health benefits associated with a  
7 varied diet based on fruit and vegetable consumption.

8           We commend the USDA Center for Nutrition Policy  
9 and Promotion for initiating a broad-based review and update  
10 of the food guide pyramid. The revised consumer  
11 presentation to be known as the food guidance system, is a  
12 critical step in helping consumers develop and meet  
13 nutritional objectives. We are hopeful that the new system  
14 will meet its intended objectives of encouraging consumers  
15 to make positive changes in their food choices, and educate  
16 them about the amounts and types of foods to eat, resulting  
17 in increased fresh fruit and vegetable consumption.

18           Given the unfortunate statistics relating to fruit  
19 and vegetable consumption, which still remain below the  
20 current recommended levels of five servings per day, United  
21 believes that it is time for the government to refocus its  
22 efforts and develop programs such as the food guidance  
23 system that aggressively address this problem.

24           I would like to briefly comment on the elements  
25 that United believes should be strongly considered as part

1 of the proposed guidance system. We believe that the  
2 incorporation of these suggestions will help the American  
3 consumer clarify the important health benefits of consuming  
4 a variety of fruits and vegetables as recommended in the  
5 dietary guidelines for Americans.

6           First, we believe that the new food guidance  
7 system must be easy for consumers to understand and use  
8 while moving Americans to make real positive dietary  
9 changes. The food guide pyramid has been a good tool, but  
10 has not been effective in helping Americans change their  
11 diet to reflect its recommendations.

12           Fruit and vegetable consumption data alone tells  
13 us that the average American eats only one and a half  
14 servings of fruits, and 3.3 servings of vegetables daily.  
15 Moreover, more than 75 percent of US residents fail to meet  
16 the pyramid's minimum recommendation of five daily servings  
17 of fruits and vegetables in 2000.

18           Therefore, the new system must incorporate strong  
19 dietary messages that are not only educational, but  
20 motivational as well, driving consumers to live healthier  
21 lifestyles.

22           The revised guidelines must also clearly reflect  
23 that fresh fruits and vegetables are the cornerstone of  
24 healthy living. Science tells us that diets rich in fruits  
25 and vegetables can greatly reduce the risk of chronic

1 diseases such as cancer, diabetes, and coronary heart  
2 disease. In fact, recognizing current science, the draft of  
3 the revised dietary guidelines calls for Americans to eat  
4 five to 13 servings of fruits and vegetables daily,  
5 increasing the current recommendation of five to nine.

6           Because fruits and vegetables are a vital  
7 foundation to optimal health, it is critical that they are  
8 not lost within the new guidance system. Fruit and  
9 vegetable consumption information must be the foundation of  
10 any graphical representation depicting good eating habits.

11           Further, if the current food guide pyramid makes  
12 total diet recommendations, and notes that consumers should  
13 be eating five to nine servings of fruits and vegetables  
14 daily, but it provides no overall health messages specific  
15 to the food groups.

16           We believe that consumers will increase fruit and  
17 vegetable consumption if they fully understand their  
18 importance to overall health. With this in mind, we feel  
19 that the agency must incorporate dramatic messages relating  
20 the health benefits of fresh produce consumption to  
21 consumers in the revised system. These messages must be  
22 strongly communicated graphically, and in a narrative  
23 format, and should not be buried in the overall framework of  
24 the new guidance.

25           The guidance should also be strengthened to

1 communicate the need for Americans to consume a wider  
2 variety of fruits and vegetables. Economic research service  
3 data from 2000 tells us that potatoes, iceberg lettuce, and  
4 canned tomatoes accounted for 48 percent of US vegetable  
5 consumption, and that oranges, apples and bananas made up  
6 one-half of the daily fruit servings consumed.

7           Clearly individuals are not reaping the benefits  
8 of eating a variety of fruits and vegetables, and as such  
9 may be missing the health promoting nutrients unique to  
10 various fruit and vegetable items. Therefore, the new  
11 guidance system must strongly convey and support the variety  
12 messages, and it's importance to healthy living.

13           Finally, I would like to share our view of the  
14 advantages and disadvantages of retaining the current shape  
15 of the graphic, and other potential shapes to use as a  
16 representative of the overall food guidance system.

17           We believe that the current graphic has not been  
18 wholly successful in changing overall consumer diets, but do  
19 not feel that it's lack of widespread success is the result  
20 of its shape, a pyramid. We believe that the graphic shape  
21 may be inconsequential. Pyramid, circle, square, or the  
22 myriad of other options available.

23           What we believe is needed is better public  
24 communication and messaging concerning the system's dietary  
25 recommendations. Since the pyramid has achieved a wide

1 level of recognition among Americans, the agency may want to  
2 consider building upon its current foundation. But we are  
3 certainly open to exploring other graphical representations,  
4 such as pie charts, bar charts, and the like, that might  
5 convey a greater understanding of proportions within the  
6 diet. In fact, we encourage USDA to test all of these  
7 formats.

8 United believes that these suggestions will add  
9 clarity to the proposed nutrition guidance system to ensure  
10 that the American public is fully aware of the sound science  
11 and the most recent recommendations that have clearly  
12 identified the health and prevention benefits of increased  
13 produce consumption. Thank you.

14 DR. HENTGES: Thank you. Our next speaker is  
15 Edward Siguel.

16 DR. SIGUEL: I'm Edward Siguel. I am a Ph.D. I am  
17 speaking for myself. My representation will be over-  
18 simplified, due to the space and time restrictions, and I  
19 refer people to my website, Essential Fats, where there are  
20 articles, and to the NIH Medline.

21 I study the effects of different types of fats on  
22 health and disease. In my presentation, I will use the word  
23 essential fats to refer to certain types of polyunsaturated  
24 fats such as the Omega-3 and Omega-6.

25 I invented a method to measure different types of

1 fatty acids transfers in blood. I created a database of  
2 fatty acid profiles from over 1000 blood samples from  
3 patient subjects, and from heart study subjects.

4           Based on my presentations at the scientific  
5 meetings, published articles, and personal conversations  
6 with over 100 fat researchers, I believe I have the best  
7 data on the relationship between fats in blood, health and  
8 disease, and I will summarize a few findings.

9           I found that excessive calorie intake from foods  
10 low in essential fats creates a biochemical deficiency of  
11 essential fats in humans. Most overweight people have this  
12 biochemical deficiency of essential fats, unless they became  
13 overweight from eating too many healthy foods, a rare  
14 situation here.

15           More than one-fourth of the US population appears  
16 to be biochemically deficient in Omega-6, more than 50  
17 percent deficient in Omega-3's, based on biochemical  
18 measurements of fatty acids in blood.

19           Contrary to popular belief, I don't think there is  
20 a substantial biochemical difference in the long term  
21 between whole grains and processed grains. The distinctions  
22 are very subtle, and too complex for most people. It's easy  
23 to distort these differences and provide empty calories from  
24 cookies that use whole grains.

25           The essential fats are far more important than



1 trans and other fats. Total, the total cholesterol to HDL  
2 ratio, a very well know marker for heart disease, is  
3 inversely proportional to essential fats and directly  
4 proportional to transfats. Essential fats account for about  
5 50 percent of the variance, and the trans for about 10  
6 percent. The levels of essential fats appear to be, by far,  
7 the most significant factor in cardiovascular diseases of  
8 normal lipids, diabetes, and hypertension. Other factors  
9 are minor in comparison.

10           Using as a criteria the R-squared variability,  
11 where most biologists rely on 10 percent, and I have shown  
12 the total situation that was predicted by more than 50  
13 percent by elevation of essential fats.

14           The transfatty acids in blood, I found, are burned  
15 fairly quickly. It is the lack of essential fats that is  
16 more important. It is eating too many calories and not  
17 enough essential fats is far more harmful than eating too  
18 many transfats.

19           We must beware of monos. They are mostly  
20 unnecessary. It is well known that monos are not  
21 biochemically essentially. I suggest the recommendations  
22 should emphasize essential fats, not unsaturated fats that  
23 includes monos.

24           My research has shown there is a direct inverse  
25 relationship between the blood levels of monos and the blood

1 levels of polyunsaturated fats.

2           This is a graph that shows if we measure the fatty  
3 acids in blood of humans, and we plot the levels of monos  
4 and the levels of essential fats, for different populations,  
5 for different diseases, and different levels of nutritional  
6 status, it is pretty much a straight relationship. What  
7 this basically means is that the body will make more or less  
8 monos in response to the diet. If we eat more monos, the  
9 body makes less. If we eat less, the body makes more. But  
10 in the end, they balance out and it is in balanced  
11 proportion to the essential fats.

12           If we look at the relationship between total HDL  
13 and the transfats, I found a fairly straight relationship,  
14 so that the more polyunsaturates we eat, the lower the level  
15 of the total HDL ratio. The more trans people eat, the  
16 higher the level of total HDL. By context, the essential  
17 fats are far more important, roughly like 10 times more  
18 important than trans.

19           So recommendations that put emphasis on monos and  
20 trans, and don't put enough emphasis on essential fats are  
21 missing the point.

22           We should keep, use the key principals. Too much  
23 information on levels of food and nutrition recommendations  
24 is not very practical. I learned I cannot cover a computer  
25 every day and try to type all the information to figure out

1 how much I am eating. Even the simple food pyramid is far  
2 too complicated from day to day.

3 I found in my experience a message that is much  
4 simpler. I emphasize total calories and cells. I tell  
5 people they should eat natural foods with cells. They  
6 should eat, eating foods without cells is all the foods  
7 without cells are fairly similar. And they should eat foods  
8 with cells and membranes, and they should emphasize calories  
9 from vegetables.

10 And as a way of a reminder, I tell people to use a  
11 very simple diagnostic technique for overweight and  
12 viscosity. I call it the belt. You use the belt and you  
13 mark it yourself. And you see where you are every day.

14 As I told the secretary of HHS, if you a month ago  
15 only make your hearings, the best three-minute technique  
16 that I found is duct tape. If you think that you are  
17 getting a little bit too much in your belt, you put the duct  
18 tape on your mouth. If you use it for 30 days, it will  
19 stop, no matter what your biochemical metabolism is. It is  
20 100 percent guaranteed to lose weight. I am taking bets  
21 from anyone who disagrees.

22 The food pyramid, I have, my food pyramid which I  
23 roughly sketch here is basically based on the council of  
24 using foods that contain natural cells, and they are  
25 natural. Vegetables, some fruits, lean meats and eggs, and

1 then on the top I put the grains and sugars and stuff like  
2 that. And people can understand the concept of eating  
3 natural foods that contain cells.

4 DR. HENTGES: Dr. Siguel, we do need to wrap up.  
5 Thank you.

6 DR. SIGUEL: Just keep the message simple to these  
7 concepts, and I hope it will help. Thank you.

8 DR. HENTGES: Thank you. Thank you. Our next  
9 speaker is Annette Dickinson.

10 MS. DICKINSON: Good morning. I am Annette  
11 Dickinson, president of the Council for Responsible  
12 Nutrition. CRN is a leading trade association for the  
13 dietary supplement industry.

14 The food guide pyramid is a powerful and flexible  
15 tool for consumer information that can be modified in  
16 numerous ways, either to reflect public policy, or to embody  
17 the views of groups that disagree with public policy, as you  
18 have seen this morning.

19 This power and flexibility, I believe, is an  
20 asset. And the existence of numerous modified versions of  
21 the pyramid is a testament to its utility, and the  
22 appropriateness of it in conveying complex concepts. It  
23 would be a shame to consign such a valuable tool to the  
24 rubbish heap, and the Council for Responsible Nutrition  
25 urges you to retain it with appropriate additions or

1 modifications, as necessary.

2           We congratulate you for your current efforts to  
3 increase consumer motivation, and improve consumer  
4 understanding of the latest science-based nutrition  
5 guidance, regarding the total diet, and also for seeking to  
6 place that guidance in the context of a total lifestyle.

7           For about two-thirds of American adults, dietary  
8 supplements are an integral part of their total diet, and  
9 represent one of the many choices health conscious people  
10 make as part of their overall approach to seeking wellness.

11           Accordingly, dietary supplements should be taken  
12 into account in some fashion, in the design of a revised  
13 pyramid or other graphic approach to diet and lifestyle  
14 guidance, along with other elements such as the need for  
15 regular physical activity.

16           While dietary supplements should never replace  
17 efforts to consume the healthiest diet possible, they are a  
18 scientifically sound, convenient and affordable way to  
19 ensure that Americans reach their nutrient intake goals.

20           In a society where the majority of us are eating  
21 too much, too often, there is a potential danger in ignoring  
22 the fact that conventional foods, because they inevitably  
23 provide calories as well as nutrients, may not always be the  
24 optimal mechanism for increasing the intake of specific  
25 nutrients recognized to be in short supply.

1           Several alternative pyramids usefully illustrate a  
2 number of approaches to incorporating dietary supplements,  
3 physical activity, and other aspects of the healthy  
4 lifestyle into the pyramid graphic. For example, the  
5 healthy eating pyramid developed by Harvard University, sits  
6 on a base of daily exercise and weight control, includes  
7 calcium supplements within the body of the pyramid itself as  
8 an alternative to dairy products, and features side bars  
9 indicating that multi-vitamins are recommended for most  
10 people, and that alcohol should be used only in moderation.

11           These concepts are conveyed simply and directly in  
12 a manner that is no more complex than the interpretation of  
13 the basic food guide pyramid. Scientists at Tufts  
14 University have developed a modified pyramid for the elderly  
15 that sits on a base of water to emphasize the importance for  
16 the elderly of getting at least eight glasses of water a  
17 day. And it also has a supplement flag on the top of the  
18 pyramid as a reminder that supplements of calcium, vitamin  
19 D, and vitamin B-12 may be needed to provide optimum  
20 nutrient intake in the elderly.

21           Naturally, CRN likes the idea of a supplement flag  
22 on top of the pyramid. But this is only one of many  
23 graphics that could be used to effectively convey the  
24 importance of appropriate supplementation and its role as an  
25 integral part of the total diet, and of a healthy lifestyle.

1           The pyramid is widely recognized as an icon of  
2 nutrition guidance. CRN suggests modification of that icon  
3 to reflect the updated advice to be offered by the dietary  
4 guidelines committee.

5           In addition, however, we urge that CNPP be open  
6 minded in considering appropriate ways to give consumers  
7 realistic and practical advice that includes dietary  
8 supplements as a rational tool for increasing nutrient  
9 intakes, when a hectic lifestyle and the search for weight  
10 control combine to undermine the ideal of getting all  
11 nutrients from conventional foods. Thank you very much.

12           DR. HENTGES: Thank you. Our next speaker is  
13 Robert Sindt.

14           MR. SINDT: I thank you. I am Robert Sindt,  
15 appearing on behalf of the US Dry Bean Council. Let me just  
16 first say, the US Dry Bean Council is a private trade  
17 association that represents US growers, shippers, dealers,  
18 packers, and canners of US dry edible beans.

19           It is comprised of a number of state and regional  
20 grower and dealer associations and individual companies.  
21 And the dry edible beans that are grown in this country  
22 include nearly 20 different varieties grown in about 20  
23 states, including pintos, kidneys, navys, Great Northerns,  
24 pinks, reds, limas, in those categories.

25           On behalf of USDBC I am pleased to make these

1 brief comments as you review the current food guidance  
2 system. And I would like to make comments in two specific  
3 areas regarding terminology. But first I would like to just  
4 note that dry beans have historically had an important role  
5 in the US diet, and have long been recognized as having  
6 healthful, multiple healthful and nutritional qualities as a  
7 healthy whole food.

8           And dry beans are low in fat, sodium and  
9 cholesterol, and are a good source of protein, fiber,  
10 vitamins, minerals, and complex carbohydrates. As such,  
11 they are recognized as a significant component of the  
12 present food pyramid and food guidance system, and a main  
13 nutrient in the meat and beans group, and a part of the  
14 legumes subgroup in vegetables.

15           As you complete your review, we would certainly  
16 urge you to maintain and give strong consideration to  
17 enhancing the standing of dried beans, given their healthful  
18 and nutritional qualities as you look for adopting changes  
19 in the current pyramid or in other graphic presentation.

20           Beyond that, we would like to stress a couple of  
21 points, however, with the current terminology used in the  
22 graphic presentation of supporting materials. And this is  
23 because of our concern that the whole focus of the exercise  
24 is to make sure that we have consumer understanding,  
25 certainly lack of misunderstanding as among consumers,



1 through the use of your current terminologies.

2           And we are concerned that the use of the term  
3 legumes in the supporting educational materials of the food  
4 guidance system is confusing. And we believe that beans  
5 should be used in the food guidance system to refer to these  
6 foods.

7           And we reach this conclusion based upon consumer  
8 studies that have shown that beans, the term beans, is a  
9 term most commonly understood and used by consumers to refer  
10 to individual types of beans, such as black beans, kidneys,  
11 and all the rest.

12           And I would associate myself with the comments of  
13 others here earlier, that in your review, one of the best  
14 sources of information, as you make your determination, is  
15 on the basis of consumer studies, and what we see from that.

16           So specifically, I would like to refer to two  
17 studies among separate but nationally representative samples  
18 of 500 consumers that were conducted in the continental  
19 United States, that reached two important points, we  
20 believe.

21           One is that the understanding, that there is an  
22 understanding of the term beans, but not legumes. The study  
23 concluded the consumers lack in understanding of which foods  
24 constitute the category of legumes, but better understand  
25 and appreciate what is included in the category of beans.

1 And specifically, for example, 80 percent of consumers were  
2 able to identify specific types of dried beans as beans, and  
3 only 60 percent identified them as legumes.

4           There were similar results with other types of  
5 beans, such as black and kidney beans. And only about,  
6 there were 40 percent of the respondents in the survey had  
7 difficulty understanding the term legumes, or how it was  
8 defined.

9           Further, and secondarily, there was a clear  
10 understanding of the term beans versus dried beans. 70  
11 percent of the consumers believed that the key difference  
12 between dried beans and beans is whether or not they had  
13 been processed, and only 35 percent mentioned a specific  
14 type of bean when asked and commonly just referred to it as  
15 beans.

16           So consequently, our concern for clearer consumer  
17 understanding in making dietary choices as a result of that  
18 we would urge you to consider the use of the term beans,  
19 instead of dry beans or legumes in your messaging and tools  
20 that you're developing for the food guidance system. We  
21 believe that it would be helpful both to the consumer  
22 understanding, and education, and would go, be one of the  
23 things that goes to the heart of what you are trying to do  
24 in this process.

25           With that, I would say, thank you for the

1 opportunity to make these comments. On behalf of the US Dry  
2 Bean Industry, we urge your consideration to them, and to  
3 our written comments, which will also be filed. Thank you.

4 DR. HENTGES: Thank you. Our next speaker is Anne  
5 Banville.

6 MS. BANVILLE: Good morning. I'm Anne Banville,  
7 vice president domestic promotion, USA Rice, representing  
8 the producers and millers of US grown rice. We're pleased  
9 to be here today and submit comments. We will submit  
10 detailed comments by August 27th, but today would like to  
11 make four key points.

12 The first is, we urge you to keep the current  
13 pyramid shape, and the reasons for that is because the  
14 current food guide pyramid accurately depicts the  
15 recommended food guidance, and because of its  
16 extraordinarily high level of consumer recognition and  
17 acceptance, CNPP should build upon the brand equity of the  
18 current pyramid, rather than change it.

19 The rice industry commends USDA for using sound  
20 science as the basis for this visual graphic. The choice of  
21 a pyramid shape accurately depicts intake patterns and  
22 messages of variety, proportion, moderation recommended by  
23 the dietary guidelines and other expert panels, including  
24 the NAS, Science Institute of Medicine.

25 According to USDA's own figures, 80 percent of

1 Americans recognize the graphic. A 2002 gallop pole  
2 conducted by the Wheat Foods Council showed that 82 percent  
3 of those surveyed agreed that the food guide pyramid is the  
4 foundation of a sensible, healthful eating plan. This level  
5 of recognition and acceptance is enviably high, and should  
6 not be taken for granted or abandoned as USDA works toward  
7 the goal of motivating behavior change, which really is the  
8 current need, as we see it.

9           So to summarize, the shape is not the problem.  
10 The shape is the basis for going to the messaging, and then  
11 the implementation which we think is the key in the coming  
12 round.

13           The second point we'd like to make is that the  
14 grain group should form the base of the graphic in order to  
15 convey the correct proportion message. The 2000 dietary  
16 guidelines for Americans states, foods made from grains help  
17 form the foundation of a nutritious diet. They provide  
18 vitamins, minerals, carbohydrates, and other substances that  
19 are important for good health. Grain products are low in  
20 fat, unless fat is added in processing, in preparation, or  
21 at the table.

22           To convey the correct proportion message of the  
23 food guidance recommendations, therefore, grains should be  
24 depicted at the base of the pyramid, or whatever shape the  
25 graphic takes.

1           A very important other point, whole grains and  
2 enriched grains should not be separated. Separating whole  
3 grains from enriched grains would be confusing to consumers  
4 and could imply that enriched grains are not recommended.

5           While we support the goal of consuming more whole  
6 grains, it should not be at the expense of enriched grains.

7        Enriched grains provide many nutrients, and are the source  
8 of 62 percent of the folic acid in the diet.

9           And as we are seeing more and more scientific  
10 studies are coming forward showing the value of folic acid.

11        We've already seen it and its impact on decreasing birth  
12 defects, but coming forward is more about birth defect  
13 reduction through folic acid. And certainly CDC and others  
14 have come forward with very strong research regarding heart  
15 health and the relationship of folic acid. So for all those  
16 reasons, we feel it is important to keep stressing the  
17 enriched grains for the folic acid and other benefits.

18           As we have observed the Dietary Guidelines  
19 Advisory Panel's deliberations, we are concerned the draft  
20 language in the panel's documents strongly discourages the  
21 consumption of any other type of grain food besides whole  
22 grains. Indeed, we've heard that attitude reflect here  
23 today, certainly the value of whole grains.

24           We strongly disagree with this direction, and urge  
25 the new food guidance system to position enriched grains

1 equally within the grain category. Scientific evidence  
2 shows that enriched grains, such as enriched white rice,  
3 have played an overall beneficial role in improving public  
4 health.

5           We point to the federal government's mandate to  
6 add folic acid to enriched grain as a cote of public policy  
7 science that has produced dramatic results. The rice  
8 industry is proud to participate in a program that says,  
9 that has so vastly improved infant health.

10           Now, having required the grain industries to  
11 enrich their products, and since women of childbearing age  
12 are advised to seek out and consume such products, it would  
13 be a disservice to both the public and the grain industries  
14 to in any way imply that enriched grains are to be avoided.

15           Since it would also be contrary to the  
16 government's nutrition advice to women, it would not serve  
17 the goal of harmonization of food guidance that USDA and HHS  
18 are seeking in the current 2005 revisions.

19           And finally, we urge that the over-arching message  
20 coming from the new food guidance system be the importance  
21 of total calories. We urge CNPP to refocus consumers on the  
22 importance of total calories in healthy eating and weight  
23 management.

24           With all the media hype about fad and extremist  
25 diets, which create nutritional deficiencies, and which are

1 difficult to adhere to, consumers seem to have lost the  
2 calories in, calories out focus. This needs to be the over-  
3 arching message of the new food guidance system.

4 Thank you. And I will close by saying that USA  
5 Rice stands ready to assist with the implementation of the  
6 new food guidance system. Thank you.

7 DR. HENTGES: Thank you. Our next speaker is  
8 Martha Marino.

9 MS. MARINO: On behalf of the National Dairy  
10 Council, I would like to thank the committee for the  
11 opportunity to comment on the proposed food guidance system.

12 I am Martha Marino, registered dietician and director of  
13 the Food and Health Program for the Washington State Dairy  
14 Council.

15 I would like to start by commending USDA and HHS  
16 on their science-based approach in using nutrition research  
17 to develop recommendations for the new dietary guidelines  
18 for Americans. As CNPP develops the food guidance system's  
19 graphic representation and educational components, it also  
20 will be critical to use a science-based approach in using  
21 consumer research.

22 Despite the 1992 release of the food guide  
23 pyramid, American children and adults have become  
24 increasingly overfed and under-nourished. As nutrition  
25 professionals, we need to study the reasons why people have

1 been unable or unwilling to put into practice the guidelines  
2 that we have promoted.

3           Through careful consumer testing and research, we  
4 must validate the communication tools that will bring the  
5 new dietary guidelines to life, that really will lead to  
6 increased knowledge and improved dietary behavior.

7           This means taking the time to test proposed  
8 communications with children and adults, with people of  
9 varying literacy levels, with Americans of various ethnic  
10 backgrounds, so that we have a reasonable expectation that  
11 our efforts will be effective.

12           Regarding CNPP's question about the shape of the  
13 graphic, research suggests retaining and simplifying the  
14 current shape. USDA research shows that there is a strong  
15 recognition of the pyramid shape, including the five food  
16 groups.

17           Since consumers are confused and frustrated with  
18 ever changing nutrition advice, it seems wise to stick with  
19 an image that they find familiar. The problem is that  
20 people don't use it. Rather than come up with a new  
21 graphic, it makes sense to build on existing consumer  
22 knowledge, with effective educational and motivational  
23 tools.

24           USDA has proposed replacing the current graphic  
25 with a branded icon, not necessarily including food



1 groupings or serving recommendations, which would then  
2 further direct people to a website or a booklet.

3           And icon on its own may not be clear enough for  
4 consumers, as research shows a full 75 percent of Americans  
5 are not familiar with how to use the pyramid. Consumers may  
6 not be motivated to respond to a simple icon, even if it is  
7 in the recognizable pyramid shape.

8           However, incorporating simple, educational  
9 messages into a pyramid graphic, such as a target number of  
10 servings, would clearly and immediately communicate the US  
11 dietary guidelines.

12           One idea for the graphic that may be more  
13 actionable and less confusing is to specify a single serving  
14 recommendation for each pyramid food group, based on a 2000  
15 calorie diet. New research suggests that nearly 60 percent  
16 of people generally recognize how many calories they should  
17 eat, so a reference point of 2000 calories may provide  
18 clearer guidance.

19           In addition, this 2000 calorie pyramid would  
20 correspond with the information on the nutrition facts  
21 labels of food packages.

22           Simple messages such as three a day of dairy and  
23 five a day of fruits and vegetables have increased awareness  
24 of how many servings of those foods to eat each day.  
25 Similar messages may also be useful for the food guidance

1 system. Another simple message is eating naturally nutrient  
2 rich foods, such as fruits, vegetables, whole grains, lean  
3 protein sources, and nonfat or low-fat dairy products.

4 With an increased focus on making calories count,  
5 it's even more important for Americans to maximize their  
6 nutrient intake by choosing naturally nutrient rich foods  
7 first.

8 CNPP asked for comments on using interactive  
9 educational tools. For the past 27 years, I have worked as  
10 a nutrition educator in both the public and private sectors.  
11 I've work for the food stamp program, for WIC, five a day,  
12 and two universities. Over those three decades, nutrition  
13 education tools have evolved from purple mimeographed  
14 handouts and film strips, to sophisticated social marketing  
15 efforts and interactive web-based programs.

16 Using computer technology, web users could be able  
17 to individualize their food guidance system not only for  
18 calorie intake levels, age, and sex, but also for other key  
19 factors that may drive food choices more than health: taste,  
20 cultural preferences, convenience and cost.

21 While we recognize that USDA may have limited  
22 resources to create and distribute educational tools about  
23 the pyramid, looking to public/private partnerships, such as  
24 a dietary guidelines alliance, may be a part of the  
25 solution.

1           Finally, I firmly believe that among our many  
2 messages, we should encourage families to enjoy eating meals  
3 together. Both children and parents benefit from  
4 communication that takes place around the table, and they  
5 eat better when they eat together. Family meals are  
6 associated with higher intakes of fruits, vegetables and  
7 dairy products, all under-consumed food groups.

8           More information on these points with supporting  
9 research will be included in our written comments. Thank  
10 you.

11           DR. HENTGES: Thank you. Our final speaker today  
12 is Phil Perkins.

13           MR. PERKINS: I guess I get to say good afternoon,  
14 instead of good morning. My name is Phil Perkins. I'm the  
15 senior vice president of research, development, and  
16 innovation for Bush Brothers.

17           Let me start by saying, Bush Brothers and Company  
18 commends the USDA programs to revise the food guide pyramid,  
19 and we really appreciate the opportunity for public comment.

20       We are supportive of, and encouraged by the solid  
21 scientific approach being used to revise the pyramid.

22           We really have only one suggested recommendation  
23 that's based on consumer research we conducted in October of  
24 2003, which was designed to address consumer understanding  
25 of terminology used in the current dietary guidelines.

1           In the proposed food guide pyramid and supporting  
2 information the term legumes and dried beans is used in a  
3 number of places. Legumes in the vegetable section as one  
4 of the five categories. And we've heard legumes mentioned  
5 at least 10 times this morning.

6           The consumer research shows us very clearly that  
7 57 percent of Americans do not know what a legume is. 57  
8 percent of Americans do not know what a legume is. So we  
9 recommend using the term bean in place of the term legumes,  
10 wherever it's mentioned in the supporting documentation.  
11 This will provide more effective guidance to consumers,  
12 they'll understand it more clearly, and it will help them  
13 make their food choices in alignment with the  
14 recommendations and the scientific background.

15           The only commonly consumed legumes that are not  
16 associated with the term beans are peanuts and peas. I  
17 think it's clear that peanuts are not meant to be included  
18 in the vegetable section, and peas are readily associated by  
19 consumers as a green vegetable. So using the term beans to  
20 replace legumes will not, in any way, change what the  
21 intention of the recommendations are.

22           The consumer research will be provided to you with  
23 our written comments before the 27th, so you can get the  
24 full data set. There is a lot more data there than that one  
25 nugget I shared with you.

1           And I really want to finish with reference back to  
2 Mr. Bost, the first speaker, that I think did a really good  
3 job of kicking off this entire session. What he said was,  
4 what we do doesn't make any difference if people don't use  
5 it. Well, if they don't understand it, they can't use it.  
6 And 57 percent of Americans don't understand what a legume  
7 is.

8           So with that, I thank you for the time. I thank  
9 you for the opportunity. And thank you for allowing me to  
10 be here.

11           DR. HENTGES: Thank you. This concludes our  
12 session. But I definitely want to again state that we are  
13 very grateful to the time that everybody took to prepare  
14 these comments, and we are also grateful that everybody  
15 stayed within their time in providing this information.

16           We look forward to receiving your written  
17 comments, and being able to move forward and post all this  
18 on the web for your review. Thank you very much.

19           (Recess.)

20

21

22

23

24

## C E R T I F I C A T E

DEPOSITION SERVICES, INC., hereby certifies that the attached pages represent an accurate transcript of the electronic sound recording of the proceedings before the Center for Nutrition Policy and Promotion, Food Guidance System Public Comment Meeting.

Teresa S. Hinds, Transcriber

