2025 Dietary Guidelines Advisory Committee Public Meeting – September 12, 2023

Transcript

Third Meeting, Part 1 of 1: https://www.youtube.com/watch?v=yImj-H3aK7k&t=9520s

Eve Stoody: 00:00

25 Dietary Guidelines Advisory Committee. My name is Eve Stoody. I am the Director of the Nutrition Guidance and Analysis Division at the USDA FNS Center for Nutrition Policy and Promotion, and I'm here today to introduce our public comment session this afternoon. So first, I want to welcome the members of the committee. Here in person today, we have 18 of the 20 members of our committee. Dr. Jernigan and Dr. Talegawkar were not able to join us for meeting three. Thank you to everyone who is joining us on the livestream for your interest in the dietary guidelines. And thank you to all of the commenters for your input on the committee's scientific process. USDA, HHS, and the committee appreciate your comments, both oral and written. Regarding written comments, the committee has had the opportunity to review the written comments that have been submitted to regulations.gov. We encourage those of you who are joining, who haven't done so, to submit written public comments, and you can find out more on how to do that at dietaryguidelines.gov. And written comments will be accepted throughout the committee's duration, and we expect for that to conclude in the fall of 2024. So today, we're happy to welcome public commenters to provide up to two minutes of oral comments to the committee. As noted during registration, participation was first come, first serve, and commenters were limited to one representative per organization. Additionally, we ask that commenters' remarks be respectful, that they focus on the committee's scientific review, and that they be directed to the committee as a whole rather than to individual members.

Eve Stoody: 01:46

So today we have 80 people confirmed to provide oral comments to the committee. And if time permits, we also have additional commenters on standby to provide their two minutes of remarks. In an effort to increase participation and access, we did offer to the 80 confirmed commenters the option to provide either written-- or excuse me, recorded or live oral comments. And just over half of the commenters decided to pre-record their remarks. So how this will proceed this afternoon is we're going to start with a compilation of all of those recorded remarks. So there's over 50 recorded remarks. Then we'll take a bit of a break. And then when we come back, we'll have the live oral comments. For those providing live oral comments, our moderator will bring you in from the waiting room into the Zoom meeting to provide your two minutes of remarks. To ensure everyone is given the same opportunity, after the allotted two minutes have expired, the moderator will mute the line. Once you've finished your remarks, we ask that you exit out of the speaker link and rejoin the live stream of the meeting. We would like to accommodate as many commenters today as possible. So to meet this goal, there will not be an opportunity for question and answer or discussion between the commenters and the committee. On a final note, this meeting is being recorded and will be made available on dietaryguidelines.gov. We also want to note for those of you who are following along, yesterday afternoon, we did post the list of commenters and their affiliations at dietaryguidelines.gov. And we will update that list and repost it after today with the final list of commenters. So again, thank you for joining, and we will now transition to the recorded oral public comments. Thank you.

Allyson Garner: 03:46

Thank you for the opportunity to provide comments at today's meeting. I'm Ali Garner Spencer, the associate director of communications at 1,000 Days, where we lead the fight to make health and well-being during the first thousand days of policy

and funding priority. And as a new mom myself, the importance of health and nutrition during this critical time has taken on new meaning. 1,000 Days works every day to create a healthier and more equitable future for all pregnant, birthing, postpartum, and parenting people and their children. The first 1,000 days from pregnancy to age two offer a fundamental window of opportunity. Good nutrition during this time provides the essential building blocks for brain development, healthy growth, and a strong immune system. We encourage the committee to build on the groundbreaking work of the 2020, 2025 dietary guidelines by strengthening two areas. The first is breastfeeding. We're concerned about the absence of infant feeding practices related to breastfeeding in the scientific questions. We call on the committee to include the latest American Academy of Pediatrics guidelines recommending exclusive breastfeeding for six months with complementary foods introduced around six months and supports for continued breastfeeding until two years as mutually desired by mother and child. The committee report should also speak to the health benefits of breastfeeding for both infants and mothers. We recognize that many families face obstacles that make it difficult or impossible to start or continue breastfeeding and encouraging measurement of these barriers in the committee report, including but not limited to limited access to paid leave and inadequate breastfeeding support at work and in the community. The other issue is complementary feeding. We're pleased to see the inclusion of scientific questions looking at feeding practices and feeding styles. As the committee reviews this literature, we encourage them to also consider cultural and traditional practices may not be represented in the published literature but drive many feeding practices. We know that many committee members share a commitment to ensuring that every child in America has a healthy first 1,000 days. Thank you for your time, and thank you for the opportunity.

Jim Krieger: 05:50

Hello from Seattle. I am Jim Krieger, Clinical Professor of Public Health at the University of Washington and Executive Director of Healthy Food America. I will address the topic of sweetened beverages and begin with some concerns. Sugar-sweetened beverages remain the largest source of added sugars in the American diet. And while sales and consumption have declined from their peak in 2000, they have recently stabilized at levels that are much higher than historical norms, and disparities in purchases and consumptions by race and income persist. Drivers of this high consumption included the introduction of many new products such as new fruits, sports, and energy drinks. Aggressive marketing is targeted, predatory, deceptive, and misleading. For example, manufacturers advertise vitamins and fruit and less sugar in sugar-laden fruit drinks, leading to consumer confusion about beverage healthfulness. And also, public concerns about the safety of tap water lead to hesitancy to choose water over SSBs. A final concern is that manufacturers are substituting non-sugar sweeteners for sugar as the public seeks to avoid it. Yet, there's growing evidence that non-sugar sweeteners may be associated with weight gain, type 2 diabetes, and cardiovascular disease. The World Health Organization recently recommended against their use for weight control or reducing the risk of noncommunicable diseases. And kids' beverages now commonly contain non-sugar sweeteners, yet parents are often unaware of this. So how can the dietary guidelines address these issues? They can include clear guidance on healthy beverage choices: water, plain milk, unsweetened coffee or tea, and avoidance of sweetening beverages, both SSBs and those with non-sugar sweeteners. The guidelines can suggest policies to reduce exposure to less healthy beverages and promote healthy ones. For example, restricting sweetened beverage marketing to children, making food retail environments healthier, such as allowing only healthy beverages in promotional locations such as [NCAPs?], requiring front-of-package labeling that identifies beverages that are high in added sugars or contain non-sugar sweeteners, restricting

deceptive health and nutrition claims, taxing sweetened beverages, and requiring access to safe, appealing tap water in public spaces. Thank you for your time and consideration, and I'm happy to provide additional information and citations as needed.

Colleen Kane: 07:55

Greetings to the committee. My name is Colleen Kane, and I'm an unaffiliated food justice advocate and healthcare professional. The following comments pertain to all dietary pattern questions of Subcommittee One and the food pattern modeling questions of Subcommittee Three regarding nutrient adequacy of vegan diets. As experts in your field, you surely recognize that overwhelming scientific evidence supports whole food plant-based diets for the prevention and treatment of chronic disease. But according to a 2022 study published in Public Health Nutrition, 95% of you have conflicts of interest with the food and/or pharmaceutical industries. Despite good intentions, this conflict of interest has clearly impacted the committee's past recommendations. Americans deserve to know that systematic reviews and meta-analyses that are not industry-influenced strongly link consumption of meat, dairy, fish, and eggs to cardiovascular disease, obesity, type 2 diabetes, dementia, depression, osteoporosis, and many cancers, among other chronic diseases. Studies that suggest otherwise are typically industry-sponsored or compare harmful foods to even more harmful foods to paint the former in a positive light. Furthermore, geographic data indicates that when people migrate from one country to another and adopt the typical diet, they adopt that country's disease risk. While animal products come packaged with harmful substances like saturated fat and cholesterol, plant foods pack in health-promoting antioxidants and fiber. There is nothing we need in animal products that we cannot obtain from plant foods. And by promoting plant-based foods, we also promote a food system that fights the climate crisis, pandemics, and antibiotic resistance while promoting food security. Let the 2025 edition of the Dietary Guidelines be a turning point. Tell people directly what foods, not nutrients, to eat much less of or eliminate. The 20 of you are trusted to protect Americans' health. My question is this, will you allow industries that profit from our sickness to tell us what to eat?

Maureen Ternus: 09:57

Hi, I'm Maureen Ternus with the International Tree Nut Council Nutrition Research and Education Foundation, a nonprofit organization that represents nine tree nuts. Today, I will comment on three specific questions. One, what is the impact on the nutrient adequacy of the USDA dietary patterns if the recommended quantity of nuts, seeds, and soy subgroup is modified? Currently, all three recommended dietary patterns in the dietary guidelines include nuts, which provide a number of nutrients of concern. However, the patterns recommend a maximum of 2 and a half to 3 and a half ounces of nuts per week. Compare this to the 10 and a half ounces per week recommended in the FDA qualified health claim for nuts and heart disease. Recommendations for consumers by federal agencies should be consistent. Number two, what is the relationship between snacks and consuming a dietary pattern that is aligned with the dietary guidelines? Researchers looked at data from the 2009-2012 NHANES and found that replacing between-meal snacks with tree nuts on a per-calorie basis led to more nutrient-rich diets that were lower in empty calories and sodium and had more favorable fatty acid profiles. In another study, tree nut consumers had higher HEI 2005 scores than non-consumers. And finally, what is the relationship between snacks and growth, body composition, and risk of obesity? In a recent study, 1 and a half ounces of mixed snacks per day in a weight management program resulted in significant weight loss and improved [inaudible]. Researchers show that increasing daily consumption of nuts was associated with less long-term weight gain and a lower risk of obesity in adults. They suggested incorporating nuts as part of a healthy dietary pattern by replacing one half serving a day of less healthful

foods with nuts may be a simple strategy for the primary prevention of obesity. Thank you.

Kris Sollid: 11:47

Hello. My name is Kris Sollid, Registered Dietitian and Senior Director of Nutrition Communications at the International Food Information Council. We appreciate the opportunity to provide public comments today on the work of the Dietary Guidelines Advisory Committee. Because there are many complex topics addressed in the dietary guidelines, we believe that consumer insights are critical inputs to improve communications that facilitate positive behavior change. Just as we consider all the scientific evidence to develop the next dietary guidelines, so must we consider their ultimate purpose and their intended audience. That is everyday Americans who are balancing multiple priorities. IFIC consumer research endeavors provide open-source insights free of charge at our website, foodinsight.org. Our flagship annual research project, the IFIC Food and Health Survey, provides nearly 20 years of trended data capturing the consumer mindset on a variety of topics such as the familiarity with dietary guidelines themselves, personal definitions of healthy, perceptions of processed foods, eating for personal and planetary health, and food purchase and consumption drivers. IFIC research has consistently shown that attitudes and behaviors related to these important matters of health are not the same for all Americans. Rather, they are influenced by a variety of factors including socioeconomic status, health and nutrition literacy, and the lived experience of our diverse population. Therefore, dietary guidance must recognize where our citizens are in their health journey and be equipped with resources at each step along that path to build a healthier way of eating that respects personal preferences, values, and cultures. The dietary guidelines and their communications should remain rooted in science while also considering relevant consumer insights for populations that need the most support to promote greater diet quality for all Americans. Thank you.

Lanier Dabruzzi: 13:42

Good afternoon, committee members. Thank you for the opportunity to present comments on the upcoming dietary guidelines for Americans. My name is Lanier Dabruzzi, and I serve as the Director of Nutrition and Food Innovation for the United Sorghum Checkoff Program, a producer-funded organization dedicated to improving the sorghum industry through research, promotion, and education. The Sorghum Checkoff does not and cannot attempt to influence policy. Today, I offer scientific information that may be relevant to the committee. Whole grain sorghum is an excellent source of 12 essential nutrients, and a growing body of research suggests a connection between sorghum consumption and decreased risk of chronic diseases, including heart disease, cancer, and diabetes. Unfortunately, many Americans are missing out on this nutrient-packed ancient grain because it has not historically been included in the dietary guidelines. In addition to healthy US style, healthy Mediterranean style, and healthy vegetarian, there exist additional food patterns that reflect the changing cultural makeup and palates of Americans. Sorghum is a nutrient-rich staple in Native American, African, and Asian cuisines, and would be a relevant addition to dietary guidelines representative of all Americans. Further, due to its versatility, sorghum can be enjoyed in a variety of ways to accommodate food preferences, developmental stages, and dietary needs of Americans. The nutritious, naturally gluten-free grain has a neutral nutty flavor and is already a sought-after ingredient in schools, restaurants, and homes in a variety of breakfast cereals, breads, baking mixes, and even toddler snacks. Sorghum is a shelf-stable source of nutrition and can serve as a tool to help fill nutrient gaps in the American diet, including meeting the dietary guidelines recommendation to make half your grains whole. Thank you for your time and commitment to the health of Americans.

Michelle Cardel: 15:42

I'm Dr. Michelle Cardel, Head of Clinical Research and Nutrition at WeightWatchers. Thank you for addressing the dietary needs of people living with overweight and

obesity, which disproportionately impacts Black and Hispanic populations and other traditionally marginalized groups, and is critical for supporting the well-being of people in the US. We urge you to address dietary recommendations, but also behavior change and access components, as they're critical for supporting health. Expert organizations agree that reducing calorie intake is necessary for weight loss, which can be achieved through a variety of dietary patterns. However, nutrient guidance is essential to ensure adequate nutrition, diet quality, and optimize health alongside calorie reduction. Beyond what constitutes a healthy dietary pattern, it's imperative to know how to do so consistently. Behavior change strategies like meal planning can help facilitate dietary improvement. Health professionals and lifestyle behavior change programs provide impactful strategies to help Americans make and maintain changes. Of note, people with obesity face size-based stigma and discrimination, which is linked to increased food intake and adverse outcomes. Guidance on behavior change and strategies to address the consequences of stigma are necessary for improving diet and health. Finally, the disproportionate burden of type 2 diabetes and other chronic conditions among marginalized communities cannot be ignored. Since dietary guidelines influence federal nutrition programs, many of which are used by these communities, it's imperative to consider the influence of access and culture on food choice. Culturally relevant interventions can produce significant weight loss and risk factor reductions. Thus, the dietary guidelines must be realistic, flexible, culturally relevant, and equitable to implement lasting change and adherence to an individual's lifestyle. In order to best provide dietary recommendations, we encourage you to include recommendations on how people may be able to consistently implement them from a behavioral, cultural, and equity lens. Considering the role of culturally relevant foods, the impact of lived experience, and the need for behavior change strategies can improve the health of millions.

Mollie Van Lieu: 17:46

Good afternoon, DGAC members. My name is Mollie Van Lieu, and I am the VP of Nutrition and Health at the International Fresh Produce Association. IFPA works to increase fruit and vegetable consumption through consumer education and federal policy guided by DGA. Although fruits and vegetables are core elements of the DGA, only 1 in 10 adults consume recommended amounts. And new CDC data show that nearly half of all children between the ages of one and five do not eat a single vegetable on a daily basis. Research shows that many Americans consume diets composed mainly of ultra-processed foods. Emerging evidence suggests that a diet high in ultra-processed foods negatively impacts health and cognitive function when compared to minimally processed foods like fresh produce. But access to fresh produce remains limited in many populations, and higher levels of ultra-processed food consumption among low-income individuals may contribute to disproportionate distribution of food-related health burdens. IFP supports further GGAC efforts to decrease ultra-processed food consumption in favor of increased consumption of health-promoting foods like fruits and vegetables. To better serve a diverse US population, IFPA encourages the DGC to consider a range of lifestyle factors and cultural preferences when drafting recommendations, healthy eating behaviors like increasing the consumption of fresh fruits and vegetables during adolescence, pregnancy, and lactation to support the health and development of children across their lifespan. Early introduction to fruit and vegetables is linked to healthy eating habits throughout childhood. Federal nutrition programs like SNAP and WIC provide millions of individuals in the US with access to nutritious fresh fruits and vegetables they need to thrive. These programs look to the DGA for guidance on which foods to cover for participants. When paired with program delivery models like WIC's Cash Value Benefit, a set of DGAs that emphasizes the importance of fruit and vegetable consumption, has positive effects on healthy eating behaviors. There is no better way to improve dietary quality of Americans than by increasing access to and consumption

of fruits and vegetables. IFPA stands ready and willing to serve as an ally to the departments throughout the DGA process. Thank you.

Joy Dubost: 19:48

Hello, I'm Joy Dubost, Director of Global Health Science and Regulatory Affairs at Lipton Tea & Infusions, and appreciate the opportunity to provide oral comments. First, we would like to call your attention on our previously submitted written comments in June addressing the proposed beverage questions. We recommend distinguishing between sugar-sweetened tea versus unsweetened tea by categorizing any pre-sweetened beverages into all sources of sugar-sweetened beverages. We believe it is critical to separate out unsweetened beverages from sugar-sweetened beverages. More specifically, if sugar-sweetened tea is included in the analysis of all tea, then any benefit found, particularly from the naturally occurring bioactives like flavonoids in tea, would not be accurately reflected based on the presence of sugars from these sources. Thus, it would negate the benefits that scientific evidence has demonstrated in consuming non-caloric unsweetened tea. Second, based on the 2020 dietary guidelines, we support the continued recommendation to include unsweetened tea as a beverage option as part of a healthy dietary pattern in the 2025 dietary guidelines. There is a large body of scientific evidence associating consumption of tea flavonoids with health benefits, with the strength of the evidence being moderate to strong for supporting cardiovascular health. Of the many dietary sources, tea is the major flavonoid source in the American diet with published evidence indicating a linear dose-response relationship between tea flavonoid intake levels and risk of death from cardiovascular disease and all-cause mortality. Finally, we encourage USDA and DHHS to recognize and define bioactives in this next iteration of the dietary guidelines given the mounting scientific evidence showing their importance in dietary patterns in reducing chronic disease. Thank you.

Jennifer Norka: 21:43

My name is Jenny Norka. I'm the Director of Regulatory and Scientific Affairs at the American Frozen Food Institute or AFFI, and we are the National Trade Association that represents America's frozen food and beverage makers, suppliers, and distributors. AFFI appreciates the opportunity to share with the Dietary Guidelines Advisory Committee our feedback on their research to inform the Dietary Guidelines for Americans. AFFI and its members have a long history of creating nutritious products that are also convenient, affordable, and help reduce food waste. Firstly, AFFI would like to address the scientific question on the relationship between consumption of ultra-processed foods, or UPFs, on growth body composition and risk of obesity. We want to stress that currently, a scientific consensus does not exist on the definition of UPFs. With increased public use of the term, scientific communities have concluded that a UPF cannot be defined using the existing evidence base. We recommend that the committee discontinues using the term until there's a consensus on an evidence-based definition. Furthermore, we ask that the committee consider the lack of an agreed-upon classification system for studying UPS. The most used system, NOVA, measures the number and types of ingredients rather than truly understanding food processing and nutrient density on health outcomes. The scientific community continues to highlight the need for a better approach to assess the processing level of food instead of accepting NOVA. AFFI urges the DGAC to do the same in its research and report. The committee should also report on the benefits of food processing. For example, the freezing process for frozen foods allows for a longer shelf life and reduced food waste, increases year-round access to nutritious and quality foods, and makes food safe and easy to prepare with validated on-package cooking instructions. Lastly, we urge the committee to utilize caution in excluding foods in its research food pattern modeling and report development because of an assessed nutrient density based on added sugars, saturated fat, and sodium. Exclusion of these foods causes misrepresentation of a typical dietary pattern

and may lead to future exclusion of nutritious food items that are common in American diets from reports and guidance documents. Overall, frozen foods are important components of a balanced and nutritious diet and should be highlighted as accessible, affordable, and nutrient-dense options in the committee's report and recommendations. Again, thank you so much for the opportunity to provide comments on this important committee work.

Marc Anderson: 23:41

I'm Marc Anderson, a consulting engineer and a member of the Seminole Nation of Oklahoma. I've seen the standard American diet result in an average life expectancy for tribal members of only 60 years, with many deaths from diabetes, heart disease, kidney ailments, and cancer. The Centers for Disease Control report that from 2015 to 2020, deaths from diabetes increased 27%, Alzheimer's deaths increased 20%, and heart disease deaths increased 9%. To reduce the incidence of chronic disease, a plant-based diet of legumes, whole grains, vegetables and fruit should be prioritized over protein from meat, poultry, fish, eggs and dairy. Legumes should be presented as a first-choice healthy protein source. A plant-based diet can reverse or prevent type 2 diabetes, reduce weight, cholesterol and the risk of Alzheimer's, improve kidney function and reduce these alarming health trends. Fiber is an essential nutrient for good health and longevity, reducing the risk of cancer, cardiovascular disease, respiratory disease and death in men and women. There is no fiber in meat, poultry, fish, eggs or dairy. Studies have indicated that African-Americans have the highest rate of colorectal cancer of the ethnic groups and the lowest dietary fiber consumption. The digestion of milk requires an enzyme that many adults do not have. Studies indicate that about 90% of Asian-Americans and 74% of Native Americans are lactose intolerant. The science and data demonstrate an urgent need to significantly revise the dietary guidelines so that we can collectively reclaim our public health and be here to enjoy future generations. Thank you.

Joanne Slavin: 25:39

My name is Joanne Slavin. I'm a professor of food science and nutrition at the University of Minnesota, and I was a member of the 2010 Dietary Guidelines Advisory Committee. I will be addressing the scientific question on the relationship of dietary patterns with varying amounts of ultra-processed foods, UPF, and growth, body composition, and risk of obesity. Studies associating UPFs with poor health outcomes and obesity are predominantly epidemiological with significant study limitations and no proven biological mechanisms to support any theories on causality. The extent or degree of processing is a misleading concept as there is no substantial difference in nutrient content between processed and unprocessed foods. I direct your attention to a recent publication in the Journal of Nutrition entitled Dietary Guidelines Meet NOVA, developing a menu for a healthy dietary pattern using ultra-processed foods, first author, Julie Hess. The study found that in a sample diet of predominantly UPF, 91% of calories, contributed significantly to healthy dietary patterns with a much higher healthy eating index score than the average American diet. The study highlights challenges with categorizing foods as unprocessed, minimally processed, or ultra-processed. NOVA is not useful for determining the healthfulness of either individual foods or dietary patterns when current DGA recommendations are used as context to increase healthfulness. The purpose and extent of food processing does not determine a food's nutrient density and is not a validated tool to measure diet quality. Food insecurity [increases?] financial and time constraints in food procurement and preparation. I hope the current DGAC members conclude that UPF classification systems are impractical. To guide public health, diet quality is most important. Not all highly processed foods are equal, and elimination of UPFs will worsen existing disparities in an accessible, safe, and cost-effective food supply for all Americans.

Amie Hamlin: 27:37

I am Amie Hamlin, Executive Director of Coalition for Healthy School Food. My comment spans Subcommittee 3's flexibilities of interest, and these have an important impact on virtually all of Subcommittee 1's dietary patterns. The USDA school meals are modeled after the guidelines, which impacts schools across the country. Research is clear that those following a healthy plant-based diet have the lowest rates of heart disease, type 2 diabetes, cancer, autoimmune illness, and dementia. The protein category should focus on legumes, nuts, and seeds as the healthiest sources while considering animal foods as optional since they are the major sources of saturated fat in the diet and contain no fiber. Processed meats such as deli meats, bacon, sausage, hot dogs, and pepperoni have been declared as Group 1 carcinogenic to humans by the World Health Organization, and yet they continue to dominate school menus. Why are we supporting the feeding of known carcinogens to our children or Americans in general? A strong statement that processed meats should be avoided would be a huge service to all. Because schools are required to offer cow's milk, school nurses regularly deal with children with digestive disturbances since not being able to digest milk is a normal condition for the majority of the human population. But it is the people of the global majority who suffer the most because the current recommendations are racially biased. No mammal, including humans, needs milk after weaning, nor the milk of another species. Protein is not a nutrient of concern, and research shows that more milk is not protective against fractures. The guidelines should recommend healthy non-dairy milks for culinary purposes, but that there is no need for humans to consume cow's milk. People can choose how they want to eat, but the guidelines should be clear in order to provide guidance to schools and others who depend on them. More whole plant foods and less animal and hyper-processed foods instead of using biochemical terms like saturated fats and cholesterol. Thank you.

Angela Ginn-Meadow: 29:39

Hello. My name is Angela Ginn-Meadow. I'm a registered dietitian, a certified diabetes educator, and a registered nurse at Sinai Hospital, a part of Lifebridge Health in Baltimore City. I can tell you by firsthand experience working with patients that health equity and access to healthy food is critical for diet-related disease prevention and management. Asking disadvantaged populations to reduce or replace refined grains may further jeopardize their nutrition security. The following five points address science and applications of grain foods and what I've found to be helpful with my patients. Number one, grain foods are the foundational household staples in building healthy eating patterns and achieving nutrient adequacy for all. And almost 40% of the US dietary fiber intake comes from refined grain foods. Number two, reducing or eliminating whole, refined, or enriched grains could exacerbate nutrition deficiencies, particularly fiber, folate, and iron among vulnerable populations such as adolescent girls and women of childbearing age. Enriched grains are the largest contributor of folic acid in the American diet. Number three, research continues to show us that grain foods are not associated with increased risk of having overweight or obesity, and refined grains are not associated with increased risk of type 2 diabetes. Number four, refined grain staples like breads and cereals are grouped in with indulgences like cakes and cookies and dietary patterns, research, and modeling, yet, they should be separated to avoid confounding and risk of unintended consequences. Number five, grain foods have a rich history and are prominently in cultural foodways with a variety of affordable and nutrient-dense options that fit into the dietary guideline recommendations. We need to get back to the basics.

Charlottee Rommereim: 31:42

Good afternoon. My name is Charlottee Rommereim. I'm presenting today on behalf of my business, Farm to Fork Communications, my family as a fifth-generation pig farmer on our farm that was homesteaded in 1874, and for my profession as a registered dietitian. In 30-plus years as a dietician working in hospitals and long-term

care facilities in South Dakota, I've seen the great significance of nutrient and food access issues facing older adults in rural areas. To help this population overcome these nutrient issues, it is important older adults vary their protein choices. Pork is a perfect protein to do just that. Beans, peas, and lentils are under-consumed by Americans, but they provide an array of nutrients, including the [inaudible] public health importance, fiber and potassium. When a high-quality, nutrient-dense, lean protein like pork is on the plate or in the bowl, it can carry or bring along the food groups and nutrients Americans need more of in a familiar and tasty package. A hearty bean and ham soup is an example for older adults in the Midwest. And Americans can enjoy the carrier effect with leaner pork. Because of the efforts of pig farmers like my family, today's pork has 16% less fat and 27% less saturated fat than 25 years ago in eight lean cuts. New research on the Thrifty Food Plan emphasizes the value of fresh lean pork as a cost-effective protein option for families looking to eat familiar and accessible foods on a budget without sacrificing nutrition or flavor. I hope the committee will consider the role lean pork plays in helping Americans like my family meet dietary guidelines. Thank you for your hard work on behalf of all Americans.

Susan Backus: 33:43

Good afternoon. I'm Susan Backus with the North American Meat Institute, whose members produce the vast majority of beef, pork, lamb, and poultry in the US. Consumer health and safety are driving forces in the production of meat and poultry products, and the industry is committed to offering diverse nutritional products. The Meat Institute appreciates the opportunity to comment on the evaluation of ultra-processed foods and specified health outcomes. Meat and poultry products play an important role in healthy, well-balanced dietary patterns, and including them in the diet allows consumers to more easily fulfill their essential amino acid and nutrient requirements. Meat and poultry products provide high-quality protein critical for developing, maintaining, and repairing strong muscles, vital for growth and brain development in children, and essential to prevent muscle loss in the aged. Across the lifespan, nutrient needs vary widely due to each individual's disease status, age, and preferences, and there are unprocessed and processed meat and poultry products available to meet everyone's individual nutrient and lifestyle needs. Food processing is an important component of ensuring a safe, accessible, affordable, nutrition, and sustainable food supply. Processing allows perishable products to last longer through freezing, canning, and other preservation methods and minimizes the potential for food waste. Processing also allows fortifying nutrients that may not be consumed naturally in adequate quantities to meet nutrition requirements. Processed foods can be nutrient-dense. The scientific evaluation of the role of ultra-processed foods and health outcomes is premature. Ultra-processed foods are not scientifically defined, are inconsistently classified, and do not consider a food's nutrient content. The committee has the responsibility to address these challenges when evaluating the scientific evidence. Discouraging consumption of processed foods may discourage the consumption of nutritionally adequate food, with negative consequences on nutrient intakes. Classifying foods as ultra-processed oversimplifies a complex issue and is not appropriate for the dietary guidelines. Dietary guidance should be practical, affordable, culturally relevant, and attainable, and should measurably improve the health of Americans. Thank you.

Anna Herby: 35:38

My name is Dr. Anna Herby, and I'm a registered dietitian and diabetes educator with a doctorate in health sciences, speaking on behalf of the Physicians Committee for Responsible Medicine, a nonprofit health organization representing over 17,000 physicians and nearly 1 million supporters. Since the committee is addressing the relationship between dietary patterns and risk of cardiovascular disease and type 2 diabetes, we're asking you to prioritize the recommendation of plant-based foods,

including fruits, vegetables, whole grains, and legumes, and to de-emphasize promotion of meat and dairy products, which are known to cause both diseases. Furthermore, the dietary guidelines should use clear language about foods that should be included in our diets and foods that should be minimized or avoided. Rather than listing nutrients of concern like saturated fat, the guidelines should call out specific foods that are high in saturated fat like meat and dairy. According to a meta-analysis in the journal Diabetes and Metabolism, increased meat consumption was linked to a dose-response relationship with diabetes, with each additional 100 grams per day of total meat or red meat increasing diabetes risk by 36 and 31 percent, respectively. The protein group, rather than representing a macronutrient, should be replaced with an actual food group, such as legumes, which not only provide protein but also fiber and other important nutrients. Replacing animal protein with plant protein has been shown to increase longevity and reduce risk of cardiovascular disease. Lastly, the dairy icon should be removed altogether since dairy is not essential for good health. Calcium needs can easily be met through consuming other foods, and many Americans are unable to digest lactose. Prioritizing these evidence-based improvements to the dietary guidelines will make it easier for everyone to understand what to eat for better health, reducing healthcare costs, and the burden of diabetes and heart disease that our nation faces today.

Shalene McNeill: 37:37

I'm Shalene McNeill, a nutrition scientist and registered dietitian, and I lead the Beef Checkoff's Nutrition Research Program that is supported by America's cattle farmers and ranchers. Beef is a nutrient-dense staple in the American diet. Across diverse cultures and lifestyles, Americans are choosing to nourish with beef. And recent NHANES data shows us most of us are eating beef at levels within the dietary guidelines for Americans. What is concerning, though, is that as beef consumption has declined, at-risk populations, the disadvantaged, the pregnant, the young, and the aging are experiencing nutrient gaps and deficiencies that beef can help fill, such as iron, zinc, protein, and B vitamins. Plant-based proteins are not always a substitute. The beef matrix supplies nutritional advantages as well as great taste. And taste, after all, is the main reason people are choosing the foods that they do. Today, more than 65% of fresh beef cuts sold at the grocery store meet government guidelines for lean. And numerous randomized controlled trials consistently show that when beef is included in healthy diets, it supports cardiometabolic health and reduces the risk of chronic disease. The nation's beef farmers and ranchers do more than anyone to invest in nutrition research and to encourage enjoyment of beef in a way that aligns with dietary guidelines. Across the country, people are looking for healthier ways to eat, and they're choosing beef as a source of protein and nutrients because it is a delicious food that is part of many of our cultural ways of eating. Strong science supports the flexibility to enjoy beef as our protein of choice, and we can work together to empower Americans to choose beef in a wider variety of healthier, sustainable dietary patterns.

Shannen Kelly: 39:32

Good afternoon, and thank you for the opportunity to provide comments. My name is Shannen Kelly with the American Spice Trade Association representing the US spice industry. The current dietary guidelines for Americans recognizes that spices and herbs can add to the enjoyment of nutrient-dense foods, reduce intakes of sodium, added sugars, and saturated fat, and support cultural foodways. We encourage the 2025 Dietary Guidelines Advisory Committee to leverage these recommendations and build on them within the context of the 2025, 2030 DGA goals. As the committee endeavors to present its findings and recommendations through a health equity lens, we recommend a consideration of how spices are used in cultural and traditional eating patterns. These eating patterns reflect diet and lifestyle preferences of an increasingly diverse US population, including those of vulnerable communities. Since

spice use among Americans is at an all-time high, ensuring that spices are well-represented in dietary patterns will help DGA recommendations reach a wider audience and meet consumers where they are. Spices can also help expose Americans to more nutrient-dense foods across dietary patterns and life stages by adding flavor to recommended food groups like fruits, vegetables, lean protein, and legumes. As well as making reduced sodium, sugar, and fat foods tastier, spices encourage sustained, healthier food choices in a culturally inclusive and cost-effective way. Emerging and growing research also suggests that bioactive compounds, including plant polyphenols, found in spices are linked to several positive health outcomes. Although the committee has not identified any specific research questions related to spices and health, there are still great opportunities to consider the role of spices in healthy and equitable eating patterns, especially when translating the evidence to recommendations. Doing so would be consistent with current government and public health advice while resonating with the diverse array of American eating patterns. We look forward to sharing more information with the committee in our forthcoming written comments. Thank you.

Tom Brenna: 41:31

Hi, I'm Tom Brenna, Professor of Pediatrics, Chemistry, and Human Nutrition at the University of Texas at Austin and Professor Emeritus at Cornell. Thank you for considering my comments, which I make as a private citizen. I was a member of the 2015 Dietary Guidelines Committee and in that capacity, led consideration for the first time of neurocognitive health as a chronic disease. We looked at two questions informed by systematic reviews that have been chosen for update this round, and bravo for that. What is the relationship between dietary patterns consumed and risk of cognitive decline, dementia, and Alzheimer's disease? What is the relationship between dietary patterns consumed and risk of depression? Globally, brain function as a key asset for human capital and well-being is increasingly recognized. Adults, yes, to maintain balanced mood and high cognitive function, and nutritional support of brain development and function in mothers and babies, assuredly the foundation of a healthy life. A shout-out to the last DGAC for emphasis on that. Back in 2015, the evidence was eventually graded as limited, but the collegial discussions behind the scenes revealed that many felt the evidence was moderate or even strong. Supportive data acquired since then further reinforces the primacy of nutrition and brain function. Brain function is what makes us human. So to the 2025 DGAC members, before you grade the evidence, for lunch, have some tinned fish, or for dinner, poached salmon and leafy greens, and finish with berries or a beautiful piece of dark chocolate, perhaps complimented with a few drops of port wine. Then with your thinking bits bathed in the best of brain-selective nutrients, be balanced, be bold, and think through nutrition.

Keith Ayoob: 43:25

Greetings to the committee. I'm Keith Ayoob, a practicing R&D and associate clinical professor of pediatrics at the Albert Einstein College of Medicine in New York. Regarding the consideration, should changes be made to USDA dietary patterns based on whether starchy vegetables and grains are or could be consumed interchangeably, evidence supports categorizing starchy vegetables and grains separately in dietary patterns. These foods have complex carbs in common, but classifying starchy vegetables with grains can lead to negative unintended consequences because they're nutritionally unique from grains. This perceived interchangeability may stem from the many observational studies conducted using food frequency questionnaires where white potatoes are pre-classified with grains and starches while sweet potatoes and other starchy vegetables are grouped with all other vegetables. So treating them interchangeably could further worsen dietary imbalances and nutrition insecurity. A recent modeling exercise, currently in press, replaced white potatoes with grains in a typical 2,000-calorie diet that otherwise met DGA recommendations.

Replacing foods such as two ounces of hash browns with a slice of whole wheat bread and swapping a medium-baked potato for a half cup of rice resulted in shortfalls of key nutrients of concern, such as a 21% decrease in potassium and a 10% drop in dietary fiber and reduced intakes of choline and vitamins C, B6, and E. Most people don't eat enough vegetables. I see this, and I see nutrition insecurity all the time in the families that I counsel. Let's not give people an option to eat fewer vegetables such as nutrient-dense white potatoes. All potatoes are part of so many cultural foodways. They're a vehicle food for including more vegetables and other nutritious foods. Count potatoes correctly in dietary guidance as a vegetable, along with all nutrient-dense root vegetables and starchy vegetables like peas. They're popular, versatile, delicious, and affordable vegetables that American [inaudible]. Let's categorize, describe, and include them as such. Thank you very much.

Katie Brown: 45:23

I'm Dr. Katie Brown, a registered dietitian leading scientific and nutrition affairs at National Dairy Council, a research and education nonprofit organization funded by dairy farmers as part of the USDA Dairy Checkoff Program. NDC cannot and does not influence policy, and we appreciate the opportunity to provide science-based information as part of the DGA public process. Today, I'll be sharing three points for consideration by subcommittee one. First, the health benefits of dairy milk and dairy foods are backed by decades of peer-reviewed science supporting dairy's role in health promotion and reducing risk of diet-related diseases, which reinforces its important place in healthy eating patterns. Dairy foods provide a unique nutrient package, which contributes to brain development in early childhood, bone, muscle, and immune health across the lifespan, and is linked with reduced risk of prevalent chronic diseases like heart disease, type 2 diabetes, and obesity, and certain types of cancer. And this is particularly relevant for people of color who are already at a disadvantage for diet-related health disparities. Second, the health benefits linked to eating dairy foods go beyond its nutrients. Emerging science indicates the unique dairy food matrix may help explain the mechanistic link between eating dairy foods at a variety of fat levels and reduced risk of chronic diseases. This suggests there's room for flexibility across a range of fat levels within energy limits to help close nutrient and health gaps. And third, milk and dairy foods are among the least expensive dietary sources of calcium, vitamin D, and potassium, three of the four nutrients of public health concern. For those with lactose intolerance, low lactose and lactose-free dairy food options are nutrient-dense choices that can fit into a variety of culturally appropriate eating patterns. In fact, 98% of US retail outlets provide lactose-free milk, making it a widely popular and accessible option. Thank you to [inaudible] and USDA for this opportunity to provide comments.

Lianna Levine Reisner: 47:24

Good afternoon. My name is Lianna Levine Reisner, co-founder and president of Plant Powered Metro New York, a public health organization based in New York City promoting whole food plant-based nutrition. I became passionate about nutrition after reversing the symptoms of endometriosis using dietary change alone. Dairy was a major trigger for my disease, but the narrative in my youth, as it is now, is that milk from another species is an essential food for all life stages. Women and children diligently eat dairy products, as the guidelines in MyPlate advise, and suffer from a host of issues from ear infections and infertility to endometrial cancer, all implicated with dairy consumption. Dairy alternatives from whole plant food sources are not only nutritionally sound but urgently needed for public health. Subcommittee three, from the literature, we know that a whole food plant-predominant diet is nutritionally adequate for the vast majority of people, and protein-rich plants are actually preferable. Beans, lentils, and chickpeas contain, yes, all essential amino acids, as well as fiber, vitamins, and minerals. We thrive on legumes, and they contribute to healthful longevity. Our guidelines should promote daily consumption of legumes

over animal-based proteins, which come packaged with saturated fat, carcinogens, hormones, and pathogens. Subcommittee one, the relationship between dietary patterns and our most common diseases can be answered all at once. Diets that emphasize plant foods that are high in fiber, include a rainbow of colors from produce, and are low in saturated fat correlate with the lowest rates of disease. Whole food plant-rich patterns are the only silver bullet we know. Subcommittee two, for health concerns of pregnancy, we're led to the same answer. When moms eat the standard American diet, they gain excess weight and are prone to having more complications, overweight babies, C-sections, postpartum health issues, and our children start life with a disadvantage. Subcommittee three, are there certain top offenders that we overconsume? Yes, the guidelines must be crystal clear that fried foods and processed meats are acutely harmful to our health and lead to cancers, diabetes, and cardiovascular disease. Americans also need to know that the primary source of saturated fat is animal foods, to be avoided. The American public needs to hear from our government with confidence that eating predominantly nutrient-rich plants has more to do with health than our genes do. People can change when the information and the urgency are made clear.

Abigail Copenhaver: 49:27

Hi, I'm Abby Copenhaver, registered dietitian and dairy farmer. I appreciate having the opportunity to share my comments and professional expertise for subcommittee one. Today I'd like to highlight three points regarding dairy food and its impact on health. First, the dairy food matrix. Current science indicates that the entire food matrix, including nutrients, bioactive factors, and physical structures, work together to impact digestion, absorption, overall health effect of a food. As a registered dietitian, I must reiterate the importance of making dietary recommendations that are based on whole foods, food groups, and overall dietary patterns, and not based on nutrients in isolation. Second, dairy food's unique nutrition. Dairy food's beneficial nutrient package is often overlooked due to saturated fat, a nutrient that is recommended to be limited in the diet. However, a substantial body of scientific evidence demonstrates that consuming full-fat dairy foods is associated with protective effects on cardiovascular health. Research also finds full-fat dairy food consumption is inversely associated with obesity prevalence. Lastly, nutrition advice on dairy foods. Limiting dairy food intake due to saturated fat content for all Americans may result in unintended negative consequences. When exploring the relationship between food sources of saturated fat consumed and the risk of cardiovascular disease, we must consider individual foods and food groups and entire food matrix, not just use saturated fat in isolation. As an RD, I've practiced in the clinical, community health, and agricultural setting, and I've seen in each of these areas how dairy foods make a positive impact on healthy living. Thank you for your time, and I hope you take this information into consideration.

Dotsie Bausch: 51:25

My name is Dotsie Bausch, and today I'm asking for the standalone dairy category to be removed from the dietary guidelines to accommodate the wide array of populations and cultures that make up this great country. We are no longer a country made up of exclusively genetically mutated white people who can digest dairy. And it is high time we recognize that pushing dairy in its own category is culturally insensitive and even racist. I am an Olympic medalist and watched as many of my team USA teammates of color were made sick by dairy, a food that was thrusted on us to consume because dairy was the sponsor. A staggering 68% of the global population is unable to digest dairy products, with much higher rates among certain ethnicities. It's not fair to promote three daily servings of a product that makes millions of Americans sick. We should be striving for inclusivity and cultural sensitivity, ensuring that our dietary guidelines respect and accommodate the preferences and wellness of all communities. Placing a heavy emphasis on dairy, a food that is not

universally digestible or a cultural norm, contradicts the goal of fostering a healthy and inclusive dietary pattern. It makes it impossible for a huge portion of Americans to follow these guidelines that are supposed to be adaptable for everyone. Please remove the standalone dairy category from the dietary guidelines for Americans in 2025 so we can better celebrate our diversity. And may I suggest we place dairy foods appropriately in the protein category, where people of all color may have a choice on which protein works best for their unique needs. Thank you.

Jeff Volek: 53:07

My name is Jeff Volek. I'm a professor and nutrition scientist at the Ohio State University. The 2022 White House National Strategy on Hunger, Nutrition, and Health stated that the DGA committee will review all scientific questions with a health equity lens to ensure that the 2025-2030 DGAs are inclusive of people from diverse racial, ethnic, socioeconomic, and cultural grounds. This requires not only consideration of culturally appropriate foods, but also dietary patterns specifically designed to address nutritional needs of historically marginalized populations who are at increased risk of obesity. US obesity prevalence is just over 40%. And for comparison, obesity in non-Hispanic black women is approximately 57%. And this is a primary driver of chronic diseases such as heart disease, type 2 diabetes, hypertension, and stroke. Sadly, about half of American adults are pre-diabetic or diabetic, which disproportionately affects lower socioeconomic and historically marginalized racial and ethnic groups. As my lab and many other research groups across the world have demonstrated, reducing carbohydrate intake to less than or equal to 130 grams per day is associated with nutrient adequacy, weight management, improved blood glucose, and insulin control, lowered blood pressure, decreased markers of inflammation, a more favorable lipid profile, and reduced medication requirements. To help address the burgeoning obesity and poor metabolic health of many Americans, I recommend expanding the three USDA Healthy Food Patterns to demonstrate how they can be followed as part of a lower carbohydrate lifestyle. I'll be submitting modeling for a US dietary pattern to show how a low-carb diet can meet all nutrient requirements and be comparable in diet quality to existing DGA menu models while meeting a thrifty food plan. Thank you.

Allison Cooke: 55:04

Hello. My comments today are on behalf of members of the Food and Beverage Issue Alliance. FBIA is a coalition of over 40 food and beverage trade associations representing the food supply chain from ingredient suppliers to food manufacturers, retailers, and restaurants. My comments today will focus on the scientific question on the relationship between consumption of dietary patterns with varying amounts of ultra-processed foods and growth body composition and risk of obesity, and reiterate previously submitted FBIA comments. First, FBIA members would like to note there's no consensus definition for processed foods, and there are multiple classification systems that are applied differently in the scientific literature. Therefore, FBIA members caution the committee from making strong recommendations on this question given the lack of a consensus definition and as the majority of the scientific evidence on ultra-processed foods are from observational studies, meaning any recommendation should be put into context. Secondly, FBIA members encourage the committee to not only focus on the NOVA classification system when reviewing evidence for this question. While NOVA is used in much of the epidemiological research on ultra-processed foods, it is not the most appropriate or evidence-based approach as the system arbitrarily classifies foods based on level of processing. NOVA does not consider nutrient content of foods, and foods that may be classified as ultra processed may not have high levels of fat, salt, sugar, or additives, but simply a handful of ingredients. Further is noted, the system is not uniformly applied across the scientific literature, leading to inconsistent understanding of the concept and resulting conclusions. Lastly, food processing can provide benefits to products

including food safety and security, improved nutrition, reducing food waste, permitting food diversity, and offering convenience and affordability. Much of the food supply is processed, and often the only difference in manufacturing of these products versus home cooking is the scale, equipment use, and the controlled environment. FBIA members strongly encourage the committee to acknowledge the benefits of food processing and not put forward recommendations which might create a good food, bad food system. FBIA also encourages HHS and USDA to consider an additional opportunity for oral comments at one of next year's committee meetings. Thank you for the opportunity to provide comments.

David Katz: 57:02

Hello, I'm Dr. David Katz. I very much appreciate this opportunity. And special warm greetings to my friends and colleagues in attendance. My ask, please stop referring to proteins as if a group of interchangeable foods. There's nothing remotely interchangeable for the health of people or planet about the effects of pinto beans versus pepperoni, chickpeas versus chicken nuggets. A reference to protein as a food category results in dietary misguidance rather than guidance since it really is the quality of foods delivering protein along with a vast array of other essential nutrients, rather than just the quality of the protein in a given food, that is rate limiting to the health of the typical American in 2023. The reference to protein foods is obsolete and inappropriate in a population where protein excesses rather than deficiencies [prevail?]. The very definition of protein quality, whether PDCAAS or DIAAS, is directed at preventing deficiency, but most Americans consume far more protein and more of all essential amino acids than they need. Protein deficiency is all but unknown outside of burn units and the ICU. Reference to protein foods is an anomaly in the guidelines. They do not refer to folate foods or fiber foods or magnesium foods as if all interchangeable. The best food sources of nutrients are emphasized. An emphasis on protein quality rather than food quality places a halo over foods, including red and processed meat, that are known to confer net harm on people and planet alike. It is the quality of foods delivering protein along with a vast array of other essential nutrients rather than the quality of the protein in a given food that is rate limiting to the health of the typical American in 2023. Please stop referring to proteins as if a group of interchangeable foods, and instead, note protein where relevant among the many important nutrients delivered by specifically recommended foods. Thank you.

Kristen Hicks-Roof: 58:56

Hello, 2025 Dietary Guidelines Advisory Committee members. My name is Dr. Kristen Hicks-Roof, and I'm a registered dietitian and the Director of Nutrition Research at the National Pork Board. On behalf of tens of thousands of pig producers and farmers out there, we appreciate the opportunity to provide oral comments. I will provide research-based comments not to influence policy or action. The 2025 Dietary Guidelines Committee is using a health equity lens across their evidence review process. And one of the foods that embodies all aspects of affordability, nutrition, and cultural significance is pork. There's research to support that there's no socioeconomic gradient when it comes to who is eating pork, and there's numerous culturally appropriate recipes celebrated by individuals in the US and abroad, making pork a key source of protein and nutrients across the global food system. Recent modeling research of the USDA Thrifty Food Plan preferentially selected fresh lean pork to arrive at the lowest cost, healthy diet that met all dietary guidelines and nutrient requirements. By including lean meats such as fresh unprocessed pork in the dietary guidelines, Americans have the opportunity to not only feel good about choosing an affordable protein but also one that promotes a social and cultural connection. Currently, the dietary guidelines for Americans uses the ounce equivalent system as a unit to measure across proteins. Two recent randomized controlled trials in young adults and older adults showed that protein from just two ounces of fresh

lean pork provides greater essential amino acid bioavailability compared to two ounces equivalent of eggs, black beans, and raw sliced almonds. This research demonstrates that the ounce equivalence method may not be applicable to the amino acid bioavailability of these foods. Studies like this can serve as an important resource for the committee so that you can consider the appropriateness of equating different protein sources. In summary, lean pork is able to enrich the diets of those who may not be able to get nutrient-dense meals or essential nutrients. Pork's versatility goes beyond just nutrition though. It's a symbol of cultural heritage, bringing families together and connecting via cultural practices that span generations and generations.

Tiffany Bruno: 01:00:56

Hello, everyone. My name is Tiffany Bruno, and I am a dietetics graduate student. In my education, I am constantly learning how pivotal it is to meet people where they are to become their healthiest selves. I believe having dairy as its own category does not meet people where they are, making it impossible to follow this recommendation for so many people. I am requesting the dairy category be integrated into the protein category instead. This will help more people follow the guidelines as they are written and give flexibility to meet their needs and lifestyles. Although the guidelines are not accounting for the environmental impact of our diet, many Americans are in their daily nutrition decisions. Our collective shift in eating patterns, regardless of motivation, should be a factor. If people are not consuming dairy because of its excessive environmental footprint, the guidelines should be advising them accordingly on other options. If dairy is included in the protein category, it can easily be replaced with other protein sources, such as beans, that use significantly fewer resources. Additionally, I can say from firsthand experience that younger generations do not want dairy products three times a day and therefore typically ignore this guideline. Preferences are integral for meeting people where they are. And again, this recommendation does not resonate with many Americans. The dietary guidelines are updated based on the most current nutrition science but also to reflect how the US cultural landscape shifts. If a large portion of Americans are choosing to not consume dairy then the guidelines should be updated accordingly. There is no nutrient that is exclusive to dairy and cannot be found elsewhere in a healthy diet. As American culture continues to shift away from dairy, please shift this entire category to be part of the protein food groups instead. Thank you.

Leslie Wada: 01:02:50

I'm Dr. Leslie Wada, Senior Director of Nutrition and Health Research at the US Highbush Blueberry Council. USHBC thanks you for the opportunity to provide comments, and we offer the following in reference to the question regarding potential changes to USDA dietary patterns. Evidence suggests that, like vegetables, consideration be given to establishing fruit subgroups in support of improved diet quality and health for all Americans. While vegetable subgroups have been included in the DGA since 2005, fruits are still considered uniformly despite their varied nutrient contributions. Like vegetables, fruits also provide a diverse range of nutrients and phytonutrients based on their color and type. Certain fruits are especially high in flavonoids, plant compounds which have antioxidant effects. For example, berries are uniquely high in the anthocyanin class of flavonoids, along with vitamin C and fiber. Recent evidence suggests that increasing anthocyanin-rich foods, including blueberries, is a simple dietary change that could have a significant impact in reducing cardiovascular disease risk. Additionally, research suggests that increased fruit and vegetable variety, especially those red and purple in color, is associated with lower risk of all-cause and cancer mortality. The distinct benefits of berries are increasingly being recognized in global dietary guidelines, such as the Nordic nutrition recommendations, which differentiates berries separately from the broader fruit and vegetable category. Given the persistent gap in fruit consumption among Americans

of all ages, more specific guidance on fruit intake should be considered. An analysis of the What We Eat in America survey using NHANES data showed that individuals who had a higher variety of fruit consumed more fruit overall. Creating fruit subgroups would encourage greater diversity of fruit intake and ultimately help improve consumption, nutrient adequacy, and diet quality for all Americans. Thank you for the opportunity to provide comments.

Oscar Garrison: 01:04:54

My name is Oscar Garrison, and I represent United Egg Producers. Our family-owned farm members are proud to produce delicious, healthy, nutrient-dense eggs for retail, food service and [inaudible] [manufacturing?]. Eggs are a good or excellent source for many important nutrients including choline, which is critical for expected and nursing mothers and the neurological development of their infants and children but unfortunately falls short in most American diets. This is one reason that the 2020 Dietary Guidelines recommends eggs as a first food for infants and toddlers. In the past, egg consumption suffered because people were concerned about cholesterol in their diets, but science now tells us, for most people, there is no connection between dietary cholesterol and cholesterol in the blood. The American Heart Association now focuses on healthy dietary patterns, not specific numbers for dietary cholesterol, and endorses eating an egg a day. The last two editions of the dietary guidelines did not include cholesterol as a nutrient of public health concern, and the US Food and Drug Administration has proposed that eggs be able to make a claim of healthy on the cartons. Unfortunately, a recent survey showed that 42% of new and expected parents say high cholesterol is a barrier to eating more eggs. And many of these parents said that their belief is based upon common knowledge. But this perception is highly outdated. But there's more work to be done, and UEP hopes this committee will focus on the importance of eggs as a good source of protein that is not high in saturated fat and may be especially important for pregnant women, infants, toddlers, and young children. One way to highlight the egg's role is to make eggs a separate subgroup within the protein foods group. Eggs' unique nutrient content contrasts with other products in the group. They are higher in choline, for example. So we encourage the committee to create an egg subgroup and to model dietary patterns with intakes of eggs daily. Thank you.

Melissa Bernstein: 01:06:52

Hello, my name is Dr. Melissa Bernstein. I'm a registered dietitian, nutritionist, and a board member of the American College of Lifestyle Medicine. Unknown to many Americans and even many healthcare professionals, an evidence-based lifestyle medicine approach, including food as medicine, is the first treatment plan recommended in the majority of chronic disease care guidelines. Therefore, how can we use this platform of the dietary guidelines to be a catalyst for true health and wellness for all Americans? There's a substantial body of evidence now supporting food as medicine to prevent, treat, and when used intensively, even reverse common chronic conditions such as obesity, cardiovascular disease, and type 2 diabetes. For example, a 2022 expert consensus statement and a recent study using the DASH diet and a whole food plant-based diet concluded that it is possible to achieve remission for type 2 diabetes through diet alone. This is an empowering message for individuals who otherwise are destined to a lifetime of pharmaceuticals. To address diet-related chronic diseases, the guidelines need to move away from recommending foods such as meat and dairy products that contribute to inflammation and chronic diseases and, instead, encourage an eating plan based predominantly on a variety of minimally processed whole plant foods. The new guidelines have the opportunity to take a stand for the elimination of ultra-processed foods that contribute to the chronic-preventable disease burden in this country. The dietary guidelines and MyPlate graphics are very important to communicate the recommendations. Images must include more plant-based protein options, and water should replace the dairy

beverage icon. The dietary guidelines have the opportunity to reach the American public and emphasize that food is medicine, and individuals can take control of their health with the foods they choose to eat. The guidelines should highlight a dietary pattern that emphasizes unprocessed plant foods that have been proven to prevent, reverse, and treat chronic conditions. Thank you for your time and consideration of these comments. Please consider ACLM a resource as you proceed in this critically important work.

Robert Ostfeld: 01:08:52

Good afternoon. My name is Dr. Robert Osfeld. I'm a cardiologist and the Director of Preventive Cardiology and a Professor of Medicine at Montefiore Health System in Bronx, New York. My colleagues and I see innumerable patients with diet-related diseases like heart attack, stroke, high blood pressure, and diabetes. Our patients who do well eat lots of vegetables and fruits each day, whole grains, beans, and lentils, and limited to no red meat, processed meat, and dairy, including cheese. Our patients who do poorly eat more red meat, more processed meat, more dairy, including cheese. Now, there's a very interesting study that showed that about 0.7% of the US has an "ideal dietary pattern" meaning eating lots of vegetables, fruits, whole grains, a little bit of fatty fish each week, low salt and low sugar-sweetened beverage consumption. 0.7%, but fully 75% of the US has a poor dietary pattern. Now, why does that matter? In that same study, as this group knows well, they estimated what would happen if everybody adopted an ideal dietary pattern. Well, they estimated that after just one year, cardiovascular event rates would fall by a little more than 40%. But 0.7% of the US has the ideal dietary pattern. So no matter how forceful or how clear you think the dietary guidelines were before, we need your help. They need to be clearer. People are dying. Please don't use euphemisms like saturated fat to describe red meat and dairy. Spell it out. It helps people adopt healthier diets. I see it in my clinic. We need your help. Please strongly emphasize more vegetables, fruits, whole grains, beans, and lentils, and minimize red and processed meat, dairy, including cheese. Thank you.

Aikaterini Anagnostou: 01:10:50

Hello. I am Dr. Katherine Anagnostou, a professor of pediatric allergy at Texas Children's Hospital and Baylor College of Medicine. I currently serve as the vice chair for the Food Allergy Committee at the American College of Allergy, Asthma, and Immunology. I would like to bring to the committee's attention the importance of introducing allergenic foods early into an infant's diet. The early introduction of allergenic foods to all infants around the age of four to six months has been shown to be very safe by multiple research studies. It is also very effective in preventing food allergies. Foods that may be introduced include peanut, milk, egg, soy, wheat, tree nuts, fish, and sesame. Once the foods are introduced into the infant's diet, they need to be given regularly at least two to three times a week. This has been proven to be very safe, and it also does not affect breastfeeding rates. We would also like to highlight the importance of feeding infants a diverse diet that includes foods from all food groups. This, of course, helps promote growth, as well as a nutritious diet, and it may also affect, positively, food allergy outcomes. Thank you very much for inviting us to comment and for taking our comments into your consideration.

Mark Messina: 01:12:17

Hello. My name is Mark Messina, and I'm providing comments on behalf of Soy Nutrition Institute Global, the leading voice representing stakeholders involved with soybeans and soy ingredients intended for human consumption. My comments today address two issues. The relationship between the consumption of soy products and the development of breast cancer, and the effects of food processing on health. First, migration data convincingly show international differences in breast cancer rates are due to differences in lifestyle factors, one of which is diet. However, it may be that the impact of diet has been underestimated because, as was proposed more than 30 years ago, early life events profoundly impact the risk of developing breast cancer

later in life. Importantly, although data indicate that adult soy food consumption reduces breast cancer risk, there is intriguing preclinical and observational evidence suggesting maximum protection requires soy consumption during childhood and/or adolescence. For this reason, SNI Global encourages the committee to continue to emphasize the importance of early dietary habits and also asks that you consider recognizing the potential role of soy in reducing breast cancer risk when consumed early in life. Second, I want to address the relationship between food processing and health. As you may know, many soy foods, including those that have been consumed for centuries, are NOVA classified as ultra-processed. NOVA has served to elicit discussion about the impact of processing on the health effects of food. However, NOVA is insufficiently nuanced to serve as a public guide for food purchasing decisions. The idea that tofu, a food that has been consumed for centuries, warrants the same NOVA classification as Twinkies, defies common sense. Thank you for this opportunity to participate in the process to develop the next iteration of the dietary guidelines.

Harry Rice: 01:14:19

My name is Harry Rice, and I work for GOED, the Global Organization for EPA and DHA Omega-3s. Our 170-plus member companies represent the entire supply chain of EPA and DHA from fisheries all the way to finished product brands. GOED appreciates the work of the Dietary Guidelines Advisory Committee and the opportunity to provide brief comments, which are directed to Subcommittee two, diet in pregnancy and birth through adolescence. It's obvious that pregnancy is important to this committee given that four questions involving pregnancy are going to be addressed. In addition, the scientific report of the 2020 DGAC included a recommendation for the next DGAC to examine the relationship between EPA and DHA supplements consumed before and during pregnancy and pregnancy outcomes. Thus said, GOED encourages the DGAC to add a question to address the importance of the relationship between dietary patterns, including EPA and DHA omega-3s consumed during pregnancy, and the reduction in risk of preterm and early preterm birth. In brief, the relevant scientific support can be found in a 2018 Cochrane review of 70 randomized controlled trials with almost 20,000 women, which reported that omega-3 interventions, including supplementation or food additions during pregnancy, reduced the risk of preterm and early preterm birth by 11% and 42% respectively. Given that pregnant women's omega-3 intakes in the US are low, coupled with compelling economic impact data showing that consumption of the omega-3 fatty acid DHA for reducing early preterm [birth?] could save the US healthcare system up to $6 billion per year, such risk reductions are of public health relevance and should not be ignored. In closing, GOED thanks the committee and wishes it the best of luck in the development of its scientific report. Thank you.

Guy Johnson: 01:16:19

I have one word for you, flavor. Hi, everyone. I'm Guy Johnson, Senior Advisor to the McCormick Science Institute, and at MSI, we truly believe that flavor is the key for consumers to implement the dietary guidelines. And the previous committee agrees. They said spices and herbs can help flavor foods when reducing added sugars, saturated fat, and sodium, and they can also add to the enjoyment of nutrient-dense foods, dishes, and meals that reflect specific cultures. We totally agree. In fact, now there are multiple studies that confirm that most recipes made healthier with spices and herbs are equally or better liked than their less healthy counterparts. The cost is about the same and sometimes even less expensive. And spices and herbs are clearly instrumental in promoting ethnically diverse, healthy dietary patterns as the department so wishes to do. Furthermore, a just-published NHANES modeling study shows that modification of just 10 key recipes would result in unprecedented decreases in saturated fat, sodium, and an improvement in the Healthy Eating Index. But flavor is the key. So let me leave you with one more word. Opportunity. You have

an opportunity to educate consumers on how to use flavor to translate the dietary guidelines into a healthier life. Thank you so much.

Elaine Beulick: 01:18:11 Hi, my name is Elaine Beulick, and I'm a registered dietitian, and I'm currently a doctoral student at St. Louis University. It is wonderful that the DGA, 2020 to 2025, specified there is no clear need for toddler milk or drinks. However, I want to encourage the committee to consider inclusion of a specific section addressing pediatric nutritional supplement shakes. Pediatric nutritional supplement shakes are high-calorie, high-protein supplement shakes. The leading brand of pediatric nutritional supplement shakes, according to UConn Rudd Center's baby food facts report, was developed for and studied in children ages 2 to 13 who were at risk for malnutrition. It is therefore important to distinguish what pediatric nutritional supplement shakes are and to highlight the fact that there is no clear need for the products for most US children. Data collected in our lab that is being drafted for publication shows that parents are providing these shakes, not only to children ages 2 to 13 but to young toddlers and infants as well. 22% of parents of infants and 34% of parents of young toddlers reported providing pediatric nutritional supplement shakes in the past month. Additional data from our lab is also showing that parents of healthy children perceive these products as healthy and necessary for their child, even though they're developed for children at risk of malnutrition. This is likely because the marketing for pediatric nutritional supplement shakes does not focus on malnutrition but rather preys on parental concern about children's picky eating habits and nutrition. Clear information that can guide and empower caregivers and providers to make educated choices about whether or not pediatric nutritional supplement shakes are appropriate for infants and toddlers is a step towards protecting the health of our young children. Thank you.

Mitch Kanter: 01:20:14 Hi, I'm Dr. Mitch Kanter, chief science officer of The Alliance for Potato Research & Education. We're providing comments today specific to the issue of classification of potatoes within the evidence being reviewed. Potatoes, like all vegetables, are nutrient-rich, contributing significant amounts of potassium, vitamin C, and B6, and fiber to the diet. While potatoes are a nutrient-dense vegetable, in dietary pattern analyses, they are often grouped with non-vegetables or foods with a less nutritious profile, particularly in studies that rely on pre-existing data sets. Several studies have grouped potatoes with foods like sugar-sweetened beverages, desserts, and refined grains in their analyses, leading to the conclusion that this grouping of foods has negative health implications. But in observational studies where potatoes are rightfully classified as a vegetable and included in healthy dietary patterns, the results, as well as the interpretation of potatoes' impact on health outcomes, are much more positive. The issue of a priori classification based on assumptions versus analysis of empirical evidence becomes easily amplified in the literature. A single study that classifies potatoes with high sugar, low nutrient dense fare can have an undue ripple effect on subsequent research findings. At times, these categorizations tie back to an original study that may be decades old and used outdated research methods and assumptions. And the data collected decades ago do not always reflect the nutrient profile of the same foods consumed today. Food science innovations like the use of trans-fat-free oils and reduced fat preparation methods for fried potatoes can make dietary intake data collected decades ago largely inapplicable to today's population. Many early studies [include?] forms of potatoes are rarely consumed today. We ask the committee to consider these issues when evaluating the literature. Thank you.

Neal Barnard: 01:22:18 I'm Neal Barnard for the Medical Society of the District of Columbia. In Washington, health disparities are acute and persistent. Among African-Americans, coronary heart disease is more than twice as common, and heart attacks three times more common,

compared with whites. A key part of the solution is honest information about the nutritional factors that fuel these problems. We join the American Medical Association in calling for the guidelines to clearly state that there is no nutritional requirement for meat or dairy products. There are, in fact, considerable advantages to replacing these products with a healthful diet of vegetables, fruits, whole grains, and legumes. We also need clarity about saturated fat. It's in dairy products, meat, and tropical oils, and let's say so. The undue emphasis on dairy products and meat in the current guidelines takes a real toll on people of color, many of whom don't digest lactose and are at particular risk for mortality from prostate cancer, which, as the Harvard cohorts have shown, is strongly associated with dairy consumption, presumably due to milk's tendency to elevate circulating IGF-1. Data from the Adventist Health Study 2 and the China Biobank Study have also established striking associations between dairy intake and breast cancer, presumably due to estradiol in cow's milk. The dairy industry's argument that some plant-based milks have less protein is irrelevant. Protein is abundant in plant foods, and individuals who obtain protein from plant sources have better health than those who rely on animal sources. Plant-based foods merit vigorous promotion in the dietary guidelines.

Kam Quarles: 01:24:01

I'm Kam Quarles, the CEO of the National Potato Council, proudly representing the interests of family farms that comprise the US potato industry. And I'd like to raise two points as the committee works on food pattern modeling to inform the development of the guidelines. First is that potatoes are a vegetable. We understand that the committee is considering changes to food groups within the US dietary patterns, and one of those discussions involves the interchangeability of potatoes and grains. And while NPC is sensitive to individual needs and cultures, we urge the committee to recognize a potato is not a grain. Potatoes are the most widely produced vegetable in the United States. Potatoes and grains are two vastly different food groups that play distinctly different roles in the US diet. And unlike grains, white potatoes are a strong contributor of potassium, calcium, and vitamin C and B6 along with fiber. The suggestion to reclassify potatoes as a non-vegetable is not grounded in any scientific metric. Instead, it apparently involves arbitrary preferences of meal substitution. And this unsupported notion, if acted upon, will confuse consumers and decrease vegetable consumption. We ask the committee to avoid this chaotic outcome and continue to acknowledge the fact that potatoes are a vegetable. The committee should focus on strategies to increase vegetable consumption. Americans do not eat enough vegetables, and potatoes are key to addressing this issue. Potatoes are a versatile, affordable, and nutrient-dense choice. And they play a key role in nutrition programs such as the school lunch and school breakfast programs, where they serve as a springboard vegetable, introducing children to other types of less consumed vegetables and increasing participation and decreasing food waste. We encourage the committee to enhance the role of potatoes as they formulate the dietary guidelines.

Mark Corkins: 01:25:49

Thank you for the opportunity to comment today. My name is Dr. Mark Corkins, and I am a pediatric gastroenterologist from the University of Tennessee Health Science Center in Memphis, Tennessee. And I am commenting today on behalf of the American Academy of Pediatrics, a nonprofit professional organization of 67,000 pediatricians. I currently serve as chair of the AAP's Committee on Nutrition. The dietary guidelines for Americans play a crucial role in the lives of millions of children because our pediatricians routinely look to the dietary guidelines to give advice to parents, and they do so with confidence because we believe that scientific evidence was used to inform the recommendations. We applaud the work of the committee on the scientific evidence-based approach they take to nutrition for children and adolescents through the subcommittee on diet and pregnancy and birth through

adolescence. Of course, we believe the first 1,000 days of a child's life from conception through age two are the crucial period when neurodevelopmental steps take place. And the dietary guidelines for this time period are crucial. And it is important for the committee's work to focus in this area for long-term outcomes. We also need to take a holistic equality look at this time period because we have different racial and ethnic intakes and dietary patterns in this group. We're pleased that the committee is focusing on complementary feeding, including feeding practices and feeding styles. And again, you have to consider different regional and cultural practices in this evidence. We're a little disappointed that the scientific question of the impact of the dietary patterns before and during pregnancy and lactation, and the impact on milestones was deprioritized, but there's only so much time. But we encourage you to keep this in your next cycle as a priority. We're also interested in the committee's findings on beverage patterns, kids consuming sugar-sweetened beverages, juices, dietary milk, and milk alternatives because this has a big impact on child and adolescent health. We look forward to continue to engage with the committee's work. Thank you for the opportunity to comment.

Peter Ballerstedt: 01:27:50

I'm Peter Ballerstedt, a forage agronomist and ruminant nutritionist. The amino acids and peptides supplied by our diets are essential for many aspects of human health and well-being. One, the maintenance of muscle mass is critical for an aging population, increasingly manifesting metabolic syndrome. Whole food diets that provide the amounts appropriate to each stage of life must be the goal of dietary guidance. Previous additions of the dietary guidelines contain serious flaws in dietary protein recommendations. First, it used crude protein values, an antiquated estimate no longer suitable for use in humans and other monogastric nutrition. This provides no estimate of individual amino acids, their digestibility, or their utilizability. In 2011, an FAO expert consultation recommended that, "Dietary amino acids should be treated as individual nutrients, and wherever possible, data for digestible or bioavailable amino acids should be given in food tables on an individual amino acid basis." They also recommended that a new protein quality measure, the Digestible Indispensable Amino Acid Score, or DIAAS, replace PDCAAS. Second, its use of the recommended daily allowance, RDA, for protein is flawed since it relies on crude protein values. Phrases like high quality and reference protein are insufficient and are poorly understood by the public. In addition, the RDA is a minimum level. It has been shown to be significantly below optimal levels for most life stages. The 2020 to 2025 dietary guidelines did not discuss DIAAS, only mentioned the phrase amino acid four times, and presented ounce equivalents of protein foods that "do not appear to be equivalent in any respect for Park et al 2021". The next dietary guidelines must reflect current research and understanding of amino acid nutrition across all stages of life.

Jonanthan Nez: 01:29:52

[foreign], my name is Jonanthan Nez. I served as the vice president of the great Navajo Nation from 2015 to 2018 and as its president from 2019 to 2023. I am speaking today on my own behalf as a tribal leader. Historically, the Navajo Nation lived off the land. We farmed and were stewards of the land. Our staple foods were corn, beans, and squash, the three sisters. We were self-reliant. However, with the westward expansion, the federal government started to interfere with our self-sufficiency. Navajos were removed from their land and were held in captivity. In the process, our people were introduced to government rations that did not reflect our traditions. Eventually, we negotiated a return to our homelands, but government rations followed us. To this day, government programs continue to harm the health of our people. Milk, cheese, and other dairy products were never part of our tradition. Dairy is a European custom, and today, the dietary guidelines still push us to consume milk, even though most Native Americans cannot digest it. Meat was never central to the Navajo diet. Traditionally, our foods were mostly plant-based. Our traditional

corn, beans, and squash provide protein, calcium, and other nutrients but are treated as second-class foods in the dietary guidelines, which keep in inappropriate emphasis on meat and dairy products. Beans, in particular, are not only rich in protein and minerals but also provide fiber and other healthful nutrients with essentially no saturated fat or cholesterol. The dietary guidelines should emphasize the foods that traditionally kept the Navajo Nation healthy. Putting an emphasis on plant-based foods would be beneficial, not just to our people but to all Americans. [foreign].

Campbell Genn: 01:31:50

My name is Campbell Genn with the Sugar Association. We support the dietary guidelines for Americans and encourage their application across federal nutrition policies. Today, we emphasize five key points for consideration. First, evidence shows that a singular focus on sugar reduction over the past 20 years has not reduced obesity. Added sugars consumption decreased by 30% since 2000, yet obesity tripled in children and quadrupled in adults. Second, not all sources of added sugars and the manners by which they are consumed are the same. Research shows that added sugars from different sources yield different outcomes for diet quality and health. These differences should not be ignored. Third, sugar plays a significant functional role in foods beyond sweet flavor. As just one example, whole wheat bread would not rise without added sugars. Removing sugar requires adding other, often multiple ingredients, and can actually increase calories. Fourth, a blanket focus on sugar reduction has led to a surge in consumption of low and no-calorie sweeteners, especially in children's products, without full calorie reduction, improved health outcomes, or a full understanding of the implications of adding sweeteners to thousands of products. Fifth, while we agree that reducing added sugars to 10% of overall calories is reasonable, given there is no current dietary reference intake, calculating percentages of daily calories is impractical for the average person. The dietary guidelines could benefit from practical guidance. For example, a recommended number of sugar-sweetened beverages that fit into a week's diet, directly addressing the top source of added sugars without incentivizing broad brush reformulation of all foods that contain added sugars. If the dietary guidelines are to successfully support healthier dietary patterns, it is critical to take an objective view of the evidence about what works and what doesn't. And not to be forgotten, taste is an important part of an enjoyable diet, and when consumed in moderation, real sugar continues to bring taste, function, and pleasure to a healthy balanced diet.

Haiuyen Nguyen: 01:33:51

I'm Haiuyen Nguyen with the Council for Responsible Nutrition. Thank you for updating the dietary guidelines for Americans. The guidelines provide a roadmap to improve public health through nutrition. It is a shared goal that all Americans consume healthy diets to ensure adequate intakes of beneficial vitamins, minerals, fiber, omega-3 fatty acids, and other bioactives. However, when the diet is suboptimal, dietary supplements and functional foods can help fill nutrition gaps and promote overall health. American diets are complex and diverse, driven by factors including cultural and lifestyle preferences and medical conditions. The committee should discuss the appropriate use of supplements and reinforce current guidelines recognition of supplements in helping Americans meet nutrient recommendations given that Americans consistently face nutrient shortfalls. Getting enough nutrients through food alone can be challenging, especially during pregnancy when there's increased need for iodine, iron, vitamin D, folate or folic acid, and choline. Prenatal supplements are routinely recommended by healthcare practitioners. The committee should reinforce current expert advice to promote healthy pregnancies and healthy babies. A recent study shows that supplements reduce the risk of nutrient inadequacy in older Americans eligible for SNAP. Many older adults decrease their food intake due to changes in appetite or inability to chew or swallow food and can experience decreased ability to absorb nutrients related to use of medication. Overall, 74% of

older Americans use dietary supplements, an important source of nutrition for this life stage. We urge the committee to consider special nutrient concerns at each life stage and recommend reasonable options for meeting nutrient needs and optimizing health, including dietary supplements and functional foods. Thank you.

Darren Schmidt: 01:35:55

Your purpose as stated on your website says, "The committee is tasked with reviewing the current body of nutrition science on specific topics and questions and developing a scientific report that includes its independent science-based advice for HHS and USDA to consider." The word science is in there three times. What is science? It is a process. Here are all six steps of the scientific process: observation, hypothesis, then you have to test that hypothesis with an experiment, analyze the data, report it, then others replicate it. Science must always have an experiment. Epidemiological or observational studies do not have an experiment. Therefore, they are not science. They are merely surveys and provide a hypothesis, and therefore must be ignored by you, by law. The Data Quality Act of 2001 requires all governmental agencies to use only high-quality data to make decisions. Epidemiology is not high-quality data, and that is mathematically proven; it is not just an opinion. There are zero scientific clinical experiments to prove the hypothesis that meat causes any disease. As a matter of fact, science has shown animal fat and protein have been proven to be a health food. Now, what does the preponderance of science actually tell us about diets? This graphic is 116 feeding experiments compiled. As we go from left to right, the diet has more protein and therefore less calories and the people get healthier. The left is red. These are junk food and fast food eaters with the most amount of disease and obesity and the least amount of protein in their diet. The yellow are the current governmental guidelines, which must change. It's the low-fat Mediterranean diet with only 10 to 20 percent of calories from protein. This has led to 70% of Americans becoming overweight. The blue is a low-carb diet, and they eat more protein and therefore less calories and are therefore healthier. But all the way to the right, we have the fitness athletes who maximize their protein intake up to 55% of their calories. Therefore, they eat less fat and carbs and are the healthiest. This is what the science says is a healthy diet. Please watch this video 10 times in the next 10 months as you make your decisions.

Yuka Nagashima: 01:37:56

My name is Yuka Nagashima, and I'm the Executive Director of Food Shift. Food Shift recovers food that would otherwise go to waste and offers community organizations a reliable source of fresh produce serving various marginalized communities including but not limited to people identifying [inaudible] BIPOC, homebound seniors, veterans, members of LGBTQ+ communities, people of low or no income or low socioeconomic status, people who are houseless, recent immigrants, and previously incarcerated individuals. I have firsthand experience serving marginalized communities who stand to gain the most from this revision process. The dietary guidelines were on my mind when I had to dispose of tons of cartons of wasted dairy from a school summer lunch program. The milk cartons were purchased to ensure every student had access to milk, yet participants could not or did not want to drink dairy and could not be repurposed by Food Shift because we could not provide assurance if the food safety protocols were followed as dairy is a perishable product. This is not an isolated instance. I spoke at the California Resource Recovery Association conference, which included participants from the state and local governments, as well as food assistant organizations. They identified dairy as the big food donation category that often goes to waste. Imagine the possibility of diverting funding tied up in wasted dairy for our institutional meals to include more fresh produce and other items recommended in the MyPlate diagram. Why include the dairy icon when so many Americans cannot digest it and suffer when they ingest it, myself included? Asian Americans, African-Americans, and Native Americans have high rates of lactose intolerance. Our

marginalized neighbors are at higher risk for diseases and chronic conditions rooted in poor diet. We appreciate the Dietary Guidelines Advisory Committee committed to applying an equity lens by removing the dairy icon from the National Nutritional Guidelines to be culturally inclusive of all Americans. Thank you.

Teresa Marshall: 01:39:54

Good afternoon. I am Teresa Marshall, a registered dietitian with a doctorate in human nutrition and a professor in the College of Dentistry at the University of Iowa. Today, I'm speaking on behalf of the Oral Health Alliance, an alliance of nutrition and dental professionals and community organizations invested in oral health. Oral health is more than the absence of disease. Oral health is a state of well-being that supports eating, breathing, and speaking, and enables individuals to confidently engage in society without pain or embarrassment. In addition to sugar and refined carbohydrates contributing to dental caries, inadequate nutrient intakes are a risk factor for enamal hypoplasia, which increases the tooth susceptibility to caries. Caries is the number one chronic disease of childhood leading to tooth pain and loss. Periodontal disease is exacerbated by malnutrition and individual vitamin and mineral deficiencies. Approximately 50% of adults over 30 years of age have periodontal disease, which is the leading cause of tooth loss in adults. Oral cancer is associated with low fruit and vegetable intakes and can result in oral tissue loss. Think the tongue, jaw, and teeth. Decreased oral function results from the pain and loss of oral disease. This decreased oral function makes it very difficult to eat nutrient-dense whole grains, fruits, and vegetables. I might suggest the early childhood caries as the canary in the coal mine for diet-related disease. The added sugars causing early childhood caries are not in addition to a MyPlate-compliant diet but rather consistent with a diet high in energy-dense nutrient-poor foods, the same diet that increases the risk of obesity and obesity-related chronic disease. I would argue that it is essential to recognize diet-related risk factors for oral health and oral health's role in consuming a nutritionally adequate diet throughout the lifespan in the 2025 to '30 dietary guidelines. Thank you.

Michelle McMacken: 01:41:51

Hello. My name is Dr. Michelle McMacken. I'm a practicing physician and the executive director of nutrition and lifestyle medicine at New York City Health and Hospitals, the largest municipal public healthcare system in the US. I'm speaking today on the relationship between dietary patterns and type 2 diabetes risk. We have strong and consistent evidence that eating patterns rich in whole grains, vegetables, fruits, legumes, nuts, and seeds are linked to significantly reduced risk of type 2 diabetes, as well as improved blood sugar in people who already have type 2 diabetes. These plant-predominant eating patterns also lower the risk of diabetes complications, such as cardiovascular disease and chronic kidney disease. Moreover, they reduce LDL cholesterol, blood pressure, and inflammation, and they promote a healthy body weight. The current dietary guidelines already do emphasize vegetables, fruits, and whole grains, but they could be much more clear on food sources of protein and fat that affect the risk of diabetes and its complications. Animal protein, especially processed meats and red meat, is consistently linked to higher risk of type 2 diabetes. Saturated fats, which we know are found primarily in animal fats, directly promote insulin resistance and thus type 2 diabetes. What should be front and center in the guidelines, especially in the MyPlate Protein section, are foods such as beans, lentils, peas, and tofu. In addition to being rich in protein, these foods have many nutritional advantages, such as high fiber and antioxidants, low-saturated fats, and no cholesterol. Moreover, they're among the most affordable sources of protein and are relevant across many cultural traditions. I encourage you to help the public shift to more plant sources of protein and fat, which would lower the risk of type 2 diabetes as well as cardiovascular disease. Thank you.

William Murray: 01:43:51

Hi. My name is Bill Murray, [inaudible] of the National Coffee Association or the NCA, representing all segments of the coffee business here in the US. 66% of Americans over the age of 18 drink coffee each day, more than drink any other beverage, including water. Coffee is consumed by people in all generations and all demographics, on average, three cups per day per coffee drinker. As we have detailed in our submissions, the preponderance of evidence shows that this consumption is associated with significant positive health outcomes. The 2015 DGAC reviewed coffee-specific evidence in detail and concluded that drinking one to four cups of coffee per day is significantly associated with reduced overall and CBD mortality and a reduced risk of type 2 diabetes among other positive outcomes. Evidence has only strengthened since 2015. Numerous peer-reviewed high-quality studies conclude that drinking coffee is associated with a reduced risk of obesity, diabetes, and multiple chronic diseases. Organizations like the American Institute for Cancer Research and the American Cancer Society have found that drinking coffee is associated with reduced risk of multiple cancers, including cancers of the liver and endometrial lining. Coffee itself is calorie-free. Scientific studies generally do not differentiate how coffee is consumed or prepared, but for the committee's reference, consumer polling shows that just 27% of coffee drinkers use sugar. Given the widespread impact of coffee in Americans' diets, we respectfully urge the committee to ensure its recommendations reflect the preponderance of evidence related to coffee's health benefits and coffee's place in healthy dietary patterns. Thank you.

Jen Houchins: 01:45:50

Hello, my name is Dr. Jen Houchins with the American Egg Board, a research and promotion board that leads science on the health benefits of eggs but does not influence policy. Thank you for the opportunity to share some of the latest science on the role of eggs in human nutrition. Eggs are recommended as part of healthy dietary patterns across the lifespan because of the unique set of nutrients they contribute within the protein foods group. And as a result, the Food and Drug Administration has proposed that eggs meet the criteria for the nutrient content claim healthy. In FDA's proposed rule for healthy, there are no limits on dietary cholesterol, consistent with the most recent science that has accumulated over decades on this topic. Further, the vast majority of the scientific literature indicates egg consumption is not related to cardiovascular disease risk, and new studies show that eggs can be part of healthy dietary patterns, even for people at risk for cardiovascular disease or diabetes. There is evidence of nutritional benefit for all age groups, and emerging science demonstrates the combination of nutrients found in eggs may be particularly beneficial early in life. Recent data show an interaction between maternal choline, lutein, and DHA intake, which predicted fetal brain maturation at 36 weeks, suggesting a synergistic impact. Maternal egg intake also predicted measures of fetal neurodevelopment at both 32 and 36 weeks. These data support the value of eating food sources of nutrients because of the interaction of the dietary components in the food and potential impact on bioavailability. Eggs are one of the few foods that are an excellent source of choline and also provide lutein and DHA to the diet. Although the cost of many foods, including eggs, has fluctuated over the past couple of years, eggs remain one of the most affordable food sources of high-quality protein and essential nutrients. Affordable sources of nutrient-dense foods are especially relevant to the 12% of Americans that struggle with food insecurity. We look forward to providing you with additional information through written comments. Thank you.

Christina Wells: 01:47:50

My name is Dr. Christina Wells, and I'm a physician board-certified in both family medicine and lifestyle medicine. I treat individuals of all ages, and I specialize in preventative health services and management of chronic diseases. Many of the patients that I see come from marginalized and underserved communities. I see firsthand the impact of diet-related diseases in my patients, and I implore this

committee to recognize the need to upgrade the MyPlate graphic to better represent good nutrition and health equity. Research has shown that lactose intolerance is normal and is present in a majority of African Americans, Asian Americans, and Native Americans, and often begins in childhood. Though lactose-free dairy milk is available, such products remain high in simple sugars and are not free of the other issues related to dairy ingestion. The Dietary Guidelines Advisory Committee is tasked with using a health equity lens. Perpetuating the myth that dairy is required as part of a healthy diet is, intentional or not, racially biased because 80% of black people are lactose intolerant. Additionally, dairy products pose significant health risks. Dairy is the number one source of saturated fats in American diets, and this increases the risk for heart disease, which is the leading cause of death in the United States. The number one source of saturated fat should not be included in the MyPlate diagram. MyPlate can be a beneficial tool for structuring meals. The MyPlate graphic should not include a dairy icon, not only because of the health risk associated with consuming dairy but most importantly because dairy is not a suitable option for most Americans.

Leonardo Ortega: 01:49:47

My name is Leonardo Ortega, and I am the research director of the National Mango Board. Today, I would like to share information on the global popularity of mangoes and the role mangoes can play to help close nutrient and food group gaps among all Americans as well as improve diet and health outcomes among minorities especially. Mangoes are one of the oldest and most popular fruits worldwide, especially within Southeast Asia and Latin American cultures. The global production volume of mango was nearly 43 millions metric ton in 2021. And from 2018 to '21, mangoes imports to the US grew by 50% to 121 million pounds. Based on the diverse population of America, as a heritage-based food, at least 25% of the US population has a cultural connection to mangoes. One out of every four Americans. A closer look at these minority groups shows they are facing higher prevalence and incidence for chronic diseases. Based on NHANES [inaudible] data, Hispanic Americans, non-Hispanic Blacks, and Asian Americans are meeting only about half of the daily recommended amount of fruit for a 2,000-calorie diet. The National Mango Board funded a study using NHANES data from 2001 to 2018 to investigate association with mango consumption, nutrient intakes, and diet quality among Americans. Findings showed that for adults, mango consumption was associated with higher fiber, magnesium, potassium, folate, and vitamin A, C, D intake, and lower body mass index, waist circumference, and body weight. For toddlers and college-aged children, mango consumption was associated with increased fiber intake and, among adolescents, lower body mass index score. When incorporated in diets, mangoes may support improvement to diet quality and provide essential nutrients on their consume, especially among US minority populations. Thank you.

Clarissa Russell: 01:51:47

My name is Clarissa Russell. I'm the executive director for the National Pasta Association. MPA is a national trade association comprised of millers, pasta suppliers, and equipment manufacturers. MPA would like you to consider the following four items. First, pasta, both enriched and whole grain, is a healthy, nutritious food that provides key nutrients to the diets for men, women, children, and the elderly. For women of childbearing years and those pregnant and lactating, pasta is an important source of folate, which is particularly crucial for reducing the risk of neural tube defects. It is also an excellent source of complex carbohydrates, the primary source of energy for your bodies, and has a low glycemic index, meaning it is absorbed and digested slower than other starches and can help to contribute to fiber intake. Second, pasta can potentially help improve health by increasing diet quality, vegetable, and nutrient intake. Research published in Frontiers in Nutrition in August 2020 shows that adults and children who eat pasta have significantly higher healthy

	eating index scores and better quality diets and higher vegetable intake than non-pasta eaters. Third, pasta does not increase weight gain. A literary review examining 38 studies published this June in Nutrients suggests that pasta consumption is not associated with overweight or obesity in healthy children and adults and, in fact, may be adversely associated with body mass index, BMI, or abdominal obesity, particularly when consumed in the context of a healthy dietary pattern. Fourth, pasta can help health equity and increase cultural diversity in the food supply. Pasta is a convenient, affordable food that appeals to all cultures. For these reasons, we would like pasta in all forms, including enriched, whole grain, and alternative pastas to be recommended and included as part of the healthy dietary patterns in the dietary guidelines for Americans. Thank you.
Eve Stoody: 01:53:47	So thank you for all of the comments so far. We're now going to take a 10-minute break. And when we come back, we will transition to the live virtual oral comments. So we'll convene here again at 3:05.
	[silence]
Eve Stoody: 02:04:59	Okay. Welcome back. We are now going to transition to our live virtual oral commenters, and our moderator will identify each commenter by commenter number.
Moderator: 02:05:14	57.
Nadine Gracia: 02:05:19	Dear members of the committee, thank you for the opportunity to provide comments today. My name is Nadine Gracia, president and CEO of Trust for America's Health, commonly known as TFAH. TFAH is a nonprofit, nonpartisan public health policy research and advocacy organization. TFAH is committed to promoting optimal health for every person and community and making health equity foundational to policymaking at all levels. One of TFAH's longstanding policy priorities is chronic disease and obesity prevention, including through improving equitable access to nutritious and affordable food. For the past 20 years, TFAH has released the annual State of Obesity Report, which tracks rates of overweight and obesity by age, race, and state of residence, and provides evidence-based policy recommendations to address this important public health issue. The 20th edition of the State of Obesity Report will be released next week on September 21st, and it includes a retrospective analysis of major policy milestones to improve nutrition, increase physical activity, and address increasing rates of obesity. One of these policies is to ensure that relevant programs and policies such as school meals and the food benefit packages in the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC, align with the dietary guidelines for Americans. For example, the 2023 State of Obesity Report will document how important the 2009 update to the WIC Nutrition Standards was in significantly decreasing rates of obesity for children participating in the program. I urge the members of the committee to reflect on the importance of the dietary guidelines for Americans, not only for people to use in everyday nutrition decisions, but also for the need to continually update the nutrition standards for food assistance programs. Thank you for your time and consideration.
Moderator: 02:07:10	Thank you. 58.
	[silence]
Roberta Wagner: 02:07:24	Foods Association. An overwhelming body of scientific evidence demonstrates that dairy should be part of healthy eating patterns for all Americans at all life stages with various dietary needs. Dairy products, including milk, yogurt, and cheese, provide up to 13 essential nutrients, including calcium, vitamin D, and potassium, three of the four under-consumed nutrients of public health concern. IDFA's members make a

	myriad of products that are widely available and affordable for Americans, including those that are shelf-stable and lactose-free or lower in lactose, sodium, added sugar, and saturated fat. Recent studies show that for adults and children, dairy, milk, and yogurt consumption, including full fat and flavored varieties, are not associated with increased risk of obesity. In addition, while the DGA currently emphasized the consumption of low-fat and fat-free dairy options, we anticipate a review of the expanding scientific evidence demonstrating that eating dairy products, including full-fat varieties, is not tied to an increased risk of cardiovascular disease. Most Americans are not meeting DGA recommendations for dairy. Adolescents are consuming, on average, 1.6 to 2 servings of dairy per day, while the DGA recommend 3. Expanding the list of DGA-recommended dairy products may address this issue. We urge the committee to release the protocol for the systematic review of food sources with saturated fat so scientific studies can be shared to inform the committee's recommendations. Lastly, nutrient-rich dairy options may undergo further processing to in part ensure food safety and improve palatability. As the committee looks at the science regarding ultra-processed foods, we will need a consistent definition for the term, and the effects of processing on the nutrient content of the food must be considered. Thank you, and we will also be submitting written comments.
Moderator: 02:09:40	59.
Catherine Cochran: 02:09:46	Good afternoon. My name is Catherine Cochran, and I'm a Policy Fellow at the Center for Science in the Public Interest, a nonprofit consumer advocacy organization that provides science-based food and nutrition advice. On behalf of CSPI, thank you for the opportunity to make four recommendations to the 2025 DGAP today. First, pertaining to ultra-processed foods, we urge the committee to give particular consideration to a tightly controlled clinical trial by Kevin Hall and colleagues, in which subjects consumed roughly 500 more calories per day when offered an ultra-processed diet compared to an unprocessed diet. Moreover, the participants gained roughly two pounds after two weeks on the ultra-processed diet and lost about two pounds after two weeks on the unprocessed diet. Notably, these diets were matched for presented calories, macronutrients, sugar, sodium, and fiber, which suggests that these effects were not driven by differential nutrient composition of the food. Second, regarding sugar-sweetened beverages, we urge the committee to give particular consideration to evidence from randomized controlled trials that demonstrates that SSBs contribute to weight gain. Weight gain, in turn, is a major risk factor for type 2 diabetes. Furthermore, SSBs are associated with overweight or obesity and a higher risk of type 2 diabetes in observational studies. SSBs are the top contributor to added sugar consumption in the US. The current DGA recommendation to consume less than 10% of calories from added sugars is based on food pattern modeling for individuals who need 3,000 calories per day. Most general nutrition advice is based on a 2,000-calorie diet, so why should added sugars be any different? Once the committee completes its food pattern modeling analysis for the 2025 cycle, we urge you to recommend the added sugars limit be based on a 2,000-calorie diet. Finally, on the topic of saturated fat and risk of CBD, science continues to support limiting consumption of saturated fats to less than 10% of calories and replacing saturated fats with unsaturated fats. CSPI urges the committee to advise the departments [inaudible] this guidance. Further, the committee should not muddy this advice by carving out exemptions for individual food sources without convincing evidence from randomized controlled trials that a given food does not raise LDL cholesterol, a surrogate endpoint for cardiovascular disease. Thank you again for your time and for the work you are doing on the committee.
Moderator: 02:11:49	Thank you. 60.

Berit Dockter: 02:11:52

My name is Berit Dockter, and I am a registered dietitian and the Associate Director of the Healthcare Nutrition Council. HNC is an association representing manufacturers of enteral nutrition formulas and oral nutrition supplements, including those categorized as medical foods and parenteral nutrition. Our mission is to improve patient outcomes by advancing nutrition policies and actions that raise awareness and optimize access of essential nutrition support therapies across the continuum of care. For the committee's consideration, we are concerned about the prevalence of malnutrition, especially among older adults, which in some cases was exacerbated during the COVID pandemic. Up to one in two older adults are at risk for malnutrition, an important public health concern that impacts quality of life and increases healthcare costs. The Centers for Disease Control and Prevention reported that, tragically, the national deaths related to malnutrition have doubled from 9,300 deaths in 2018 to 20,500 deaths in 2022. Certain ethnicities and races may be disproportionately impacted by malnutrition and food insecurity based on a variety of social determinants of health. We appreciate that the committee is addressing health equity in this iteration of the guidelines. To help address these nutritional needs, oral nutrition supplements can be used to help individuals meet their goals. The World Health Organization has published a strong recommendation that oral nutrition supplements with dietary advice should be recommended to older people affected by undernutrition. We appreciate that the 2020 guidelines recognize the role of supplementation when discussed with a healthcare provider. We ask the committee to continue this recommendation in these guidelines and to specifically recognize how oral nutrition supplements can be used to complement a diet to help individuals who are unable to meet their nutritional needs through regular foods alone. Thank you.

Moderator: 02:13:54

Thank you. 61.

Audrey Sanchez: 02:13:57

Thank you for your time today. My name is Audrey Lawson Sanchez, and I'm the founder and executive director of Balanced, a nutrition security and public health advocacy organization. I'm here today to speak to the connection between dietary patterns and diet-related diseases. Specifically, I'm here to discuss the importance of dietary fiber in the context of diet-related diseases with a particular focus on its significance for the health of our children and the DGA's potential impact on national nutrition policies like school lunch guidelines. Diet-related diseases are directly related not just to overconsumption of known disease-linked foods, but also persistent and dangerous under-consumption of health-promoting foods. And these habits often start in childhood. This is where the promotion of increased consumption of dietary fiber in the DGAs plays a pivotal role, especially given the DGAs are the foundation upon which critical nutrition policies like the CACFP and school nutrition guidelines are based. As noted by the USDA itself in the 2020 guidelines, dietary fiber is a nutrient of concern as it is currently under-consumed by the vast majority of Americans. And the 2025 guidelines provide a critical opportunity to further emphasize the role of fiber on overall health. You've heard from many today about the risks of focusing on one nutrient outside the context of larger dietary patterns. But by encouraging increased consumption of fiber and providing clear guidance for doing so, the DGAs will naturally be addressing both a nutrient of concern, while also encouraging a healthy dietary pattern abundant in fruits, vegetables, whole grains, legumes, and pulses. Fiber has historically been considered beneficial almost exclusively for its role in digestive health, but with increased evidence on the role our gut microbiome plays regarding mental health, immune function, endocrine, and cardiovascular health, among others, the 2025 guidelines would benefit from practical, clear [guidance?] for addressing dietary fiber as a nutrient of concern by emphasizing sources of dietary fiber as well as the relationship between fiber and its

role in our overall well-being. Therefore, I urge the committee to underscore the importance of and provide strong, clear guidance for increasing dietary fiber in the 2025 DGAs. Thank you.

Moderator: 02:16:02 Thank you. 62. 62. Okay, 63.

Kate MacKenzie: 02:16:14 Good afternoon. My name is Kate MacKenzie, executive director of the New York City Mayor's Office of Food Policy. I'm honored to be here today. As the Dietary Patterns Subcommittee reviews the relationships between dietary patterns and cardiovascular disease and type 2 diabetes, I'd like to draw your attention to the work New York City has already done to develop standards and practices to help lower the risk of certain chronic diseases and make it easier for New Yorkers served by city agencies to access foods that have less added sugar, lower sodium, and more plant-based protein options. We rolled out a lifestyle medicine program in our public hospitals with a culturally diverse patient population that emphasizes a healthy plant-based eating pattern. The program's successes align with the wealth of scientific evidence on the benefits of dietary patterns with mostly whole and minimally processed foods from plants, including plant proteins such as beans, peas, lentils, nuts, and seeds. We appreciate the committee's application of a health equity lens to its dairy recommendations due to differing lactose intolerance that may exist among people of different ancestry. Our food standards were developed to help to combat structural inequities that make healthy eating inaccessible and contribute to the disproportionate burden of diet-related conditions among Black and Latino New Yorkers and New Yorkers with low incomes. We envision a future where dairy is not necessarily a daily recommendation for all in the guidelines, in words or in picture. Such products can still provide adequate nutritional value while being sensitive to the variable inclusion of dairy in a different dietary pattern. The inclusion of fortified plant-based beverages and yogurts as alternatives align with the interrelated goals of improved individual, community, and planetary health. Finally, we encourage the committee to focus on recommendations on sustainability. New data in New York shows that our greenhouse gas emissions are intimately connected to food. Our goal is to reduce these emissions by 33% by 2030, and to do this, we must ensure a sustainable food system that helps local economies, protects the environment, and promotes long-term public health.

Moderator: 02:18:24 Thank you.

Kate MacKenzie: 02:18:24 Thank you again for this opportunity.

Moderator: 02:18:27 64.

Ron Suppes: 02:18:34 Good afternoon, DGAC members. My name is Ron Suppes, and I am a wheat and sorghum farmer in Kansas. I serve as the chairman of the Wheat Foods Council, an industry-wide partnership dedicated to increasing domestic wheat food consumption. Wheat and other whole grains can promote digestive health and prevent chronic diseases like heart disease and type 2 diabetes. Wheat products can provide essential nutrients like fiber, B vitamins, iron, and antioxidants, as well as carbohydrates and minerals. Since 1941, enriched wheat products have helped eradicate dietary deficiencies in the US like pellagra, beriberi, and reduce birth defects. The Wheat Foods Council continues to promote the consumption of both whole and enriched wheat foods to help the American public meet their nutritional needs. We urge the committee to draft recommendations that continue to encourage consumption of all nutrient-rich wheat products. Enriched wheat products like bread, pasta, flour, and cereals are a reliable source of affordable, essential nutrients for those who may struggle with food insecurity. The 2020 DGAs recommended a diet rich in grains and

urged consumers to maintain grain consumption, even when switching to products lower in salt, sugar, and fat. To ensure that the recommendations are accessible for all, we urge DGAC to uphold recommendations that promote all wheat food products. Wheat consumption is important throughout our lifespan as both whole wheat and enriched wheat products contain iron, which is essential for fetal growth and development during pregnancy. Whole grains are recommended increasing amounts throughout childhood, although many children do not meet recommended intakes for whole grains. While low-carb diets are popular among American adults, we urge the DGAC to emphasize how wheat products and other stable carbohydrates from different cultures provide the body with its main source of energy.

Moderator: 02:20:36 Thank you.

Ron Suppes: 02:20:37 Thank you.

Moderator: 02:20:38 65.

Miquela Hanselman: 02:20:40 Good afternoon. My name is Miquela Hanselman, and I am with the National Milk Producers Federation. National Milk represents dairy cooperatives and their dairy farmer owners. I will be speaking to subcommittee one. Dairy products have always been an integral part of the dietary guidelines. Milk is a good or excellent source of 13 essential nutrients including calcium, potassium, and vitamin D, 3 of the 4 nutrients of public health concern. Unfortunately, nearly 90% of Americans don't consume the recommended servings of dairy. With a scientific question focused on sources of saturated fats, this committee has the opportunity to remedy a previous oversight and include the newer science on dairy fats in the dairy matrix. Dairy foods, regardless of fat level, appear to have either neutral or beneficial effects on chronic disease risks including cardiovascular disease, type 2 diabetes, obesity, and stroke. This committee shouldn't default to the overly broad recommendation to avoid saturated fats regardless of food source. NMPF supports the efforts of the Health Equity Working Group to ensure that DGAs are relevant to people of diverse racial, ethnic, socioeconomic, and cultural backgrounds. Current diets result in significant disparities in terms of nutrient intakes and therefore health outcomes. Conditions that may differentially affect communities of color, including lactose intolerance, need to be a part of the committee's considerations. The solution to lactose intolerance is not the avoidance of dairy, which leads to nutrient shortfalls that are unhealthy and expensive. Lactose-free and low-lactose dairy options have become more common and available in recent years, offering the same essential nutrients. Lastly, a number of protocols would exclude any studies with a duration of less than 12 weeks. This arbitrary determination will limit the science available to the committee. Many randomized controlled trials are of shorter duration because effects can be seen in a short time, and RCTs can be expensive. If the 12-week limit is not changed, many sound studies would be excluded, potentially leading to guidelines that ignore important science. Thank you for your time.

Moderator: 02:22:43 Thank you. 62.

[silence]

Moderator: 02:23:06 62.

Sam Schneider: 02:23:11 Good afternoon, DGAC members. My name is Sam Schneider, and I'm a rice farmer and miller and owner of Inland Cape Rice Company in Missouri. I serve as the chair of the Nutrition Subcommittee for USA Rice. I am speaking on behalf of The Grain Chain, a grains industry coalition from farm to fork. A diet rich in grains has numerous health benefits including reducing the risk of heart disease and stroke. Enriched grains like some pastas, bread, and rice provide essential nutrients like iron and B vitamins,

while whole grains provide additional nutrients like fiber and have been found to lower the risk of obesity and type 2 diabetes. We urge the DGAC to carefully consider how they are addressing ultra-processed foods given that the term does not have a consistent science-based definition and the breadth and quality of the research on UPS is limited. Enriched grains, which have been mistakenly considered ultra-processed foods, make up 95% of all refined grains, contribute to a healthy diet, and can affordably provide nutritional benefits for all consumers, including those who are food insecure. Whole grains are greatly under-consumed, and more than 90% of adults fall short of recommended fiber intake. We urge the DGAC to draft recommendations that fully consider the many important benefits of processing as they evaluate the evidence. Recommendations to eliminate or reduce ultra-processed foods may adversely affect consumption of key nutrients, food groups like grains. Therefore, recommendations should support the consumption of grains as they provide critical nutritional benefits, including many that were deemed under-consumed in the last DGA. Grain consumption is essential throughout the lifespan, including nutrients necessary for infant growth and development like folate. While low-carbohydrate diets have gained some interest among the public, the DGAC should continue to recommend consumption of nutrient-dense carbohydrate foods like grains. The Grain Chain is aligned with the approach by past DGAs that a diet lower than 45% of calories from carbohydrates is considered low-carb. We support the DGAC in its efforts to explore stable carbs as a means of achieving health equity and highlighting the diverse range of nutrient-rich grains, like rice, that diverse cultures use to meet their nutritional needs. Thank you.

Moderator: 02:25:13 Thank you. 66. 66.

Jo Saint George: 02:25:35 My name is Jo Saint George. I'm a 35-year African-American vegan known as the healthy plant-based lawyer who survived small bowel cancer at just 28 years of age following my faith and the evidence-based practice of biblical plant-based lifestyle medicine. I'm pleased to present these comments on behalf of the Plant-Based Food Association, the only trade association in the US representing over 320 of the nation's leading plant-based food companies and affiliates like the HBCU College of Plant-Based Lifestyle Medicine. I have three very critical points to make. One, health equity lens is critical. PBFA strongly supports the committee's focus on health equity and the importance of personal, cultural, and traditional preferences in dietary needs. Data shows that this is particularly relevant when it comes to the whole plant-based dietary patterns and modeling within the growing faith-based consumer groups of the Seventh Day Adventists, Jewish vegans, Christian vegetarians, Muslims, Hindus, Buddhists, Rastafarians, and Orthodox Ethiopians, all who have the fundamental right to practice their religious dietary habits protected by the First Amendment. For the dietary guidelines to be applicable and amenable, however, they must also present the range of foods consumed by these religious groups, but also for groups and communities of color who live in food deserts, suffering disproportionately from chronic diseases, who have a growing faith in plant-based foods as their source to improve their health. Data shows that African Americans and students on HBCU campuses are the fastest-growing community turning to these foods for health reasons. Second, the health benefits of plant-based foods and diets is well documented. It is no secret that diets high in fiber and enzymes which are only found in plant life are linked to lower rates of chronic disease and reversal of disease. Therefore, the dietary recommendations should include the evidence from the over 300 scientific research studies on plant-based nutrition as well as the studies on faith-based religious practices that support better health outcomes. And finally--

Moderator: 02:27:39 Thank you.

Jo Saint George: 02:27:40 --[crosstalk] are available. And we have the-- thank you so much for this opportunity.

Moderator: 02:27:45 67.

Sydni Arnone: 02:27:49 Hello, my name is Sydni Arnone. I'm the manager of government relations at the International Food Advocate Council. IFAC is a global association representing manufacturers and end-day users of food ingredients. We appreciate the opportunity to provide comments on the question, what is the relationship between consumption of dietary patterns with varying amounts of ultra-processed foods, or UPFs, and growth body composition [inaudible]? IFAC is concerned that the committee has had little discussion [inaudible] UPFs and that there is no consensus of the definition. The question shows [inaudible] topic without full contextual consideration or a definition for UPFs by the committee, as it is the only question to include the phrasing with varying amounts. If the committee utilizes the NOVA scale to define UPFs, then such foods as formula baby foods, plant-based meat, dairy milk alternatives, and even medical foods could be classified as ultra processed. Many of these foods are [inaudible] for healthy individuals with allergies and intolerances. [Processing?] does not indicate the nutrient content or nutritional quality of food. In fact, 73% of the US food supply is considered ultra-processed. A study published in August led by scientists at the USDA demonstrates that it's possible to build a healthy diet with 91% of calories coming from UPFs while still following the 2020-25 DGA. If the committee decides to include guidance on UPFs in the 2025-2030 DGAs, IFAC advises the committee to carefully and clearly define UPFs and provide detailed guidance to empower Americans to make healthy choices based on nutritional evidence. Stigmatizing certain food groups without providing a clear definition [inaudible] of today's complex food system will only serve to widen health inequalities between different socioeconomic demographics, labeling some foods as bad, but they may be part of a balanced diet as the mounting pressure individuals and families are facing [inaudible] food for their infants and children to feed themselves. The DGAs and public health messaging must consider the potential to do further harm to the most vulnerable individuals and families. Thank you for your time.

Moderator: 02:29:53 Thank you. 68.

Michael Dodds: 02:29:56 Good afternoon. My name is Dr. Michael Dodds, and I'm lead oral health scientist at Mars Wrigley and an adjunct associate professor at the UIC College of Dentistry in Chicago. Mars supports the development of evidence-based guidance and has worked to translate dietary recommendations into our products, including the development of more whole-grain offerings and reducing the sodium content of our portfolio. Our written comments will address several topics, but today I would like to focus on the importance of restoring and strengthening oral health recommendations in the next dietary guidelines given that oral health is a foundation for healthy eating. Poor oral health creates difficulties for consuming appropriate amounts of fruits, vegetables, and lean protein, and further is associated with other adverse health outcomes at all life stages from birth to end of life, including preterm birth, cardiovascular diseases, and diabetes. Recognizing this, oral health was included in previous dietary guidelines in 2005, 2010. However, according to the 2021 NIH report, Oral Health in America, 27% of US adults suffer from untreated decay. Since 2010, we have learned more about the importance of saliva flow, which helps wash away fermentable carbohydrates, maintains the balance of the oral microbiota, and protects tooth enamel. Stimulation of saliva through chewing sugar-free gum has been shown to reduce caries incidence. A 2020 meta-analysis showed the prevented fraction for chewing sugar-free gum to be equivalent in efficacy to other treatments, including use of fluoride toothpastes and mouth rinses. Furthermore, saliva stimulation from

chewing sugar-free gum has been shown to provide relief for those suffering from dry mouth, a condition that profoundly exacerbates diet carcinogenicity. We, therefore, encourage the committee to reintroduce recommendations on oral health preventative practices and consider adding language on chewing sugar-free gum for 20 minutes after meals or snacks, given recent findings and recognizing that other preventive practices are rarely feasible at all times of day. Thank you for your time.

Moderator: 02:31:51 Thank you. 69.

Tim McGreevy: 02:31:54 I'm Tim McGreevy with the Coalition for the Advancement of Pulses. This committee already knows that pulses like beans, peas, lentils, and chickpeas provide key nutrients of fiber and potassium. But what this committee may not know is that today's dietary guidelines actually recommend fewer pulses than the past. Three cups were recommended for all in 2005, but now today's guidelines only recommend one and a half cups for the healthy US and Mediterranean patterns. No justification was given for cutting the pulse recommendation in 2010. So we are thrilled the Food Pattern Modeling Subcommittee is exploring changes to food group amounts. We strongly encourage you to increase beans, peas, and lentils to three cups per week for all dietary patterns. Research shows this amount reduces risk for obesity, heart disease, and cancer. We did a modeling study taking the exact healthy US and Mediterranean patterns, but we increased beans, peas, and lentils to three cups. When you swap out protein foods for the additional pulse servings, it increases fiber. And when you swap out refined grains for the additional pulses, it increases fiber, potassium, iron, and choline. We also did NHANES modeling that found eating just one additional serving of beans daily increases potassium by 15% and fiber by 40%. These improvements to diet quality cannot be ignored. We ask the committee to please explore modeling scenarios where additional servings of beans, peas, and lentils are added to the dietary patterns. Our modeling shows it's possible to swap out protein foods, refined grains, or even a combination of both so that at least three cups of pulses are recommended for all. Thank you.

Moderator: 02:33:47 Thank you. 70.

Elle Purrier St. Pierre: 02:33:53 Good afternoon. My name is Elle St. Pierre. I am an Olympian, a world medalist track athlete, and a dairy farmer. I will be speaking to subcommittees one and two. Growing up on a dairy farm, I have always known the health benefits of having dairy in my diet. As an athlete and new mom, I now understand it even more. Dairy is the top source of calcium and vitamin D for both adults and children, while also being the least expensive source of both nutrients in American diets. However, the majority of Americans still don't consume the recommended daily number of servings, and even worse, may be turning to plant-based imitators without understanding not only the nutritional differences, the differences in nutrient absorption. Prominent nutrition in medical groups such as the American Academy of Pediatrics and American Heart Association, and the Academy of Nutrition and Dietetics do not recommend plant-based milk imitators as appropriate substitutes for milk in children's diets because of the lack of nutritional equivalence. As a professional athlete who is nursing a six-month-old baby and returning to intense training, my risk for bone fractures is the highest it has ever been. I know that the dairy products I am consuming are playing a key role in keeping my demanding nutritional needs met due to their composition of complete proteins and other high-quality nutrients, such as calcium, that are more bioavailable in dairy milk as compared to fortified imitation milks. As the committee looks to research, I strongly caution against and oppose any inference that health impacts associated with milk consumption would apply to plant-based milk alternatives. There is no evidence to support this. The beverages are so nutritionally different from real milk that whether one views them positively or negatively, their

impact on health cannot be assumed to be the same as, or even similar to, that of milk. Thus, I strongly urge that any conclusions about the effects of fluid milk should not be extended to plant-based milk imitators unless justified by the robust studies of those imitators specifically.

Moderator: 02:35:54 Thank you. 71.

Maia Jack: 02:36:00 Good afternoon. I'm Dr. Maia Jack, Chief Science and Regulatory Officer at the American Beverage Association, ABA, representing the non-alcoholic beverage industry. ABA shares the public health goal to reduce the risk of preventable diseases, such as obesity, through improved dietary patterns. ABA members have committed to sugar reduction by providing consumers more choices with less sugar or smaller portions that best fit their nutritional and lifestyle goals. Nutrition advice should be common sense and science-based, centered on moderation and balance and flexibility and choice. We make three points on the draft protocols for low and no-calorie sweetened beverages. First, to ensure this committee considers the latest and best available evidence, studies published up to a year prior to report release by May 31, 2024, should be part of the evidence review, consistent with the standing practice for past cycles. Stay-at-home orders in the past few years due to COVID-19 impacted study recruitment and delayed trial completion and publication. Thus, a proposed deadline of this past May shall severely limit for consideration the amount of new information since the last cycle. Please revise publication deadline to May 2024. Second, any recommendation on low or no added sugar alternatives to sugar-sweetened beverages should draw from available robust science. Favorable cardiometabolic outcomes have been reported when beverages with low or no added sugars replace sugar-sweetened beverages. Unfortunately, the current draft protocol, like the one before it, continues to use study findings to focus on sugar-sweetened beverages rather than highlight benefits from low and no calorie sweetened beverages or water consumption. These same studies support the role of the intended substitution of low and no calorie sweetened beverages for SSBs in sugar reduction. Dismissing this evidence on low and no calorie sweeteners that would otherwise support a meaningful and practical way for Americans to achieve better health outcomes would be a disservice to public health. Third, weight loss studies with 12-weeks duration should be included. Successful weight loss of 5 to 10 percent, a CDC benchmark, can be achieved in 12 weeks, translate to long-term benefits from a physiological standpoint. The current protocols requirement should be revised from 6 months to 12 weeks. Thank you.

Moderator: 02:37:58 Thank you. 72.

Daphene Altema-Johnson: 02:38:01 Good afternoon. I am Daphene Altema-Johnson, a researcher and registered dietitian with the Johns Hopkins Center for a Livable Future. My comment addresses subcommittee one, which looks at diet and risk of cardiovascular diseases and diabetes. The 2020-2025 Dietary Guidelines for Americans grouped all proteins, poultry, seafood, and red and processed meat, together despite these foods having very different risk profiles for human health. Additional nuance is needed in the recommendations related to red and processed meat to reflect the body of scientific evidence suggesting that these protein increase the risk of adverse health outcomes. Furthermore, specific health risks are associated with consuming red and processed meat compared to other animal proteins, such as poultry and eggs. All meats are not created equal, nor do they have equal effects on human health. Americans must be aware of these differences. There's no doubt that red meat is an excellent source of protein, but Americans are not deficient overall in protein. Red and processed meat consumption is associated with an increased risk of death and chronic disease. Studies have reported a 20 to 30 percent increased risk associated with red and

processed meat consumption in colorectal cancer. The added preservatives and salt in processed meats also increase the risk of high blood pressure and weight gain, two factors associated with cardiovascular diseases. The most recent meta-analysis published on meat consumption reported that each additional 50 grams of unprocessed red meat per day was associated with a 9% greater relative risk of ischemic heart disease. Processed meat intake was associated with an 18% higher risk. The American Heart Association recommends choosing healthy sources of proteins from plant-based proteins, fish and seafood, and lean meat by swapping out unhealthy forms of meat with these healthier protein sources. We can improve the health of our population. Rather than lumping all these protein foods together in this next round of dietary guidance, it is essential to provide greater specificity. We have the evidence to do so. We can no longer stay idle and say the science is not there. The time is now.

Moderator: 02:40:05 Thank you.

Daphene Altema-Johnson: 02:40:07 Let's not wait another five years. Thank you so much.

Moderator: 02:40:10 73.

Karima Kendall: 02:40:13 I'm Dr. Karima Kendall, Registered Dietitian and Director of Scientific and Nutrition Affairs with the Calorie Control Council, an international association representing manufacturers of low-calorie foods and beverages, including suppliers of ingredients such as dietary fiber, sugar alcohols, rare sugars, and low and no calorie sweeteners. CCC is pleased to present these comments to ensure the following topics are considered at this early stage in the guideline development process. While we appreciate the work of the committee, it is important that the DGAs are based on a thorough review of the latest scientific evidence. We note that the end date in the draft protocol publication inclusive criteria is stated to be determined for some questions or specified as May 31st, 2023 for others. Due to challenges associated with the COVID-19, institutions worldwide have faced extended closures causing significant delays in implementation, continuation, and completion of research projects. In addition to a lack of consistency with past practice, the shorter timeframe will prevent the consideration of valuable nutrition research carried out during the pandemic. As such, we request that the end date of May 31st, 2024, is considered. We also note data related to low and no-calorie sweetened beverages should be analyzed to assist their general benefit. The current protocols focused on these products only in relation to those sweetened with sugar. CCC thereby requests that the committee examine the benefit of low and no-calorie sweetened beverages and sugar reduction and other outcomes such as body weight. Lastly, regarding the question of ultra-processed foods, CCC is concerned about the committee's ability to compare publications and draw relevant conclusions in this area. The lack of a scientific-based definition for the term ultra processed limits the ability to make recommendations based on the current body of evidence. There are multiple classification systems for processing that are applied differently across the literature. The NOVA [inaudible] and fails to consider well-established relationships between food groups, nutrients, and health outcomes. Further, most of the peer-reviewed publications in this area are opinions, commentaries, or observational studies, which are inadequate to establish causation.

Moderator: 02:42:22 Thank you.

Karima Kendall: 02:42:23 Noting the utility of food processing in these areas of fortification [crosstalk].

Moderator: 02:42:28 74.

Sarah Gallo: 02:42:31 On behalf of the Consumer Brands Association, I appreciate the opportunity to provide comments to the current Dietary Guidelines Advisory Committee. Consumer Brands champions the industry whose products Americans depend on every day, representing nearly 2,000 iconic brands, including food and beverage products. At present, the scientific community lacks a consistent science-based definition for the term ultra processed. Therefore, any potential conclusion from the committee on the relationship between consumption of dietary patterns and ultra-processed foods would be premature and inconsistent with the requirements that the dietary guidelines be based on the current body of nutrition science. Further, by relying primarily on the lower quality of evidence, recommendations related to the concept of ultra-processed foods would not reflect best practice in scientific review or guidance developed. Subsequent processing classification systems like NOVA inconsistently and imprecisely group foods according to the levels of processing. NOVA's four categories also lack clear criteria, threatening erroneous classifications and overall functionality of the entire system. Session speakers at the latest meeting of the American Society for Nutrition discussed both the lack of scientific consensus on the definition of UPF and lack of statistically significant evidence to support completely removing UPF from one's diet. Instead, they reiterated the importance of moderation and context-specific factors when considering the effects of UPF on diet. We urge the committee to consider all aspects of food processing to improve health equity and nutrition security, including food safety, affordability, accessibility, convenience, and the reduction of food waste. As Dr. Julie Hess and colleagues recently noted in their published research, healthy dietary patterns can include processed foods and deliver commonly under-consumed nutrients [inaudible] like fiber and vitamin D. All Americans need advice they can follow regardless of their physical condition, economic status, or cultural preference. Ultimately, significantly more research is needed to inform evidence-based recommendations related to the role of processed foods on health equity and nutrition security for all Americans. Thank you.

Moderator: 02:44:35 Thank you. 75.

Michelle Muller: 02:44:39 Thank you to the committee for your time today. For quick context, Little Spoon is a childhood nutrition company for birth to eight years old. These comments are from the points of view of myself and my co-founders. At Little Spoon, we know how quality nutrition is critical for the first two years of life to lay the foundation for healthy eating habits. As such, we have two main areas we ask the committee to consider this year, variety in diet and limiting overly processed foods. We know there is not one magical superfood, but rather a variety of foods that provide a nutritional punch when consumed together. Serving children food from all colors of the rainbow is a great way to ensure they are receiving a myriad of nutrients. Dietary guidelines in the past have repeatedly mentioned the importance of fresh fruit and vegetable consumption for adults, but the same applies for babies and toddlers. Research has identified a lack of vegetable choices in infant and toddler food, finding that only 1.1% of products listed a dark leafy vegetable as the first ingredient. We encourage the committee to take this into consideration. In adult DGAs, whole vegetables, fruits, and grains are recommended while avoiding added sugar, salt, saturated and trans fats, all ingredients found solely in overly processed foods. Please consider that how baby, toddler, and children's food is prepared matters. The heating process that most shelf-stable baby food brands use are rendering the food completely sterile, lacking vitamins, nutrients, and enzymes that are critical for healthy development. This is not to say we should ban shelf-stable baby food, but the fact that it is 2023, and there is

	no clear recommendation on the benefits of feeding children fresh food over commercially sterile hyper-processed foods is crazy. The committee has an opportunity to rise above the lobbyists of big food, who have made billions of dollars making our children sick. Do what's right for our next generation, and offer clear-cut guidelines on what to feed our children, what not to feed them, and how. Thank you so much for your time.
Moderator: 02:46:31	Thank you. 77.
Diane Welland: 02:46:37	Hello. My name is Diane Welland, and I'm a registered dietitian and the director of nutrition communications for Juice Products Association, JPA. JPA trade association representing--
	[silence]
Moderator: 02:47:16	78.
Maya Vadiveloo: 02:47:18	Thank you for the opportunity to present the views of the American Heart Association. My name is Maya Vadiveloo, and I'm an associate professor at the University of Rhode Island and chair-elect of the American Heart Association's Nutrition Committee. We understand that the committee is examining whether food sources of saturated fat affect the risk of cardiovascular disease. We agree that this is an important question, as there's been some debate, particularly around dairy. But until there's stronger evidence from RCTs, AHA supports the current recommendation to replace foods high in saturated fats with foods higher in unsaturated fats. Studies show that a lower intake of saturated fat and a higher intake of unsaturated fat is associated with lower rates of cardiovascular disease. Additionally, robust evidence demonstrates the cardiovascular benefits of unsaturated fats, particularly when they replace saturated and trans fats. To help consumers implement this recommendation, the guidelines should clearly specify commonly consumed foods high in saturated fats and suggest foods high in unsaturated fats as possible replacements. We also appreciate your decision to examine ultra-processed foods. AHA recommends that consumers choose minimally processed instead of ultra-processed foods. As you review the evidence, it'll be important to clarify what qualifies as an ultra-processed food. There is no commonly accepted definition, and some healthy foods may exist within the ultra-processed food category. The committee should ensure that any definition of ultra-processed foods does not include otherwise healthy foods that promote nutrition security, and ensure that consumer-facing messages clearly define which kinds of ultra-processed foods to avoid. We also encourage the committee to expand your review of ultra-processed foods to include cardiometabolic disorders as an outcome. Ultra-processed foods have been linked to poor cardiovascular health. Thank you again for the opportunity to present the views of the American Heart Association.
Moderator: 02:49:17	Thank you. 77, please continue where you left off.
Diane Welland: 02:49:24	Okay. Here we provide the following scientific rationale. First, 100% juice is a nutrient-dense beverage that delivers significant beneficial nutrients such as valuable vitamins, minerals, and bioactives to the diets of children and adults. These include potassium, vitamin C, folate, and numerous health-promoting plant compounds like flavonoids. Fortified juices also provide vitamin D and calcium. Second, drinking 100% juice may help improve diet quality and actually encourage the intake of whole fruit in the diet. Several studies show that children and adults who drink juice tend to eat more whole fruit overall and have better-quality diets than non-juice drinkers. Furthermore, juice complements rather than competes with whole fruit. Third, the majority of scientific research shows that drinking 100% juice in appropriate amounts is not associated

with weight gain and does not increase risk of chronic illness. In fact, 100% juice includes polyphenols, which may protect against certain conditions. Finally, juice is important for health equity and cultural diversity. For people on limited food budgets, 100% fruit juice is affordable, convenient, and accessible, and may be the only viable source of fruit in some food deserts. Culturally, juice may be preferred by some Latino cultures, and particularly for those groups that are lactose intolerant. Thank you.

Moderator: 02:50:42 Thank you. 79.

Ruchi Gupta: 02:50:45 Hi, I'm Dr. Ruchi Gupta. I'm a professor of pediatrics at Northwestern and Lurie Children's in Chicago, and I am the Director of the Center for Food Allergy and Asthma Research. I've been studying food allergies for the past 20 years, and I am here to encourage the committee to support early introduction. Early introduction has been shown for peanuts and egg substantial evidence to actually reduce peanut allergies and egg allergies in children by 80%. So this is very significant. And we do believe that the same mechanism is for all allergenic foods, and more research needs to be done in this space. Now, although we've known this since 2017 and the guidelines have been reversed, the data is not getting to the public. What we've seen with a caregiver survey is that caregivers, only about 20% of them are even aware of these guidelines, caregivers of infants. Also, less than 20% are following these guidelines. We have a great opportunity here to reduce food allergies in children, and we need the help of the committee and the dietary guidelines to get this done. What we also know is that pediatricians can be encouraged, as we've done at Northwestern and Lurie Children's, to help their patients follow these guidelines. But what we've seen is it's way more difficult in the Medicaid population. The other thing I very highly encourage is to help improve equity through getting additional access through WIC and Medicaid for these allergenic foods so that we can decrease disparities and increase equity. So, overall, I just want to encourage and thank the committee for all their work, but really encourage early introduction of these foods to improve awareness amongst caregivers, pediatricians. Improve awareness and improve access, and if we can do this, we can substantially reduce food allergies in the US, which currently impacts [crosstalk] of children. Thank you.

Moderator: 02:52:49 Thank you. Thank you. 80.

Kelly Cleary: 02:52:57 Hi. Thank you to the department and the DGAC for the opportunity to discuss food allergy prevention through the infant diet. I'm Kelly Cleary, a pediatrician, fellowship trained in emergency medicine, and the senior director of education and support programs at FARE, Food Allergy Research & Education. And I'm a mom of four, one with multiple life-threatening food allergies. And I wish early introduction was practiced when my now almost teenage son was born. History was made when the 2020-2025 DGA recognized the importance of early introduction of food allergens in the diet of infants to reduce the risk of developing food allergy. FARE firmly believes that early introduction can virtually eliminate food allergy in a generation. Food allergy is a health equity and nutrition security issue. Over 33 million Americans suffer from food allergies, disproportionately among black and brown Americans. A recent Northwestern University study showed that three and a half years after the current DGA's publication, only 13% of parents were aware of early introduction and that it prevents food allergy. Science supports success with food allergy reduction in infants over 80% with peanuts and over 60% for egg. It is low-cost and yields millions of dollars in lifetime healthcare cost savings by eliminating disease burden. Although the current DGA addresses only peanut, the prior DGAC positively ranked evidence for peanut and egg. The US's allergy and asthma organizations have joint guidance on early introduction of peanut and egg. We all consider the scientific evidence about peanut and egg resolved. FARE urges the DGAC review evidence on early introduction

beyond the research inclusion date of May 2023 to ensure the broadest coverage toward the 2025, 2030 guidelines. We cannot put off what we know already works. Thank you.

Moderator: 02:54:57 Thank you. 81.

Anchorage Mansell: 02:55:05 Hello. Can you hear me? Yes. Hello. My name is Anchorage Mansell. I am a physician based in South Florida. Now, the dietary guidelines will be improved by prioritizing clarity, moving away from emphasizing meat and dairy, and updating the MyPlate diagram to better reflect the needs of all Americans. First, the guidelines need to be clear in order to better inform the diets of Americans. Foods that are associated with health risks should be specified. Currently, the guidelines ask people to consume less than 10% of total daily calories from saturated fat instead of directly stating which foods to reduce because of high saturated fat content. Dairy and meat are the leading sources of saturated fat in the American diet, and this should not be obscured in the guidelines. Next, [inaudible] should be as clear as possible. Right now, there is a no macronutrient [inaudible] protein included among the food groups. This category should be changed to legumes because almost all foods contain protein, and it is confusing [inaudible] protein has an entirely separate category from other food groups. Additionally, the foods that are included within the protein category are not compiled entirely of protein. Each food is a mixture of macronutrients and micronutrients. Isolating protein gives the impression that foods within this category are purely [inaudible] rather than a combination of [inaudible] protein. In the place of a protein group, a group representing beans, peas, lentils, and products made from them, for example, tofu, would promote better health. Such foods are not only rich in protein but also provide fiber and healthful micronutrients with essentially no saturated fat or cholesterol. MyPlate should also remove the dairy icon. Dairy is not suitable for a high percentage of the population. But even for individuals who are able to digest lactose, there's no nutrient in dairy that cannot be found in other foods. The primary source of saturated fat in the American diet is dairy.

Moderator: 02:57:06 Thank you.

Anchorage Mansell: 02:57:07 [crosstalk] and dairy should not be emphasized [inaudible].

Moderator: 02:57:11 Thank you.

Anchorage Mansell: 02:57:11 Meat and dairy are consistently listed [inaudible].

Moderator: 02:57:15 82. 83. 83. 84.

Christy Cushing: 02:57:29 Good afternoon. My name is Christy Cushing, and I'm providing these comments on behalf of the American Cancer Society and the American Cancer Society Cancer Action Network. ACS is a leading cancer-fighting organization with a vision to end cancer as we know it for everyone. ACS can advocate for evidence-based public policies to reduce the cancer burden for everyone. We're pleased the committee is once again considering the evidence on diet and breast, colorectal, and prostate cancer in their update to the 2025 DGAs. The American Cancer Society's Nutrition and Guidelines for both cancer prevention and survivorship emphasize the importance on healthy dietary patterns and largely overlap with the dietary guidelines for Americans. However, the guidelines do vary on some elements, particularly recommendations regarding red and processed meat. Processed and red meats are components of the so-called Western dietary pattern, which is associated with increased risk of colorectal cancer. Processed meat is a known carcinogen with the International Agency for Research on Cancer or IR classification of Group 1 carcinogenic to humans.

	And unprocessed red meat is classified as Group 2A, probably carcinogenic to humans, both based on suggested evidence that it increases the risk of colorectal cancer. The curing and smoking of meat can increase formation of carcinogenic and isotropic compounds and polycyclic aromatic hydrocarbons. The grilling and high-heat cooking of meat forms additional carcinogenic compounds. In addition to its carcinogenicity, consumption of this diet pattern is associated with poor outcomes among breast, colorectal, and prostate cancer survivors. Although lean red meat is a source of high-quality protein and several micronutrients, the American Cancer Society recommends its consumption should be limited, while processed meat should be consumed only rarely, if at all. The current dietary guideline's emphasis on eating a diet lower in saturated fat and sodium does not adequately inform consumers and professionals about the risk associated with eating red and processed meat. The American Cancer Society urges the committee to consider the strong evidence linking processed meat and red meat to cancer risk and includes specific guidance and resources for consumers and professionals that contain explicit information about how to reduce or eliminate these foods to reduce the risk of cancer. Thank you.
Moderator: 02:59:30	Thank you. Our last commenter, 85.
Sarah Ohlhorst: 02:59:35	Hello, I'm Sarah Ohlhorst, Chief Science Policy Officer with the American Society for Nutrition. ASN applauds the commitment of the DGAC to systematically review evidence through a health equity lens and to consider the many factors such as age, sex, SES, race, ethnicity, and culture that impact nutrition and health. These factors should be considered to the greatest extent possible based on the information provided in the scientific literature and data as they greatly impact a person's dietary pattern, eating behaviors, and habits. This approach will ensure that the resulting DGAs are inclusive of the diversity of the US population and provide relevant, practical, and actionable guidance for most Americans. ASN appreciates the focus on diet and health outcomes across the lifespan and encourages the inclusion of dietary recommendations for healthy aging. By the year 2030, one in every five Americans will be retirement-aged. It's important to understand the nutritional requirements of an 85-year-old versus a 65-year-old to know what dietary patterns, foods, and nutrients promote healthy aging, ensuring a high quality of life for aging Americans. ASN notes that for some scientific questions and protocols, definitions of key terms such as ultra-processed foods will vary across studies. In order to address each scientific question adequately, the DGAC should agree on standard and explicitly stated definitions of terms and concepts, such as a clearly identified, unified definition of UPF a priori to avoid confusion. This will ultimately facilitate the translation and uptake of DGA recommendations. It would also be useful to describe, in reviews of the evidence, what definitions are used in each study since systematic reviews, food pattern modeling, and data analysis must use common definitions. ASN offers our assistance and welcomes the opportunity to serve as a resource to the DGAC as you evaluate the latest nutrition science. Thank you.
Moderator: 03:01:43	Thank you.
Eve Stoody: 03:01:45	This concludes the oral comment opportunity to the committee. If you have additional comments, you can submit written comments to the committee throughout their work, including in the fall of 2024. And you can find more information about submitting written comments at dietaryguidelines.gov. On behalf of USDA.