

# American Medical Association

Physicians dedicated to the health of America

AUG - 5 2004



Michael D. Maves, MD, MBA  
Executive Vice President, CEO Chicago, Illinois

Fax

112

July 28, 2004

MAVES/AMA 1 OF 8

Eric J. Hentges  
Executive Director  
United States Department of Agriculture  
Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

Dear Mr. Hentges:

The American Medical Association (AMA) and its Minority Affairs Consortium (MAC) are pleased to provide these recommendations, based on recent actions of the AMA House of Delegates, to the United States Department of Agriculture (USDA) for the development of the revised *Food Guide Pyramid* and the *Dietary Guidelines for Americans*. We commend the USDA for taking the initiative to reassess the food guide pyramid in light of the obesity epidemic in our country, and we look forward to its release in 2005.

Physicians are well aware of the adverse health outcomes that result from conditions of overweight and obesity in our patients. The AMA is committed to addressing the obesity epidemic as a public health crisis, in particular, because obesity disproportionately affects minorities in our country, as reported in the October 9, 2002 Journal of the American Medical Association (JAMA). The *Food Guide Pyramid* influences the public's dietary and nutritional knowledge and decision-making. Our recommendations for the *Food Guide Pyramid* and *Dietary Guidelines for Americans* address multiculturalism and are intended to make these guides more culturally responsive. Heart disease, stroke, hypertension, and diabetes are just a few health complications directly linked to obesity. Weight and nutrition management can prevent certain disease states as well as improve our patients' overall health and well-being.

Our recommendations for the *Food Guide Pyramid* and the *Dietary Guidelines for Americans* are outlined below. We hope that these suggestions can be incorporated in your revised 2005 guidelines.

- Include ethnic food ingredients in the food guide pyramid

Recent census projections estimate that by 2050 more than half of the U.S. population will be a member of a racial or ethnic minority. Consequently, nutritional information should reflect the diversity of ethnic food ingredients that are used in meal preparation. Including some ethnic food ingredients in the food pyramid, such as ghee, bok choy, tofu, lentils, yam, okra, plantains, grits and corn and flour tortillas would better reflect the diverse diets of many Americans. Additionally, we suggest including more racial and ethnic minorities as participants in your food surveys to accurately gauge the types of foods that are consumed by a variety of Americans and to make the food guide pyramid more relevant to all Americans.

MAKES/AMA  
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- Consider socioeconomic factors and food availability

Low-income individuals, including many racial and ethnic minorities, face a greater challenge in their ability to make healthy food choices, due to the relationship between socioeconomic status and the availability of food options in the community. A study published in *The Journal of Preventive Medicine* reports a high correlation in many minority neighborhoods between lower incomes and a fewer number of supermarkets. There is a greater incidence of unhealthy diets in these communities than in non-minority or higher income neighborhoods.

Research has shown that foods found in local environments directly impact healthy eating choices and that poor and minority communities do not have equal access to the variety of healthy food choices available to non-minority and higher income communities. In a sample of neighborhoods from Mississippi, North Carolina, Maryland, and Minnesota, white neighborhoods, when compared to African American neighborhoods, had 4 times as many supermarkets that offered a wide variety of healthy foods. The AMA suggests that the new guidelines offer low-cost and readily available food options such as canned and dried fruits, beans and vegetables.

- Include alternative dairy product options

According to the American Gastroenterological Association (AGA), nearly 50 million American adults are lactose intolerant, meaning they are unable to digest significant amounts of lactose, the predominant sugar of milk. Certain ethnic and racial populations are more widely affected than others. The AGA reports that as many as 75 percent of all African-American, Jewish, Native American, and Mexican-American adults, and 90 percent of Asian-American adults report to be lactose intolerant. The condition is least common among people of northern European descent. The difficulty in digesting traditional dairy products may deter some minorities from consuming the recommended servings of traditional dairy products. The AMA recommends including alternative dairy product options in the food guide pyramid, such as soy beverages, lactose-free milk, goat milk, goat cheese, and yogurt, in lieu of milk and cheese, so that individuals who are lactose intolerant are presented with other dairy options to meet their daily nutritional requirements.

- Revise whole grains category; emphasize consumption of fruits and vegetables

The food pyramid suggests 6-11 servings of grains. Most Americans interpret "grains" to mean white bread, white pastas, white potatoes, and white rice. We suggest lowering the suggested servings of white bread, rice, and pasta and emphasizing an additional food category called "whole grains" that includes wheat pasta, sweet potatoes, brown rice, and whole grain breads. We suggest adding other grains in this section, such as rice crackers, rice pudding, naan, corn and flour tortillas, pita bread, and tabouleh. Additionally, we suggest emphasizing an increased consumption of more servings of fruits and vegetables.

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- Consider sedentary lifestyles

With a majority of the nation's population classified as obese or overweight, incorporating a sedentary lifestyle guide section is an appropriate way to guide the reduced daily caloric needs and the increased physical activity levels of sedentary adults and adolescents. Sedentary adolescents are missing entirely from the daily caloric guide. We feel that adolescents should be included because the number of overweight or obese adolescents is increasing. A stronger emphasis on physical activity should also be part of the food pyramid guide. A combination of physical activity along with nutritional and dietary guidelines is the most effective way to maintain a healthier lifestyle. Recommending daily physical activities such as walking, riding a bicycle, or taking the stairs should be included in your guide to promote more physical activity among sedentary individuals.

- "Serving sizes" should be visual

The term "serving size" can be vague and imprecise. Using basic measurements such as "cups" and "ounces" quantify serving sizes for the average consumer and can facilitate a consistent use of one "serving size". In addition to using "cups" and "ounces," we suggest using a variety of visual cultural icons to signify one "serving." For example, a deck of cards, 1/2 of a tortilla or 4 strips of grilled meat can be used as visual multicultural icons to represent one "serving."

In conclusion, the AMA and its MAC appreciates the opportunity to provide these recommendations. Attached for your reference is a copy of the AMA Board of Trustees report entitled "Culturally Responsive Nutritional Guidelines", which was adopted in June at the AMA House of Delegates Meeting. We look forward to receiving the revised guidelines next year and assisting our members in effectively using the guides in their practices. You are welcome to contact me if the AMA and its MAC can be of further assistance.

Sincerely,



Michael D. Maves, MD, MBA

Enclosure

Maves/AMA  
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REPORT OF THE BOARD OF TRUSTEES

B of T Report 6 - A-04

Subject: Culturally Responsive Dietary and Nutritional Guidelines  
Presented by: William G. Plested III, MD, Chair  
Referred to: Reference Committee D  
(Jerome C. Cohen, MD, Chair)

1 Resolution 428, Obesity and Culturally Competent Dietary and Nutritional Guidelines, adopted by the  
2 AMA House of Delegates in June 2003, asks:

3  
4 That our AMA and its Minority Affairs Consortium (MAC) study and recommend  
5 improvements to the U.S. Department of Agriculture's (USDA) *Dietary Guidelines for*  
6 *Americans* and *Food Guide Pyramid* so these resources fully incorporate cultural and  
7 socioeconomic considerations as well as racial and ethnic health disparity information in  
8 order to reduce obesity rates in the minority community.

9  
10 That our American Medical Association (AMA) report its findings and recommendations  
11 to the AMA House of Delegates by its 2004 Annual Meeting.

12  
13 The serious health implications resulting from the increased prevalence of obesity in the US is  
14 addressed in depth in CSA Report 8 (A-04), currently before the House of Delegates. This Board of  
15 Trustees report responds more specifically to the interrelated issues of cultural competence and racial  
16 and ethnic health disparities and obesity. It recommends that our AMA adopt policy and take  
17 appropriate actions to promote the development of culturally effective dietary and nutritional  
18 guidelines to effectively address obesity, particularly among racial and ethnic minority patient  
19 populations.

20  
21 Health Implications of Obesity

22  
23 The rise of obesity and overweight among the US population is fraught with serious implications for  
24 our patients and the public health, as well as the health care system and the US economy. The  
25 prevalence of obesity has increased substantially over the last two decades. According to the Centers  
26 for Disease Control and Prevention, an estimated 59 million people aged 20 years and older, 31  
27 percent of US adults, were defined as obese, i.e., having a body mass index (BMI) of 30 or more.

28  
29 A study published in the January 1, 2003 issue of the Journal of the American Medical Association  
30 (JAMA) reported that the prevalence of obesity in 2000 was 20.9 percent, an increase of 5.6 percent  
31 from the previous year. The JAMA study also showed that overweight and obesity were significantly  
32 associated with diabetes, high blood pressure, high cholesterol, asthma, arthritis, and poor health  
33 status.

34  
35 Even more alarmingly, the percentage of children and adolescents now defined as overweight has  
36 more than doubled since the early 1970's. More than 10 percent of preschool children ages 2 to 5 are  
37 overweight, up from 7 percent in 1994. The US Surgeon General has said that the high incidence of  
38 overweight and obesity among young people is the greatest threat to public health today,  
39 foreshadowing a maturing generation plagued by serious associated disease complications.

Maves/AMA

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1 A study of the national costs attributed to overweight and obesity estimated that medical expenses  
2 accounted for 9.1 percent of total US medical expenditures in 1998 and may have reached as high as  
3 \$78.5 billion. According to the U.S. Department of Agriculture (USDA), healthier diets may prevent  
4 \$71 billion per year in medical costs, lost productivity and premature deaths caused by coronary heart  
5 disease, cancer, stroke, and diabetes mellitus.

6  
7 Obesity and its health complications contribute to persistent racial and ethnic health disparities in the  
8 United States. The obesity rate among racial and ethnic minorities in the U.S. has increased  
9 disproportionately in comparison to whites. African-American and Latino children are more likely to  
10 become obese than white children. Among adults, obesity and overweight prevalence is highest  
11 among non-Hispanic black women. More than half of non-Hispanic black women aged 40 years or  
12 older were obese and more than 80 percent were overweight. In light of these staggering statistics, the  
13 U.S. Department of Health and Human Services, the AMA, and other medical organizations are  
14 focusing new attention on obesity as a pervasive public health issue affecting Americans, particularly  
15 those of racial and ethnic minority populations.

16  
17 Obesity is a contributing factor that can lead to premature death in diet-related diseases such as  
18 coronary heart disease, cancer, stroke, and diabetes mellitus. These diseases disproportionately affect  
19 African American, Hispanic and American Indian communities in comparison to other racial and  
20 ethnic groups in the U.S. According to the U.S. Department of Agriculture (USDA), healthier diets  
21 may prevent \$71 billion per year in medical costs, lost productivity and premature deaths caused by  
22 coronary heart disease, cancer, stroke, and diabetes mellitus.

23  
24 Racial and ethnic minorities, along with low-income individuals, may not make healthy food choices  
25 due to their socioeconomic status and cultural norms. A study published in *The Journal of Preventive*  
26 *Medicine* reports a high correlation between lower income and minority neighborhoods having less  
27 access to supermarkets and a greater incidence of unhealthy diets than non-minority or higher income  
28 neighborhoods. Research also has shown that local food environments impact healthy eating choices  
29 and that poor and minority communities do not have equal access to the variety of healthy food  
30 choices available to non-minority and wealthy communities. In a sample of neighborhoods from  
31 Mississippi, North Carolina, Maryland, and Minnesota, white neighborhoods, when compared to  
32 African American neighborhoods, had 4 times more supermarkets offering a wide variety of healthy  
33 foods.

34  
35 The obesity epidemic disproportionately affects the health status of racial and ethnic minorities.  
36 Physicians need culturally effective tools to assist their patients with managing their weight and to  
37 assist them in making healthier food choices in communities where healthier foods may not be readily  
38 available. Creativity and a collaborative multicultural approach are needed to effectively coach and  
39 empower patients to make appropriate nutritional and dietary decisions to improve their health and  
40 manage their weight.

41  
42 The Role of the AMA and Organized Medicine

43  
44 Organized medicine has a pivotal role in combating the obesity epidemic as a disease state that  
45 intersects all medical specialties. Addressing obesity will improve the overall health of patients and  
46 help reduce racial and ethnic health disparities in diseases such as coronary heart disease, cancer,  
47 stroke, and diabetes mellitus. Eliminating racial and ethnic health disparities will improve health care  
48 for all patients and reduce overall health care costs in the U.S.

1 Our AMA is addressing these interrelated issues with policies and directives (listed on the last page of  
2 this report) and programs that call upon physicians to incorporate cultural competence in their  
3 practices, eliminate health disparities and address the obesity epidemic. Our AMA MAC has  
4 identified obesity and its complications as a major health risk disproportionately affecting minority  
5 populations and worked with the National Medical Association (NMA) to introduce Resolution 428,  
6 Obesity and Culturally Competent Dietary and Nutritional Guidelines, at the June 2003 AMA House  
7 of Delegates meeting.

8  
9 Our AMA entered an ongoing Memorandum of Understanding (MOU) with the U.S. Department of  
10 Health and Human Services that directly supports the goals of *Healthy People 2010* to improve the  
11 health of the nation and eliminate racial and ethnic health disparities. This commitment has led our  
12 AMA to develop opportunities in cooperation with the NMA and other organizations. This includes  
13 the convening of the Federation Task Force on Health Disparities which is working to develop a  
14 national plan for eliminating disparities. Other recent AMA activities include the Roadmaps for  
15 Clinical Practice publication, *Assessment and Managing of Adult Obesity: A Primer for Physicians*,  
16 educational sessions at the Annual and Interim meetings, and the Working Group on Childhood  
17 Obesity. By providing such forums for the major stakeholders in this effort to reduce obesity and  
18 eliminate racial and ethnic health disparities, our AMA is highlighting the role and responsibilities of  
19 organized medicine in improving the health of our nation.

20  
21 Recommendations for the USDA *Dietary Guidelines for Americans* and *Food Guide Pyramid*

22  
23 The leading nutritional and dietary guidelines are developed and distributed by the United States  
24 Department of Agriculture (USDA). The current USDA's *Dietary Guidelines for Americans* and  
25 *Food Guide Pyramid* will be revised and made available in 2005.

26  
27 The current USDA guides do not include foods that are staples in many minority communities, such  
28 as ghee, bok choy, greens, yams, tofu, lentils, plantains, and fish sauce. Tortillas are the only ethnic  
29 food listed in either of the current USDA guides. By incorporating more ethnic foods and ingredients  
30 throughout the revised guides, the relevance and usefulness of the new guides to minority populations  
31 would increase substantially.

32  
33 Socioeconomic factors are also not directly addressed in the existing USDA guides. They do not  
34 include low-cost options to fresh fruits and vegetables, lean meats, sources of calcium, and whole  
35 grains. Suggesting low-cost options such as frozen, dried, and canned foods would help low-income  
36 Americans to make healthier food choices. Additionally, the two guides should include multicultural  
37 symbols to depict one "serving size". For example, the guides could reference a deck of cards, half of  
38 a small tortilla, or four strips of meat to depict one "serving size" along with using the existing  
39 measurements of "cups" and "ounces".

40  
41 Additional research is needed to identify effective strategies for delivering culturally effective care  
42 when treating overweight and obese patients. While research indicates a need for culturally sensitive  
43 nutritional and dietary guidelines to combat obesity and improve overall nutrition, there is not a  
44 consensus among experts on which methods are most effective in delivering culturally effective care  
45 to minority patients. More data are needed on best practices and in exploring weight management  
46 efforts and outcomes among ethnic and racial minorities in comparison to their white counterparts.

1 Conclusions

2  
3 With the impending revision of the USDA guides, there is an opportunity for the AMA to provide  
4 recommendations to the USDA for improving the cultural responsiveness and effectiveness of the  
5 guidelines as a strategy for combating obesity in minority populations. In addition, there will be an  
6 important future role for the AMA in assisting physicians to incorporate the revised guidelines into  
7 their practices.

8  
9 The most effective way for individuals to manage body weight and improve their overall health is by  
10 increasing daily physical activity, reducing caloric intake, and selecting healthier foods. Individuals  
11 could better manage their nutritional and dietary goals if the healthy foods and ingredients typically  
12 consumed in their cultures were included in physician recommendations and in the USDA nutritional  
13 and dietary guidelines. Overweight and obese patients may comply with nutritional and dietary  
14 guidelines if the guidelines are relevant to their lifestyle and culture. A broader range of foods and  
15 ingredients should be included in the USDA guides to assist physicians in delivering culturally  
16 effective guidelines to aid patients in their weight management goals.

17  
18 Our AMA and its MAC should continue to monitor emerging research on these interrelated issues and  
19 provide input to the USDA on its 2005 *Dietary Guidelines for Americans* and *Food Guide Pyramid*.  
20 In addition, our AMA should continue its ongoing efforts to eliminate racial and ethnic health  
21 disparities, recognize obesity as a national epidemic and suggest ways to improve and utilize the  
22 USDA guidelines in physician practices to deliver culturally effective care for all patients.

23  
24 Recommendations

25  
26 The Board of Trustees recommends that the following recommendations be adopted, and that the  
27 remainder of this report be filed.

- 28  
29 5. That our American Medical Association reaffirm that obesity in children and adults is a major  
30 public health problem in the United States. (Reaffirm HOD Policy)  
31  
32 6. That our AMA recognize that racial and ethnic disparities exist in the prevalence of obesity and  
33 diet-related diseases such as coronary heart disease, cancer, stroke, and diabetes and recommends  
34 that physicians use culturally responsive care to improve the treatment and management of  
35 obesity and diet-related diseases in minority populations. (New HOD Policy)  
36  
37 7. That our AMA support the use of cultural and socioeconomic considerations in all nutritional and  
38 dietary research and guidelines in order to treat overweight and obese patients. (New HOD  
39 Policy)  
40  
41 8. That our AMA and its Minority Affairs Consortium (MAC) encourage the United States  
42 Department of Agriculture (USDA) Food Guide Pyramid Reassessment Team to include  
43 culturally effective guidelines that include listing an array of ethnic staples and use multicultural  
44 symbols to depict serving size in their revised *Dietary Guidelines for Americans* and *Food Guide*  
45 *Pyramid*. [Directive to Take Action]

- 1 9. That our AMA and its MAC seek ways to assist physicians with applying the final United States
- 2 Department of Agriculture (USDA) *Dietary Guidelines for Americans* and *Food Guide Pyramid*
- 3 in their practices as appropriate. [Directive to Take Action]
- 4
- 5 10. That our AMA and its MAC monitor existing research and identify opportunities where organized
- 6 medicine can impact issues related to obesity, nutritional and dietary guidelines, racial and ethnic
- 7 health disparities as well as assist physicians with delivering culturally effective care. (Directive
- 8 to Take Action)
- 9

10 Appendix -- Related AMA Policies

- 11
- 12 H-150.953 Obesity as a Major Public Health Program
- 13 D-60.990 Exercise and Healthy Eating for Children
- 14 H-440.902 Obesity as a Major Health Concern.
- 15 H-295.897 Enhancing the Cultural Competence of Physicians
- 16 H-295.905 Promoting Culturally Competent Health Care
- 17 H-350.965 Culturally Effective Health Care
- 18 H-350.976 Improving Health Care of American Indians
- 19 H-350.967 Eliminating Health Disparities
- 20 H-350.974 Racial and Ethnic Disparities in Health Care
- 21 D-350.996 Strategies for Eliminating Minority Health Care Disparities.
- 22

23 Fiscal Note: Within Current Budget

24  
25 References available from the Department of Women and Minority Services

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Rowland 10F2

AUG - 5 2004

René Rowland

- Compton, CA
- fax:

email:

• cell:

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

RE: CALL FOR SUGGESTIONS ~ FR VOL. 69 NO. 133

August 1, 2004

Dear Members of the Team,

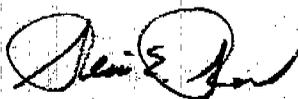
I am pleased to submit my idea for a new nutrition graphic. It seems that you are considering updating the pyramid design—not actually replacing it—but here is my idea, nonetheless: a **cornucopia**. I know you have the nutrition experts to figure out the serving suggestions, but you will see here that I have suggested that fruits and vegetables get top billing—that is, the most servings—over grains. I believe that Americans' chief problem, after lack of exercise, is failing to eat enough fruits and veggies.

Aside from being a natural representation of the inverted pyramid, I think the cornucopia is simply more inviting. It is already a national icon (Thanksgiving), and the graphic implies that one must first eat the fruits & veggies before getting to the breads, etc.

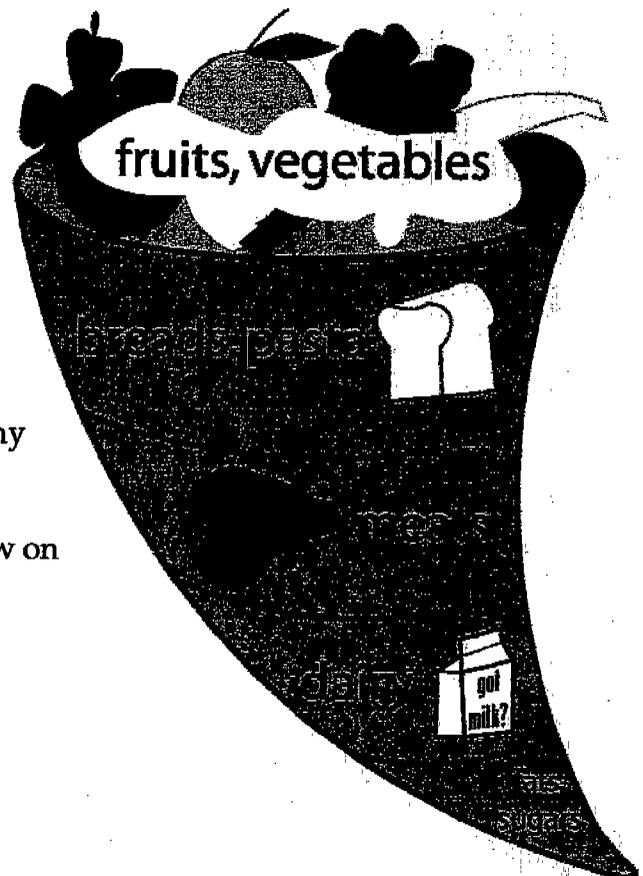
I'm afraid I don't have a slogan to suggest, however, so I will submit the graphic and perhaps write again with further thoughts before your deadline. I hope to see your artists' rendering of my idea in the future!

Here is a small graphic, and a larger one will follow on the next page.

Thank you for your consideration,



René Rowland, Los Angeles Music Teacher



Rowland 2002

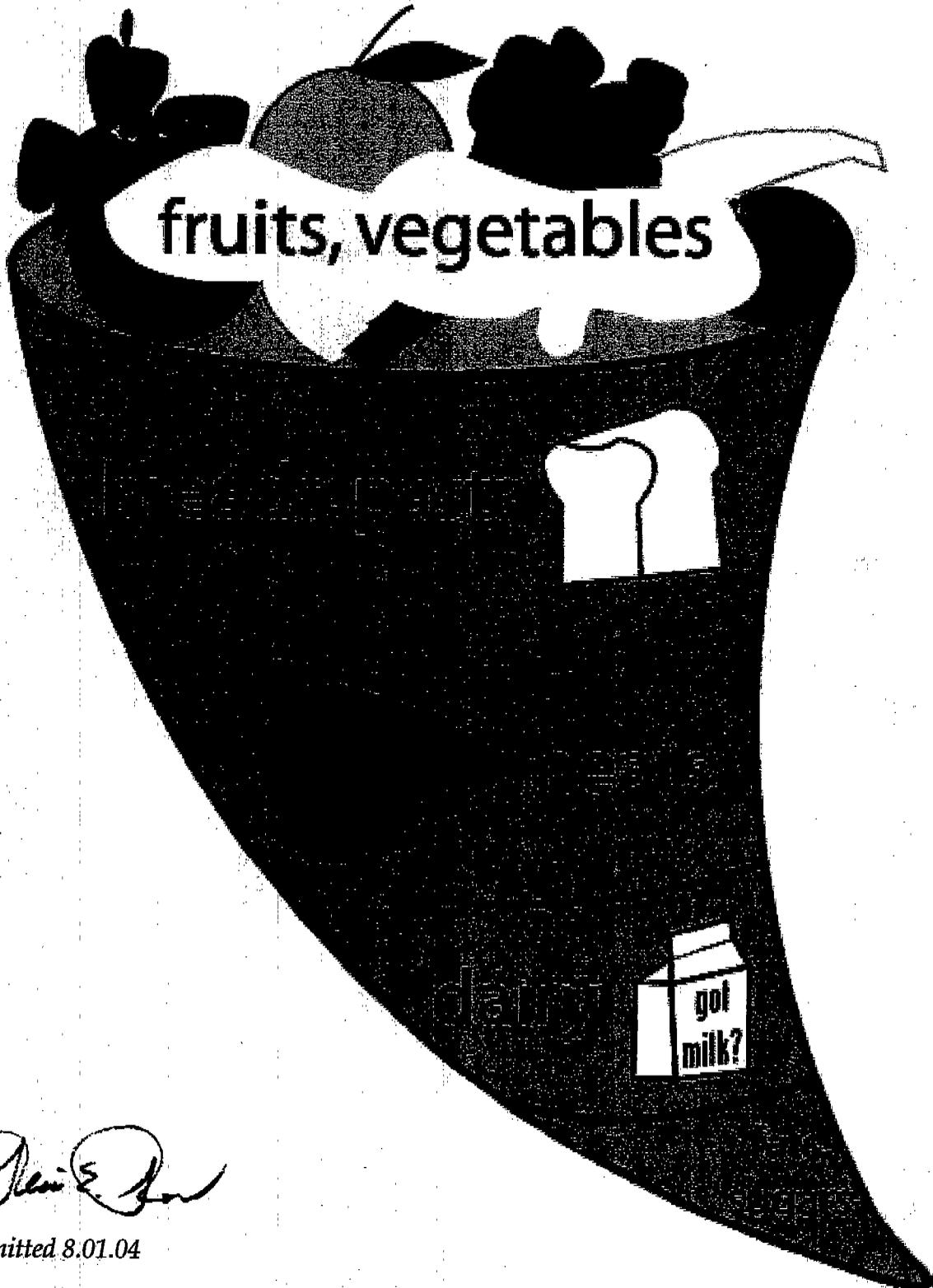
René Rowland

email:

• cell:

• Compton, CA

• fax:



*René Rowland*

submitted 8.01.04

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Betsy Taylor  
For Your Health

AUG - 5 2004

Taylor

10/1

August 3, 2004

To: Food Guide Pyramid Reassessment Team

From: Betsy Taylor, MS, RD

I have just reviewed the Dietary Guidelines Advisory Committee Meeting notes of March 30, 2004, and am impressed with the direction in which the committee is moving. As a dietitian, experienced in acute care (7 years), long-term care (2 years), teaching (15 years) and adult/child nutrition counseling (20 years), I am looking forward to the ultimate publication of the 2005 Dietary Guidelines for Americans.

I have seen some significant changes in my years of practice where the public is in fact better educated about the importance of the foods we eat to our health. Now we have to put a more positive spin on it – get away from fat-free pretzels as the snack of choice. Nuts are healthier, and in the long run more satisfying. (No, I'm not on the nut council). Encouraging healthier, energy-dense foods, I believe, will encourage eating to satiety and reduce mindless binge eating at the end of the day.

As for the Food Guide Pyramid, I believe a major adjustment is needed to demonstrate whole grain recommendations versus refined grains, healthy fats versus less healthy ones, healthy benefits in greater intake of fruits, vegetables, legumes, nuts and seeds. I would like to see whole grains, fruits and vegetables, legumes, nuts and seeds given larger roles in our diets by way of placement in the 2005 pyramid (i.e. in the lower and larger part of the pyramid). Saturated and non-natural trans fats need to be separated off from the healthier fats. These less healthy fats, when combined with added sugars, are best consumed sparingly (according to available discretionary calories).

I believe that alcohol needs to be addressed on the pyramid. We address it in the Guidelines – why not on the pyramid?

And physical activity, such as we have on the child pyramid, is a beneficial way to demonstrate energy balance between food and activity.

Portions are a problem. The ½ cup of pasta, unfortunately, does not equate with reality in the mind of the average American. So 6-11 servings of grains is meaningless. I can understand the portion system – and am able to convey the meaning to my audience/clients – but John Q Public is out there thinking that 6 or more pasta dinners are recommended daily (even though he or she thinks this a bit excessive.)

Betsy Taylor, MS, RD, CDN Certified Dietitian-Nutritionist  
South Kent, CT  
New Milford, CT Phone:

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Austin 1 of 1

August 2, 2004

Concord, MA

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

Re: Comments on July 2004 Federal Register Notice

Dear Sir or Madam:

I just read an article in the Wall Street Journal about the plans for revamping the "food pyramid". I am not an expert, but I have paid attention to nutrition news and read books on the subject throughout my life. I like the pyramid design and its simplicity. However, I don't believe that pasta, cereal and breads should be the foundation, even if they are whole grain. I have successfully lost weight in the Weight Watchers system, which really allows you to eat anything you want as long as you track the "points" for each food consumed. By trial and error one finds that the bulk of food consumed should be vegetables. By focusing first on eating vegetables, I find that I can satisfy myself with eating lots of food, while still losing weight. I just wanted to put forth my opinion that vegetables should be the base of the pyramid. I also think that all vegetables should be included collectively in the base, including greens, starchy vegetables and legumes. I think that it will just cause confusion, and that people don't eat enough vegetables as it is, to recommend specific amounts of various kinds of vegetables. If there are three categories of vegetables, who is going to take the trouble to make sure they have the right amount of each one each day. It should be enough to state that when selecting vegetables use of a wide variety should be encouraged.

I find that when I eat out it is always a challenge to make the center of the meal vegetable in nature. It would be great if we could get the food providers focused on this. It does get boring to have the only high vegetable meal option be a salad at restaurant after restaurant.

Thank you for considering my opinions.

Yours very truly,

  
Dorothy K. Austin

Pelkey 1071

Andrew Pelkey

AUG - 5 2004

Franklin, WI

August 1, 2004

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Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

Dear Sir or Madam:

I would like to make a brief suggestion about changing the food pyramid to make it more effective. My children (ages 6-8) have seen the food pyramid and understand what it is trying to say. Assuming whatever the food pyramid suggests is a good guideline, the problem isn't understanding what it says. The problem is how to determine where the foods we purchase and eat fit into it. If we cannot determine if we are eating the right proportions of the right foods, how can we possibly change our diets to follow the pyramid?

Without getting into the details of implementation, it would be helpful if you could devise a system that allows a fairly uneducated consumer to purchase the right amounts of the right kind of foods. This means that there needs to be something on food packaging that provides this information in a standardized format. Perhaps another picture of the food pyramid with a number (representing a serving) in the right box on the pyramid. For example, the number one in the grain box would be interpreted as "as serving of this product equals one serving of grain" or something like that. Of course, there would be foods that count towards more than one category, which means there would be a number in more than one box.

This same symbol could be used next to entrées at restaurants. We Americans eat a lot of prepared foods at restaurants (fast food or otherwise). Here again, we need something on the menu that gives us an idea of where the food we are about to order fits into the grand scheme of things. Most people do not understand what is in the foods they eat. They may understand that this hamburger has bread and meat, but they don't understand in what proportions and how much fat it contains.

Let's face it. The people whose habits you are trying to change don't take the time to educate themselves on the food they eat and/or don't have the education required to figure it out. They need help! Perhaps it would be helpful to develop some examples of breakfast/lunch/dinner/snack combinations that would fit within the guidelines of the food pyramid. People could compare what they eat now to one of these samples to get an overall idea of how bad their eating habits really are and what they would have to eat to be within the guidelines. Actually, all they would have to do is find a sample that contains most of the foods they like to eat, then learn how to substitute one food for another.

I know I am asking you to take something rather complicated and make it simple, but that is what is needed to have a bigger impact on what consumers choose to eat.

Best Regards,

Andrew Pelkey

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San Francisco, CA

PH/FAX

August 2, 2004

Lambert / Foods by Design

1 of 2

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Dr., Rm 1034  
Alexandria, VA 22302

**Re: Comments on proposed revisions to the Food Guidance System**

Our company is a developer and marketer of a natural foods product line based on flax, soy and oats. We have done considerable research related to developing a healthy diet and lifestyle system and published our recommendations on our web site.

As you know, the Harvard School of Public Health has published the "Healthy Eating Pyramid." We strongly recommend that the new USDA food pyramid and guidance system incorporate the major elements of the Harvard pyramid, plus the following enhancements:

1. Add plant sterols to the side of the pyramid near multiple vitamins.
2. In the fourth layer, after "Legumes," add "including soy."

Both of these recommendations are consistent with FDA food labeling regulations with regard to health claims. Attached is a copy of the Harvard pyramid with the above changes incorporated.

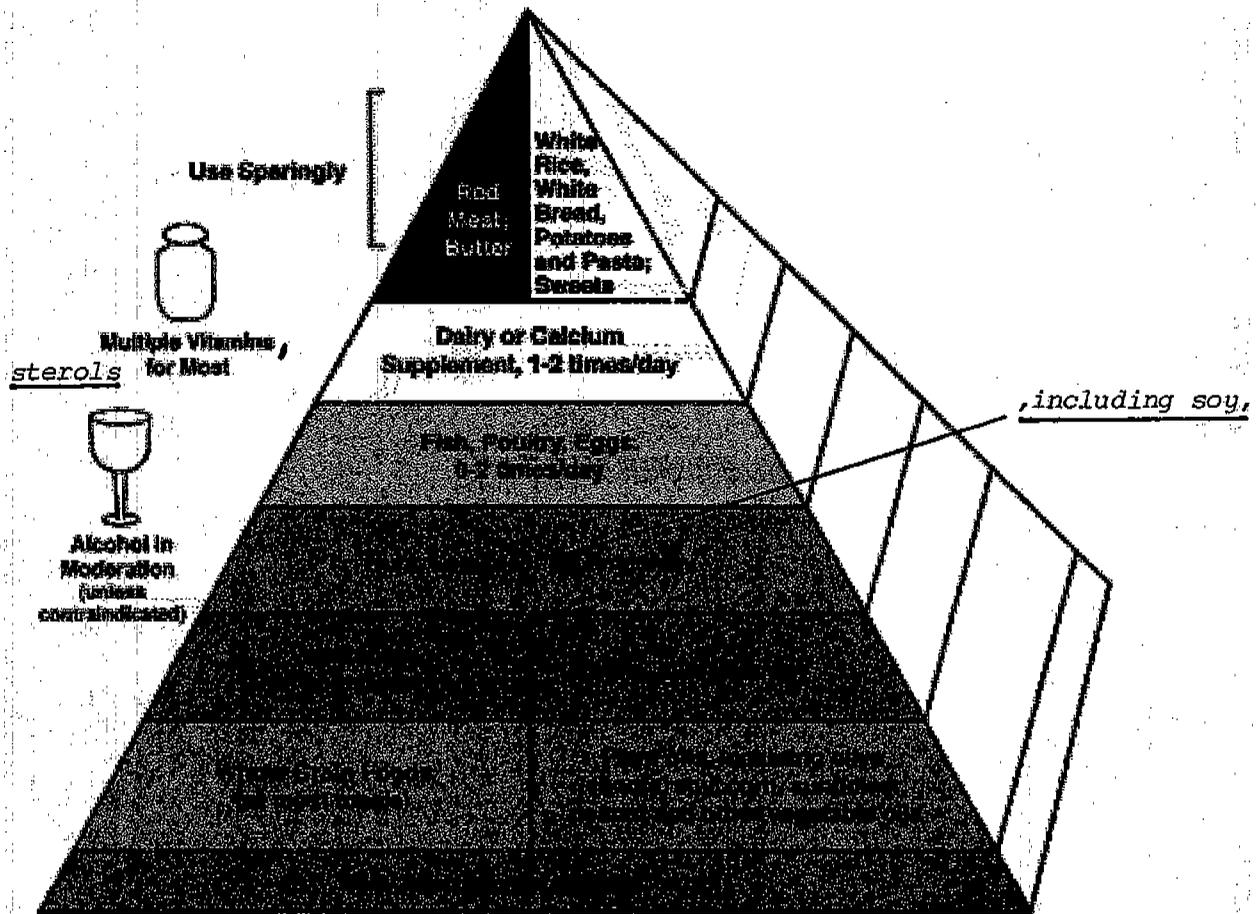
In the interest of full disclosure, we have no connection, financial or otherwise, with Harvard University or the production and sale of sterols. We are currently a very minor commercial food processing entity with regard to soy.

Thank you for your consideration.

Sincerely,

Marvin L. Lambert  
CEO

# Healthy Eating Pyramid



Source: Harvard School of Public Health

Provided by:

Food By Design, Inc.  
[www.foodbydesign.com](http://www.foodbydesign.com)

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Ma 1 of 1

Sandy Ma  
University of North Florida Dietetic Intern

Jacksonville, FL  
July 29, 2004

Food Guide Pyramid Reassessment Team,  
USDA Center for Nutrition Policy and Promotion,  
3101 Park Center Drive, Room 1034,  
Alexandria, VA 22302

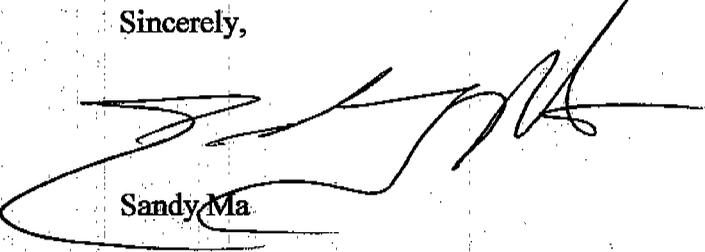
To whom it may concern,

Through my experience as a nutrition educator for the health department and a healthy lifestyle promoter as a certified personal trainer, it seems there is great confusion of the function of the Food Guide Pyramid. Some people of the general population view the top of the pyramid to be most important versus the bottom of the pyramid to be a firm and strong foundation for your food choices. Also, confusion to what a serving portion is per serving amount (i.e., is two slices of bread in one sandwich one serving of starch?). There is confusion to the difference of corn or potatoes as being a starch versus a vegetable.

There is much to stress. It is important whole grains are mentioned for their breads, pasta, and cereals. It is very important to mention hydration with adequate fluids. It is crucial to point out physical activity or exercise for everyday living. These factors will help balance the spectrum for healthy living.

Thank you for allowing me to voice my concerns.

Sincerely,



Sandy Ma

Katherine Ragsdale

Ann Arbor, MI

119

Ragsdale

10F1

AUG - 5 2004

*[Handwritten signature]*

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

Dear Assessment Committee Members,

I was reading some of the recent press about redesigning the food pyramid to better convey to Americans the sum of a healthy, reasonable diet.

I think that the pyramid should be eliminated, and a new way of measuring instituted. I have always followed what I call, "Two Hands."

Two Hands is the general idea that a person should never eat more food at one meal than they can fit into their two hands if held together in front of them in a bowl shape. The size of one palm represents the carb serving, the other hand the fruit/veggie servings. Three fingers for meat, two for dairy (or for milk, a glass that is as tall as the hand is wide). Everyone can have a pinky of sugar, or the end of your thumb for fat/butter.

It is just an easy way to measure amount, as most people carry the necessary tools around with them. The original idea is from Eastern cultures (China or India perhaps?) on how to eat healthfully.

Good luck on your design endeavors!

Yours,

*Katherine Ragsdale*

Katherine Ragsdale

- would be great for teaching kids good eating habits -

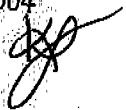
*[Handwritten initials in a circle]*

120

Meyer

10F2

AUG - 5 2004



August 1, 2004

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

Dear USDA:

I am responding to your public solicitation for a slogan and graphic which signify healthful nutrition and can be readily understood by most consumers.

I propose the slogan be "Bite the Bullet", a cliché that suggests self-discipline for personal gain in conjunction with the obvious reference to eating. The recommendations for healthful nutrition would then be bullet comments that encourage prudent food choices.

With regard to prudent food choices, kindly forgive me for saying this but I feel your current nutrition pyramid does not properly convey this information. The pyramid structure creates categories of good foods, not-so-good foods and bad foods that are often not accurate. I'll provide several examples.

Fats and oils are not uniformly bad. Those with high monounsaturated:saturated ratios such as canola, olive and nut oils are far better choices than tropical oils, lard or hydrogenated oils.

The healthfulness of meat varies greatly depending upon how it is processed and prepared. Lean beef, pork or skinless chicken that is grilled is an excellent choice. Hamburger, sausage or fried chicken are poor choices.

As with meats, the healthfulness of carbohydrates depends upon how the foods are processed and prepared. White flour products, white rice and refined sugars should be avoided. Whole grain wheat and brown rice should be encouraged. Sugars in fruits are a good choice and artificial sweeteners should be advised over refined sugars in many foods and drinks. Legumes such as baked beans are a good choice to replace French fries, particularly at fast food franchises or school cafeterias.

I propose that these types of recommendations be conveyed in bullet comments for each type of food. This would be done with large, bold dots followed by a brief message. Choices to be avoided should also be stated as brief comments indicated as "duds" rather than bullets. A dud could be denoted by a symbol such as a hollow circle with a diagonal line or an "X" mark.

And this theme leads to a logical graphic to replace the pyramid as a symbol for nutritional recommendations, a bulls-eye. Whereas there is some confusion about the

Meyer 2 of 2

message conveyed by a pyramid (Should you be at the top? The bottom? Should you climb the pyramid?) there is virtually universal understanding that "You want to be on target." or "You want to hit the bulls-eye."

Accordingly I propose that the pyramid be abandoned and replaced with a series of bulls-eye type target graphics, one for each food group such as "Meats", "Fats and Oils" and "Carbohydrates". Bullets and duds would signify positive and negative choices respectively and of course the consumer would be encouraged to "Bite the Bullet".

Please feel free to contact me at \_\_\_\_\_ or \_\_\_\_\_ if you'd like to further discuss this concept.

Regards,



Colin G. Meyer, DVM, PhD

Troy, MI \_\_\_\_\_

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Hyatt 1051

AUG - 5 2004

*[Handwritten signature]*

Salt Lake City, UT  
2 August 2004

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

Dear Team:

Thank you for the opportunity to comment during your revision of food guidelines. I have some observations from my students who have studied the Food Guide Pyramid in my college nutrition classes over the past five years.

Here are their most frequent objections to following the current guidelines:

- Too many breads and cereals
  - the "6-11 servings" is misleading, causing the impression that six large portions of any bread, rice, or pasta are being recommended
  - the assumption is that any refined grain product is acceptable, resulting in decreased consumption of whole grains with their needed fiber
- Recommendations for fruits and vegetables seem unrealistic
  - serving sizes are confusing, leading to discouragement
  - goals of 2-4 servings and 3-5 servings seem unattainable
- Most milk group servings are too high in fats
  - If fat-free choices are not specified, calories and saturated fat will be excessive
  - The impression given is that cheese can be an interchangeable choice every day, but cheese should only be chosen sparingly due to the high fat content of most types
- The size of meat servings is unclear to most consumers
- Legumes don't seem to belong in the meat group

I realize that the notes in your publications clarify most of the above points, but in my experience, these observations are typical of how consumers react after looking over the pyramid.

I hope your new guidelines will address these issues to make them more clear for consumers who are not nutrition experts.

Thank you for your consideration.

*Beverly Hyatt*  
Beverly Hyatt, MS, RD  
Faculty, University of Phoenix

Greenberg 1 of 1

Mr. Lee Greenberg  
Birmingham, AL

AUG 5 2004

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Here's a slogan for  
a new simplified  
food pyramid. Simple,  
to the point, and directly  
addresses the American  
dilemma -

"Less food, less  
fattening, less frequently"  
Sort of a good diet  
rule.

Lee M. Greenberg



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Scott 10F1

AUG - 5 2004

Nancy Scott

Bellevue, Nebraska,

July 29, 04

Dear Sirs,

Here are some ideas I have on how to explain healthy eating to people

1. Make a danger list to say that if you eat things on that list you are not doing good things for your health. This way we can still have things but are aware that they are not good.

- A. Require a symbol like a red triangle to make people aware that it is a danger
- B. Or go the other way and if a product such as bread has over 50% whole grains it can get a special USDA symbol of health, then ads could go out that any manufactured food without the symbol is not good. There are a lot of cereals targeted at children that are nothing but empty calories and chemicals. These should be identified for people in some way.

2. Start an examine your poop campaign because people can tell a lot from what comes out as to how good your food is for you.

3. Add: Drink (give number) glasses of water, real fruit or real vegetable juice every day. Maybe in an extra outer circle.

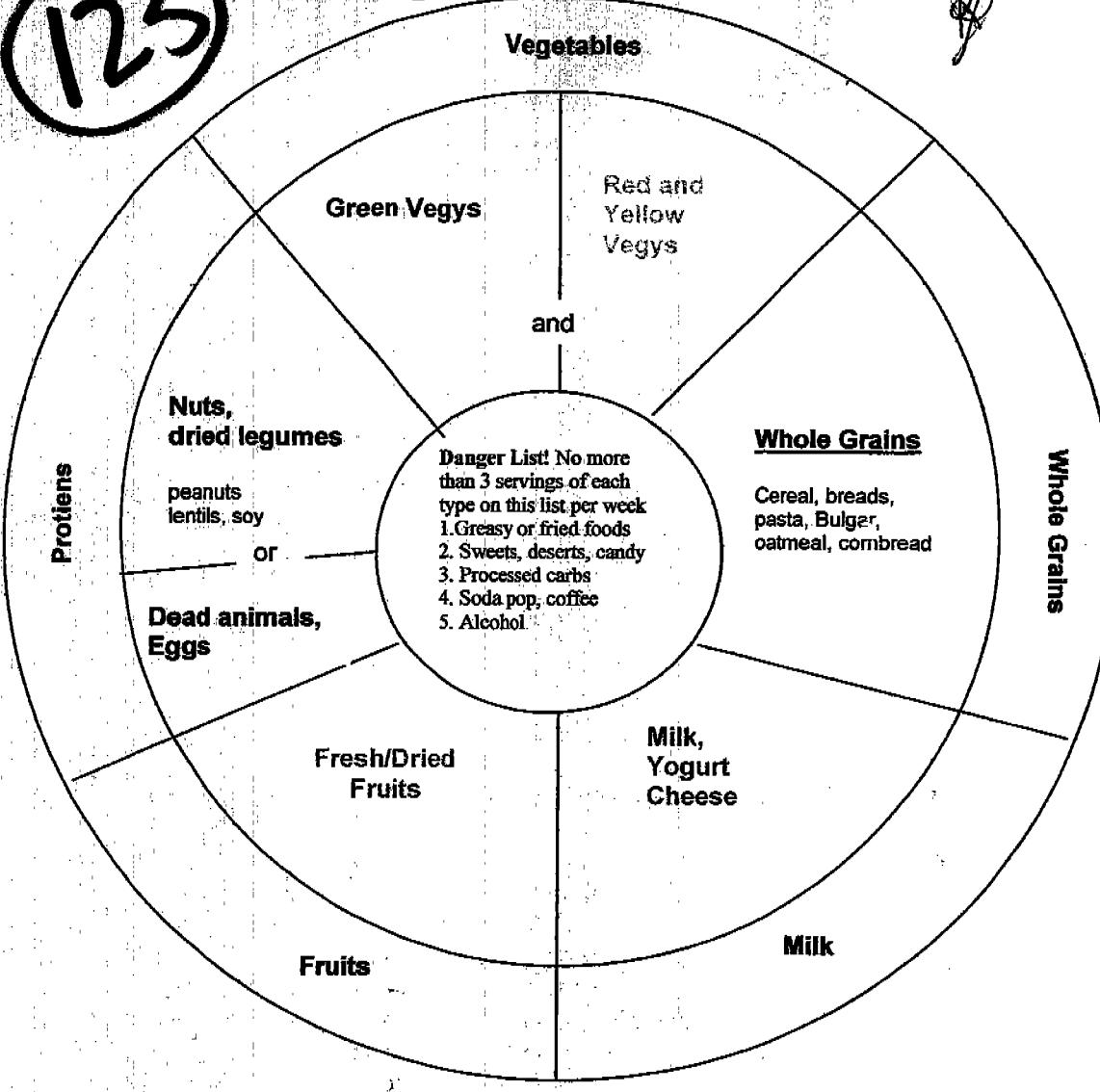
4. Have a divided protein group as now people think it is a meat group, even though you do mention beans and nuts in the triangle.

5. Let people know that we really don't need to eat 3 meals every day as eating is mostly a habit that we do and are not even hungry. Its ok to skip the evening meal.

Thanks for letting me share my thoughts.

Sincerely,

Nancy L. Scott



**Eat foods of every color**

Eat from outer circle every day. You tell us how many helpings! But not so many that it is unreasonable. Put the number on the chart.

Avoid inner circle or no more than 3 helpings in each of those categories per week.

**Reasons the pyramid may not have worked:**

1. The pinnacle usually means top or best and fat is at the top.
2. Need to separate out different types of vegys other than potatoes to make people aware that they need to eat them.
3. The pyramid does not emphasize dried beans and nuts as a major food group. Some people think that meat is the only way to get protein.
4. People are basically not able to think for themselves and need to be told a specific rule of how many serving of what particular things to eat and the visuals need to make it clear.
5. We need to have a circle to better show what to eat and what to avoid.

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Bjerstedt 10/2

AUG - 5 2004  
HP

August 3, 2004

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive Room 1034  
Alexandria, VA 22302

Dear Decision Maker,

The food pyramid suffers from an effort to be all things to all people. As its troubled history illustrates it tends to satisfy no one. One aspect that has concerned me the most has been the reference to "servings." How much is a serving? Is it a measure of food area on a plate, of food weight, of volume, or of calorie content? How does one visualize a serving?

In making this pyramid revision I suggest a greater effort be made in helping people visualize a serving size by volume. The handiest reference would be to describe one serving being the volume (and approximate weight) of a deck of cards, about 5-6 oz. Visualization that relates to an everyday item would give people a better chance of controlling their food intake in my view.

I would also suggest revising the shape of the USDA pyramid. I would not represent it as a pyramid; rather, I would change it into an hourglass. The food substances you want to consume the least would be in the pinched middle. I have attached a figure.

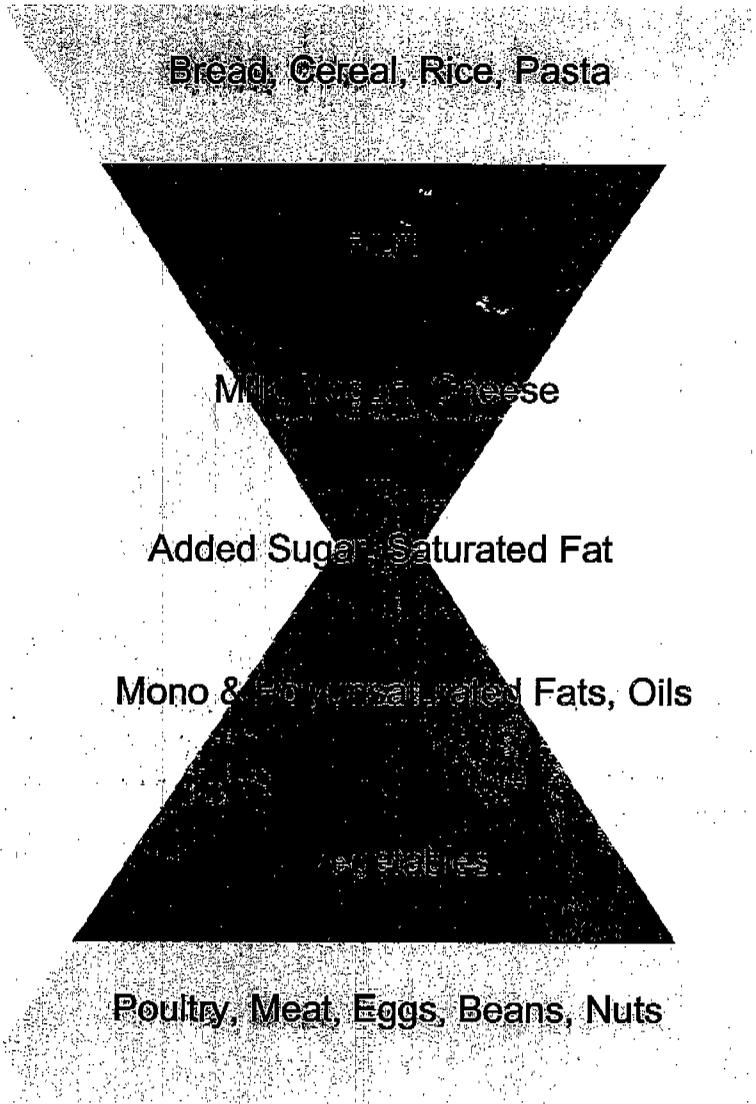
Good luck in this important revision. If you don't prepare a graphic that people can relate to I'm afraid all of your good intentions won't amount to much. In any event the U.S. Department of Agriculture can't really do what must be done to reduce the obesity epidemic. That is to convince people to choose to get up off their rear ends and exercise.

Sincerely



Thomas Bjerstedt  
Mandeville, LA

Bjerstedt | 2012



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Zelinski 10/2

AUG - 5 2004

Joy Zelinski

Anacortes, WA

July 29, 2004

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

To Whom it May Concern,

My name is Joy Zelinski and I'm writing to share my thoughts on the USDA Food Guide Pyramid. My comments are based on my experience controlling carbohydrates, which have helped me to regain control of my health and my weight.

I am of average weight and build, and I exercise moderately two to three times a week. I am a graduate of the U.S. Naval Academy, and practiced the Food Pyramid guidelines as suggested by the dietician. Unfortunately, I would work out two hours per day and eat carbohydrate-packed foods. It was difficult to understand why I was not losing weight.

Several years later, I decided to try the controlled carb/low fat diet regime, because at its fundamental level it made sense to me. It was not easy to monitor my carb intake, but after 3 months, I had lost ten "vanity" pounds. I look better, feel better, and have increased energy. Now when I work out, it isn't to lose weight, but rather to maintain my new weight.

I am sincerely concerned about the increasing level of obesity that affects a majority of Americans. I would like to recommend that you incorporate the Atkins Lifestyle Food Guide Pyramid in your re-evaluation and redesign of the Food Guide Pyramid.

Sincerely,  
Joy Zelinski

Zelinski) 2 of 2

[Click here to download pdf](#)

## THE ATKINS LIFESTYLE FOOD GUIDE PYRAMID™

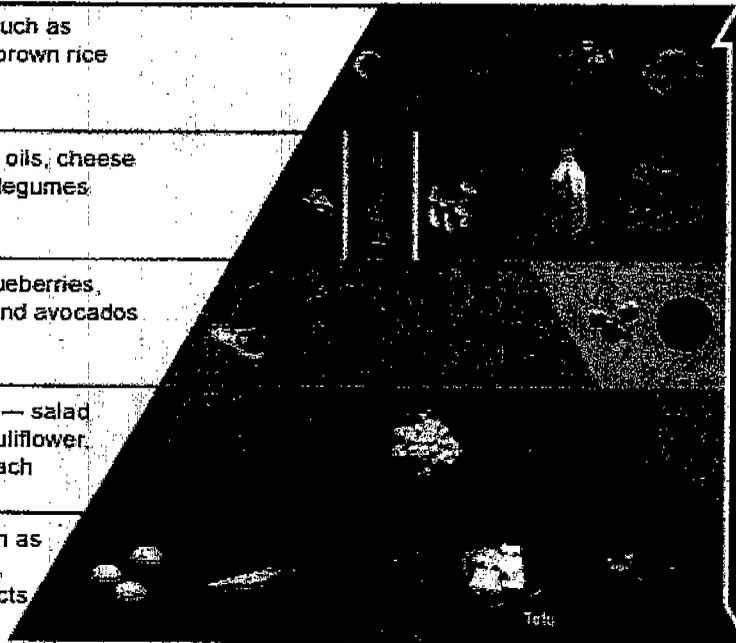
Whole grain foods such as  
— barley, oats and brown rice

Vegetable and seed oils, cheese  
and dairy, nuts and legumes

Fruits such as — blueberries,  
raspberries, pears and avocados

Vegetables such as — salad  
greens, broccoli, cauliflower,  
asparagus and spinach

Protein sources such as  
— poultry, fish, beef,  
pork, and soy products



HERE'S WHAT YOU DO:

NO ADDED SUGARS & HYDROGENATED OILS

1. Limit and control certain carbohydrates to achieve and maintain a healthy weight.
2. Choose carbohydrates wisely (vegetables, fruits, legumes, whole grains), avoiding refined carbohydrates and foods with added sugars.
3. Eat until you are satisfied:
  - to maintain weight, eat in proportion to the pyramid.
  - to lose weight, focus on protein, leafy vegetables and healthy oils.
4. Everyone's metabolism and lifestyle are different. Discover your individual carb level to achieve and maintain a healthy weight. Raise this level with additional exercise.

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Ficken 1 of 2

AUG - 5 2004

Mrs. Susan H. Ficken

Colchester, CT

August 2, 2004

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

To Whom it May Concern,

My name is Sue Ficken and I'm writing to share my thoughts on the USDA Food Guide Pyramid. My comments are based on my experience controlling carbohydrates, which have helped me to regain control of my health and my weight.

My husband and I chose to minimize certain carbohydrates in our dietary approach because we began to understand after many years that certain carbohydrates were doing more harm than good for our waist line as well as our heart and blood sugar. In addition, we both have a family history of cardiovascular disease, high blood pressure and diabetes. Neither of us wants to face any of these illnesses later on in life. With all these things to consider, plus our own increasing bad cholesterol, we decided to change things. We took control of our eating habits by increasing our intake of vegetables, poultry, fish and fruits, and minimized our carbohydrates. Our results were significant: our blood sugar stabilized, our cholesterol lowered - without the help of medication- and we had increased energy. I've lost my goal of 10 pounds and my husband has lost 30 pounds. Along with exercise and eating healthy, I know we can keep many illnesses at bay.

Although millions of people have done the same, many in the country still believe that the current food pyramid is a healthy approach. Medical and nutritional research of these "guidelines" has shown just the opposite. In addition to the unbalanced pyramid, the increase of processed foods and fast food restaurants has also contributed to our country's obesity and diabetes epidemic. This has to be reversed and the first place to start is the food guide pyramid.

More and more children are being diagnosed with diabetes because of unbalanced diets. More junk and fast foods are surrounding our kids. Even our school systems provide nutritionally unbalanced meals and snacks. Parents *presume* their children are being fed healthy meals at school if they haven't prepared one for them themselves. However, my 7 year old niece's school menu in North Carolina consists of corn dogs, pizza, macaroni and cheese, hamburgers and chicken fingers. Is this the "nutrition" we want our children to have? The idea that all carbs are good for kids because they will burn the carbohydrates through exercise is just not the case anymore. Our children are staying indoors more, and usually sitting in front of video games, computers, or the television. They are simply not active in sports or outdoor activities as they were and the size of their clothes and their poor self-image is a true reflection of their eating habits. I

Ficken 2 of 2

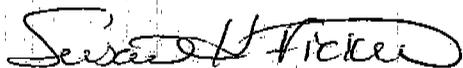
understand that children aren't too thrilled eating vegetables or salads all the time. However, implementing a more nutritionally balanced guideline will afford parents, school systems and the USDA to work in concert together to better provide a more healthful nutritional approach for everyone.

If these aren't enough reasons, then our sky-rocketing healthcare costs and pharmaceuticals should be. When Medicare is considering coverage for obesity, then we all know things have to change. **Coverage for obesity is simply accepting the issue rather than correcting it. This obesity epidemic can be and needs to be reversed.**

The USDA needs to update and promote a healthier food pyramid that suggests more vegetables, protein (meats, fish, poultry), fruits, a moderate amount of carbohydrates and dairy, and smaller portions. The campaign needs to bombard our nation's billboards, the parenting and family magazines, hospital outreach programs, and our prime time programming of these important changes. The USDA should also collaborate with the restaurant and hospitality industry that smaller portions are instrumental to the change in nutrition, and an added benefit is that it may also improve their bottom line.

If we want our children to avoid daily blood sugar testing, cardiovascular surgery and cholesterol medications then the portions and the ingredients in them need to change. Please take these comments into consideration as you re-evaluate and redesign the Food Guide Pyramid.

Sincerely,



Susan Ficken

Valerie Brescia

West Haven, CT

July 30, 2004

Food Guide Pyramid Reassessment Team  
USDA Center for Nutrition Policy and Promotion  
3101 Park Center Drive, Room 1034  
Alexandria, VA 22302

To Whom it May Concern,

My name is Valerie Brescia and I'm writing to share my thoughts on the USDA Food Guide Pyramid. My comments are based on my experience controlling carbohydrates, which have helped me to regain control of my health and my weight.

This is my story....

I was never thin to begin with. I always had trouble with my weight but I was never obese. Until my son was born that is. You see, on the third day of my son's life he was diagnosed with Transposition of the great vessels, Ventricular Septal Defect, Coarctation of the Aorta and Pulmonary Stenosis. Those are all serious heart problems, which in conjunction actually helped my son survive by allowing oxygenated blood, flow to his brain through the large holes. These huge defects were missed in my ultrasound (God only knows how) so I was not prepared for this. I was only 22 years old. My son was transferred from Yale New Haven Hospital in Connecticut to Boston Children's Hospital by helicopter where he underwent open heart surgery. During our stay in the hospital I gained over 100 pounds. My son survived and I continued to eat everything in sight. I craved cookies and chocolate like I was never going to have them again and the more I ate of those things, the more I wanted. I cannot describe to you how much I ate. How sometimes I would have a bagel in the morning, and then another midmorning and another just before lunch, plus lunch, dinner, snacks, desserts. I look back today and I tell you it is disgusting. The gestational diabetes I had during pregnancy did not go away. I was always tired and hungry. I tried Slim Fast, I tried Weight Watchers, I joined a gym, I ate a low fat diet, and I tried following the current pyramid. This past December I met someone who I hadn't seen in a year. She was so thin I didn't recognize her. I asked her which diet she was on and she told me she wasn't following a diet. That she was following the Atkins Nutritional Approach. I took a look at myself and decided I had to try. I began following the Atkins Nutritional Approach exactly as written in Dr. Atkins book (I even do the exercise part and go work out for an hour every day) and today Seven months and thirty days later I write to you 70 pounds lighter (a size 12 from a size 24), free of cravings, full of energy and happy. My friends even tell me my skin looks different! I plan to continue following the Atkins Nutritional Approach for the rest of my life.

My comments are as follows:

I am a Special Education Teacher and do not want to teach my students about the current food pyramid because I personally do not believe it will help them to lead healthy lives. I teach grade 6/7 when talking about proper nutrition is important. It is hard to teach something you do not believe in, especially when you know for a fact that there is something better. It's like trying to teach a student who only has one hand to type on a standard keyboard when there are one handed keyboards available. The Atkins pyramid is better. It makes sense. Basically it says this: Do what your mother told you and eat your vegetables. Eat protein with every meal and only indulge in sweets on special occasions. I know that may seem simplistic and I will admit it is

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127 Brescia 10F2

Brescia JofJ

but when you think about all the refined sugar and flour and what happens to these things when they enter your body, no wonder diabetes is on the rise! We need a food Pyramid that will help Americans to become healthier, happy people and the Atkins Pyramid can accomplish that. Please take my comments into consideration as you re-evaluate and redesign the Food Guide Pyramid.

Sincerely,

Valerie Brescia

Howes / 1 of 2

AUG - 5 2004  
JP

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Belovo, Inc

Pinehurst, NC

July 20, 2004

Ms. Kathryn McMurry  
Office of Disease Prevention and Health Promotion  
Department of Health and Human Services  
Room 738-G Humphrey Building  
200 Independence Avenue, NW  
Washington, DC 20201

Dear Ms. McMurry,

I am writing in response to recent announcements in the Federal Register inviting public comment on the upcoming revision of the USDA's Food Guide Pyramid. Further, I am requesting that you communicate the concern outlined below to the Committee charged with revising the Food Guide Pyramid.

First, we applaud USDA's efforts to update the current nutritional recommendations relating to food selection in the Food Guide Pyramid with a focus on bringing new scientific knowledge to the consumer which will assist them in making better food choices.

To that end, many studies have clearly demonstrated that the egg is a highly nutritious food. One large egg provides approximately six grams of protein (6% of the daily value for protein based on a 2000 calorie diet). Eggs are also a significant source of other nutrients including iron, riboflavin, folate, vitamins B-12, D and E. Further, recent scientific findings have demonstrated that the egg can be a part of a heart healthy diet.

In addition, the positive public health impact of consuming significant amounts of omega-3 fatty acids on a reduction in the risk of cardiovascular disease has been well documented.

As the provider to the consumer of a unique egg containing a 1:1 balance of omega-3 to omega-6 fatty acids (paralleling the Mediterranean Diet) in a meaningful serving providing 660 mg of Omega-3 fatty acids per egg, we ask that the Committee not limit its recommendations on the consumption of omega-3 fatty acids to seafood alone, but to also include other meaningful

Pinehurst, NC

phone

fax

Hawes 2 of 2

dietary sources such as our egg as part of the revised Food guide Pyramid. Our product (Christopher® or Columbus® eggs) containing 660 mg of omega-3 fatty acids per 50 gram edible egg which provide 550 mg ALA, 10 mg EPA, 20 mg DPA and 80 mg DHA per serving will clearly provide a meaningful benefit to the consumer in obtaining omega-3 fatty acids from the diet.

For these reasons, we urge the Committee to include a wide variety of foods providing omega-3 fatty acids in the diet as part of the revised Food Guide Pyramid and not limit or restrict its recommendations to only seafood.

Thank you for the opportunity to provide these comments and for your assistance in notifying the Committee of our concern.

Sincerely,



Michael Hawes  
President  
Belovo Inc.