

DIETARY GOALS FOR THE UNITED STATES

Excerpts From The First Edition Of “The Dietary Goals For The United States”

Dr. C. Samuel West's Statements Regarding The Three Page Forward Of Second Edition

Senator Percy's Three Page Forward To The Second Edition Of The Dietary Goals

PREPARED BY THE STAFF OF THE
SELECT COMMITTEE ON NUTRITION
AND HUMAN NEEDS
UNITED STATES SENATE

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(Bold added to emphasize certain
statements in this report.)

[Press Conference, Friday, January 14, 1977, Room 457, Dirksen Senate Office Building]

STATEMENT OF SENATOR GEORGE McGOVERN ON THE PUBLICATION OF DIETARY GOALS FOR THE UNITED STATES

Good morning.

The purpose of this press conference is to release a Nutrition Committee study entitled Dietary Goals for the United States, and to explain why we need such a report.

I should note from the outset that this is the first comprehensive statement by any branch of the Federal Government on risk factors in the American Diet.

The simple fact is that our diets have changed radically within the last 50 years, with great and often very harmful effects on our health. These dietary changes represent as great a threat to public health as smoking. **Too much fat, too much sugar or salt, can be and are linked directly to heart disease, cancer, obesity, and stroke, among other killer diseases. In all, six of the ten leading causes of death in the United States have been linked to our diet.**

Those of us within Government have an obligation to acknowledge this. The public wants some guidance, wants to know the truth, and hopefully today we can lay the cornerstone for the building of better health for all Americans, through better nutrition.

Last year every man, woman and child in the United States consumed 125 pounds of fat, and 100 pounds of sugar. As you can see from our displays, that's a formidable quantity of fat and sugar.

The consumption of soft drinks has more than doubled since 1960—displacing milk as the second most consumed beverage. In 1975, we drank on the average of 295 12 oz. cans of soda.

In the early 1900's almost 40 percent of our caloric intake came from fruit, vegetables and grain products. Today only a little more than 20 percent of calories comes from these sources.

My hope is that this report will perform a function similar to that of the Surgeon General's Report on Smoking. Since that report, we haven't eliminated the hazards of smoking, nor have people stopped smoking because of it. But the cigarette industry has modified its products to reduce risk factors, and many people who would otherwise be smoking have stopped because of it.

The purpose of this report is to point out that the eating patterns of this century represent as critical a public health concern as any now before us.

We must acknowledge and recognize that the public is confused about what to eat to maximize health. If we as a Government want to reduce health costs and maximize the quality of life for all Americans, we have an obligation to provide practical guides to the individual consumer as well as set national dietary goals for the country as a whole.

Such an effort is long over-due. Hopefully, this study will be a first major step in that direction.

I would like to thank Mr. Nick Mottern of the Committee staff for his extraordinary effort and the high degree of professionalism he used in the preparation of this publication.

GEORGE McGOVERN,
Chairman.

In addition to acting as a practical guide to promote good eating habits, this report, hopefully, will also serve as a catalyst for Government and industry action to facilitate the achievement of the recommended dietary goals. **Without Government and industry commitment to good nutrition, the American people will continue to eat themselves to poor health.** Government and industry have a responsibility to respond to the findings of the report. Action is needed to determine how changes can be made regarding the content of nutritional information provided to the public; the kinds of foods produced; how foods are processed and advertised; and the selection of foods offered by eating establishments. **Our national health depends on how well and how quickly Government and industry respond.**

CHARLES H. PERCY,
Ranking Minority Member.

(v)

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(II)

The same progress can and must be made in matters of nutritional health, and this report sets forth the necessary plan of action:

1. Six basic goals are set for changes in our national diet:
2. Simple buying guides are recommended to help consumers attain these goals; and
3. Recommendations are also made for action within Government and industry to better maximize nutritional health.

I hope this report will be useful to millions of Americans. In addition to providing simple and meaningful guidance in matters of diet, it should also encourage all those involved with growing, preparing, and processing food to give new consideration to the impact of their decision on the nation's health. There needs to be less confusion about what to eat and how our diet affects us.

With me this morning are three of the country's leading thinkers in the area of nutritional health. They have very graciously assisted the staff of the Select Committee in the preparation of this report. They will explain in greater detail its purpose and goals.

First, Dr. Mark Hegsted, Professor of Nutrition from the Harvard School of Public Health. Dr. Hegsted has a long and distinguished career in science, bringing conscience as well as great expertise to his work. Dr. Hegsted has worked very closely and patiently with the committee staff on this report, devoting many hours to review and counseling. He feels very strongly about the need for public education in nutrition and the need to alert the public to the consequences of our dietary trends. He will discuss these trends and their connection with our most killing diseases.

Following his presentaiton, Dr. Beverly Winikoff of the Rockefeller Foundation will discuss the changes necessary in food marketing and advertising practices if the consumer is to make more healthful food choices. Dr. Winikoff, who with Dr. Hegsted and Dr. Lee testified at our hearings in July, has also been extremely helpful in assisting the committee staff in preparing this report.

Dr. Philip Lee, the Director of the Health Policy Program at the University of California in San Francisco, and a former Assistant Secretary for Health, will conclude our presentation with a discussion of the costs of our current dietary trends. Dr. Lee has also consulted with the committee staff on this report and has offered much encouragement.

Before Dr. Hegsted begins, I would also like to note that the staff has also received valuable assistance from Dr. Sheldon Margen, a nutritionist with the University of California in Berkeley, who is traveling outside the country today.

I want to thank each of these people personally for their help and their

spirited concern for the public interest.

The Committee will continue its investigation into the connection between diet and health on February 1 and 2, when hearings will be held concentrating on problems of diet and heart disease and obesity.

After the presentation today we will be glad to answer questions.

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[Press Conference, Friday, January 14, 1977, Room 457, Dirksen Senate Office Building]

STATEMENT OF DR. D.M. HEGSTED, PROFESSOR OF NUTRITION, HARVARD SCHOOL OF PUBLIC HEALTH BOSTON, MASS.

The diet of the American people has become increasingly rich—rich in meat, other sources of saturated fat and cholesterol, and in sugar. There will be people who will contest this statement. It has been pointed out repeatedly that total sugar use has remained relatively constant for a number of years. We would emphasize, however, that our total food consumption has fallen even though we still eat too much relative to our needs. Thus, the proportion of the total diet contributed by fatty and cholesterol-rich foods and by refined foods has risen. We might be better able to tolerate this diet if we were much more active physically, but we are a sedentary people.

It should be emphasized that this diet which affluent people generally consume is everywhere associated with a similar disease pattern—high rates of ischemic heart disease, certain forms of cancer, diabetes, and obesity. These are the major causes of death and disability in the United States. These socalled degenerative diseases obviously become more important now that infectious diseases are, relatively speaking, under good control. I wish to emphasize that these diseases undoubtedly have a complex etiology. It is not correct, strictly speaking, to say that they are caused by malnutrition but rather that an inappropriate diet contributes to their causation. Our genetic make-up contributes— not all people are equally susceptible. Yet those who are generally susceptible, most of us, are those who would profit most from an appropriate diet. Diet is one of the things that we can change if we want to.

There will undoubtedly be many people who will say we have not proven our point; we have not demonstrated that the dietary modifications we recommend will yield the dividends expected. We would point out to those people that the diet we eat today was not planned or developed for

any particular purpose. It is a happenstance related to our affluence, the productivity of our farmers and the activities of our food industry. The risks associated with eating this diet are demonstrably large. The question to be asked, therefore, is not why should we change our diet but why not? What are the risks associated with eating less meat, less fat, less saturated fat, less cholesterol, less sugar, less salt, and more fruits, vegetables, unsaturated fat and cereal products— especially whole grain cereals. There are none that can be identified and important benefits can be expected.

Ischemic heart disease, cancer, diabetes and hypertension are the diseases that kill us. They are epidemic in our population. We cannot afford to temporize. We have an obligation to inform the public of the current state of knowledge and to assist the public in making the correct food choices. To do less is to avoid our responsibility.

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[Press Conference, Friday, January 14, 1977, Room 457, Dirksen Senate Office Building]

**STATEMENT OF DR. BEVERLY WINIKOFF,
ROCKEFELLER FOUNDATION, NEW YORK, N.Y.**

What are the implications of these dietary goals?

The fact that the goals can be stated in nutritional terms first and then mirrored in a set of behavioral changes impels a closer look at why Americans eat the way they do. What people eat is affected not only by what scientists know, or by what doctors tell them or even by what they themselves understand. It is affected by Government decisions in the area of agricultural policy, economic and tax policy, export and import policy, and involves questions of good production, transportation, processing, marketing, consumer choice, income and education; as well as food availability and palatability. Nutrition, then, is the end result of pushes and pulls in many directions, a response to the multiple forces creating the “national nutrition environment.”

Even “personal dietary preferences” are not immutable but interact with other forces in the environment and are influenced by them. People learn the patterns of their diet not only from the family and its sociocultural background, but from what is available in the marketplace and what is promoted both formally through advertising and informally through general availability in schools, restaurants, supermarkets, work places, airports,

and so forth.

It is generally recognized with regard to the overall economic climate that both what the Government does do and what it does not do shape the arena in which other forces interact. This is also true with regard to nutrition. In determining the parameters of the socioeconomic system. Government also determines the nature of the national buffet. Government policy, then, must be made with full awareness of this responsibility.

It is increasingly obvious that if new knowledge is to result in new behaviors then people must be able to act, without undue obstacles, in accordance with the information that they learn. The problem of education for health as it has been practiced is that it has been in isolation, not to say oblivion, of the real pressures, expectations, and norms of society which mold and constrain individual behavior. There must be some coordination between what people are taught to do and what they can do. Part of the responsibility for this coordination rests with the Government's evaluation and coordination of its own activities. Effective education must be accompanied by Government policies which make it easier, indeed likely, that an individual will change his or her lifestyle in accordance with the information offered.

At present, we see a situation in which the opposite is often the case. Nutrition and health education are offered at the same time as barrages of commercials for soft drinks, sugary snacks, high-fat foods, cigarettes and alcohol. We put candy machines in our schools, serve high-fat lunches to our children, and place cigarette machines in our work places. The American marketplace provides easy access to sweet soft drinks, high sugar cereals, candies, cakes, and high-fat beef, and more difficult access to foods likely to improve national nutritional health.

This trend can be reversed by specific agricultural policies, pricing policies, and marketing policies, as well as the recommendations outlined in these “Dietary Goals for the United States.”

In general, Americans have quite accurate perceptions of sound nutritional principles, as was demonstrated recently by a Harris poll conducted for the Mount Sinai Hospital in Chicago. However, people do lack understanding of the consequences of nutrition-related diseases. **There is a widespread and unfounded confidence in the ability of medical science to cure or mitigate the effects of such diseases once they occur. Appropriate public education must emphasize the unfortunate but clear limitations of current medical practice in curing the common killer diseases. Once hypertension, diabetes, arteriosclerosis or heart disease are manifest, there is, in reality,**

very little that medical science can do to return a patient to normal physiological function. As awareness of this limitation increases, the importance of prevention will become all the more obvious.

But prevention is not possible solely through medical interventions. It is the responsibility of government at all levels to take the initiative in creating for Americans an appropriate nutritional atmosphere—one conducive to improvement in the health and quality of life for the American people.

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[Press Conference, Friday, January 14, 1977, Room 457, Dirksen Senate Office Building]

STATEMENT OF DR. PHILIP LEE, PROFESSOR OF SOCIAL MEDICINE AND DIRECTOR, HEALTH POLICY PROGRAM, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, CALIF.

The publication of Dietary Goals for the United States by the Senate Select Committee on Nutrition and Human Needs is a major step forward in the development of a rational national health policy. The public health problems related to what we eat are pointed out in Dietary Goals. More important, the steps that can and should be taken by individuals, families, educators, health professions, industry and Government are made clear.

As a nation we have come to believe that medicine and medical technology can solve our major health problems. The role of such important factors as diet in cancer and heart disease has long been obscured by the emphasis on the conquest of these diseases through the miracles of modern medicine. Treatment not prevention, has been the order of the day.

The problems can never be solved merely by more and more medical care. The health of individuals and the health of the population is determined by a variety of biological (host), behavioral, sociocultural and environmental factors. None of these is more important than the food we eat. This simple fact and the importance of diet in health and disease is clearly recognized in Dietary Goals for the United States.

The Senate Select Committee on Nutrition and Human Needs has made four recommendations to encourage the achievement of the very sound dietary goals incorporated in the report. These are:

1. a large scale public nutrition education program involving the schools, food assistance programs, the Extension Service of the Department of Agriculture and the mass media;

- 2. mandatory food labeling for all foods;
- 3. the development of improved food processing methods for institutional and home use; and
- 4. expanded federal support for research in human nutrition.

It is important that Dietary Goals for the United States be made widely available because it is the only publication of its kind and it will be an invaluable resource for parents, school teachers, public health nurses, health educators, nutritionists, physicians and others who are involved in providing people with information about the food they eat.

The recommendations, if acted upon promptly by the Congress, can help individuals, families and those responsible for institutional food services (schools, hospitals) be better informed about the consequences of present dietary habits and practices. Moreover, they provide a practical guide for action to improve the unhealthy situation that exists.

The effective implementation of the Senate Select Committee recommendations and the proposed dietary goals could have profound health and economic benefits. Not only would many people lead longer and healthier lives but the- reduced burden of illness during the working lives of men and women would reduce the cost of medical care and increase productivity.

What can be done to assure sustained and effective action on these recommendations? First, the Congress can act to appropriate the needed funds for the proposed programs. In some instances, such as mandatory food labeling, it must also enact the authorizing legislation. Second, the new Secretaries of Agriculture and Health, Education, and Welfare can act as soon as they take office to create a joint policy committee to address the issues raised by the Senate Select Committee and provide a means to assure that health considerations will no longer take a back seat to economic considerations in our food and agriculture policies. **Finally, our greatest bulwark against the interests that have helped to create the present problems is an informed public.**

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Part I

DIETARY GOALS FOR THE UNITED STATES

INTRODUCTION

During this century, the composition of the average diet in the United

States has changed radically. Complex carbohydrates-fruit, vegetables and grain products--which were the mainstay of the diet, now play a minority role. At the same time, fat and sugar consumption have risen to the point where these two dietary elements alone now comprise at least 60 percent of total calorie intake, up from 50 percent in the early 1900's.

In the view of doctors and nutritionists consulted by the Select Committee, these and other changes in the diet amount to a wave of malnutrition— of both over-and under-consumption— that may be as profoundly damaging to the Nation's health as the widespread contagious diseases of the early part of the century.

The over-consumption of fat, generally, and saturated fat in particular, as well as cholesterol, sugar, salt and alcohol have been related to six of the ten leading causes of death: Heart disease, cancer, cerebrovascular disease, diabetes, arteriosclerosis and cirrhosis of the liver.

In his testimony at the Select Committee's July 1976 hearings on the relationship of diet to disease, Dr. D. Mark Hegsted of Harvard School of Public Health, said:

I wish to stress that there is a great deal of evidence and it continues to accumulate which strongly implicates and, in some instances, proves that the major causes of death and disability in the United States are related to the diet we eat. I include coronary artery disease which accounts for nearly half of the deaths in the United States, several of the most important forms of cancer, hypertension, diabetes and obesity as well as other chronic diseases.

In 1924, Marc LaLonde, Canada's Minister of National Health and Welfare said:

Even such a simple question as whether one should severely limit his consumption of butter and eggs can be a subject of endless scientific debate.

Faced with conflicting scientific opinions of this kind, it would be easy for health educators and promoters to sit on their hands; it certainly makes it easy for those who abuse their health to find a real "scientific" excuse.

But many of Canada's health problems are sufficiently pressing that action has to be taken even if all scientific evidence is not in.

Based on (1) the Select Committee's July 1976 hearings on the relationship of diet to disease and its 1974 National Nutrition Policy hearings, (2) guidelines established by governmental and professional bodies in the United States and at least eight other nations (Appendix B), and (3) a variety of expert opinions, the following dietary goals are recommended for the United States. Although genetic and other individual differences mean that these guidelines may not be applicable to all, there is substantial evidence indicating that they will be generally beneficial.

²Statistics from reports and testimony presented to the Select

Committee's National Nutritional Policy hearings, June 1974, appearing in National Nutrition Policy Study, 1974, Pt. 6, June 21, 1974, heart disease, p. 2633; high blood pressure, p. 2529, diabetes, p. 2523.

U.S. DIETARY GOALS

1. Increase carbohydrate consumption to account for 55 to 60 percent of the energy (caloric) intake.
2. Reduce overall fat consumption from approximately 40 to 30 percent energy intake.
3. Reduce saturated fat consumption to account for about 10 percent of total energy intake; and balance that with poly-unsaturated and mono-unsaturated fats, which should account for about 10 percent of energy intake each.
4. Reduce cholesterol consumption to about 300 mg. a day.
5. Reduce sugar consumption by about 40 percent to account for about 15 percent of total energy intake.
6. Reduce salt consumption by about 50 to 85 percent to approximately 3 grams a day.

The Goals Suggest the Following Changes in Food Selection and Preparation

1. Increase consumption of fruits and vegetables and whole grains.
2. Decrease consumption of meat and increase consumption of poultry and fish.
3. Decrease consumption of foods high in fat and partially substitute poly-unsaturated fat for saturated fat.
4. Substitute non-fat milk for whole milk.
5. Decrease consumption of butterfat, eggs and other high cholesterol sources.
6. Decrease consumption of sugar and foods high in sugar content.
7. Decrease consumption of salt and foods high in salt content.

BENEFITS FROM HUMAN NUTRITION RESEARCH

[By C. Edith Weir]

This report is part of a study conducted at the direction of the Agricultural Research Policy Advisory Committee, U.S. Department of Agriculture. A joint task group representing the State Agricultural Experiment Stations and the U.S. Department of Agriculture was assigned the responsibility for making the study. Task group members were:

Dr. Virginia Trotter, co-chairman, dean, College of Home Economics, University of Nebraska; Dr. Steven C. King, co-chairman, associate director, Science and Education Staff, U. S. Department of Agriculture; Dr. Waiter L. Fishel, assistant professor, Department of Agriculture and Applied Economics, University of Minnesota; Dr. H. Wayne Bitting, program planning and evaluation staff, Agricultural Research Service, U. S. Department of Agriculture; Dr. C. Edith Weir, Assistant Director, Human Nutrition Research Division, Agricultural Research Service, U. S. Department of Agriculture.

Better health, a longer active lifespan, and greater satisfaction from work, family and leisure time are among the benefits to be obtained from improved diets and nutrition. Advances in nutrition knowledge and its application during recent decades have played a major role in reducing the number of infant and maternal deaths, deaths from infectious diseases, particularly among children, and in extending the productive lifespan and life expectancy. Significant benefits are possible both from new knowledge of nutrient and food needs and from more complete application of existing knowledge. The nature and magnitude of these benefits is estimated in Table 1. Potential benefits may accrue from alleviating nutrition-related health problems, from increased individual performance and satisfactions and increased efficiency in food services. A vast reservoir of health and economical benefits can be made available by research yet to be done on human nutrition.

Major health problems are diet related. —Most all of the health problems underlying the leading causes of death in the United States (Fig.1) could be modified by improvements in diet. The relationship of diet to these health problems and others is discussed in greater detail later in this report. Death rates for many of these conditions are higher in the U.S. than in other countries of comparable economic development. Expenditures for health care in the U.S. are skyrocketing, accounting for 67.2 billion dollars in 1970—or 7.0 percent of the entire U.S. gross national product.

The real potential from improved diet is preventative. —Existing evidence is inadequate for estimating potential benefits from improved diets in terms of health. Most nutritionists and clinicians feel that the real potential from improved diet is preventative in that it may defer or modify

the development of a disease state so that a clinical condition does not develop.

SOURCE. Human Nutrition Research Division, Agricultural Research Service, U. S. Department of Agriculture. Issued August 1971 by Science and Education Staff, United States Department of Agriculture, Washington, D.C.

The major research thrust, nationwide, has been on the role of diet in treating health problems after they have developed. This approach has had limited success. USDA research emphasis has been placed on food needs of normal, healthy persons and findings from this work contributed much of the existing knowledge on their dietary requirements.

Benefits would be shared by all. —Benefits from better nutrition, made possible by improved diets, would be available to the entire population. Each age, sex, ethnic, economic, and geographic segment would be benefited. The lower economic and nonwhite population groups would benefit most from effective application of current knowledge.

These savings are only a small part of what might be accomplished for the entire population from research yet to be done. Some of the improvements can be expressed as dollar benefits to individuals or to the nation. The social and personal benefits are harder to quantify and describe. It is difficult to place a dollar figure on the avoidance of pain or the loss of a family member; satisfactions from healthy, emotionally adjusted families; career achievement; and the opportunity to enjoy leisure time.

Major health benefits are long range. —Predictions of the extent to which diet may be involved in the development of various health problems have been based on current knowledge of metabolic pathways of nutrients, but primarily of abnormal metabolic pathways developed by persons in advanced stages of disease. There is little understanding of when or why these metabolic changes take place. The human body is a complex and very adaptive mechanism. For most essential metabolic processes alternate pathways exist which can be utilized in response to physiological, diet, or other stress. Frequently, a series of adjustments take place and the ultimate result does not become apparent for a long time, even years, when a metabolite such as cholesterol accumulates. **Early adjustment of diet could prevent the development of undesirable long-range effects. Minor changes in diet and food habits instituted at an early age might well avoid the need for major changes, difficult to adopt later in life.**

END OF FIRST EDITION

Dr. C. S. West's Statement Regarding The Following Three-Page Forward Of The Second Edition Which Attempted To Destroy The Dietary Goals For The United States.

There were five positive forwards and one negative forward in the front of the second edition of The Dietary Goals. The five positive ones were written by Senator Robert Dole, Senator George McGovern, Dr. D. M. Hegsted, Dr. Beverly Winikoff, and Dr. Phillip Lee. The one negative forward was written by Senator Charles H. Percy. How Richard Schweiker and Edward Zorinsky got their names on Percy's forward is a mystery. This whole forward was written in first person by Percy. Maybe it's because he needed some moral support. Read Percy's statement in the first edition again.

In reading the second edition we find that Senator George McGovern, Dr. Hegsted, Dr. Beverly Winikoff, and Dr. Philip Lee did not change their statements. Charles Percy is the only member of the committee who did. The question is — Why?

Senator Percy starts off good in the second edition but in selecting a few opinions to supposedly give both viewpoints, for some reason Percy cleverly tries to completely discredit The Dietary Goals for the United States. Notice who's viewpoints he emphasizes.

This government document does not speak kindly of the American Medical Association. And the statement by the A.M.A. in Percy's report proved the statements made in this government document, concerning the inability of current medical science to deal with the crippling and killer diseases, to be correct.

Also, as this book proves, Percy made a very misleading statement when he said, **"...science cannot at this time insure that an altered diet will provide protection from certain killer diseases such as heart disease and cancer"** That statement was not only unwise; it was also foolish.

SUPPLEMENTAL FOREWORD BY SENATORS PERCY, SCHWEIKER, AND ZORINSKY

In my Foreword to the first edition of "Dietary Goals for the United States," I stated that Government and industry have a responsibility to respond to the findings of the report. They have done just that. The response has been vigorous and constructive. The original "Dietary Goals" report, though controversial, has helped focus public and professional attention on the need for continuous assessment of the current state of

the art in the nutrition field. Furthermore, the report has stimulated debate and research on unresolved issues, and has helped us progress toward developing a national nutrition policy based on sound dietary practices.

The second edition of "Dietary Coals," the product of commendable staff work, greatly improves upon earlier efforts by refining some of the original dietary goals, by adding sections on obesity and alcohol consumption and by more fully representing the scientific controversies which exist both with respect to the setting of dietary guidelines and to the substance of the goals themselves. I am most grateful for the help we have received in connection with this edition. I have long believed in the merits of dietary moderation, maintaining ideal body weight and avoiding excess, especially so called empty calories. To me this emphasis, taken together with regular physical exercise, are as sound public health measures as I know.

Despite the many improvements reflected in this second edition, however, I have serious reservations about certain aspects of the report. After hearing additional testimony from witnesses, discussing these goals with a number of experts and reading rather convincing correspondence from a variety of informed sources,, I have become increasingly aware of the lack of consensus among nutrition scientists and other health professionals regarding (1) the question of whether advocating a specific restriction of dietary cholesterol intake to the general public is warranted at this time, (2) the question of what would be the demonstrable benefits to the individual and the general public, especially in regard to coronary heart disease, from implementing the dietary practices recommended in this report and (3) the accuracy of some of the goals and recommendations given the inadequacy of current food intake data.

The record clearly reflects extreme diversity of scientific opinion on these questions. Many such conflicting opinions are included in the Committee's recent publication, "Dietary Goals for the United States—Supplemental Views." Since it is possible that this diversity might be overlooked simply because few people will be able to take the time to read through the voluminous (869 pages) "Supplemental Views" publication, I have selected a few opinions representative of both viewpoints on the issues in controversy.

On the question of whether or not a restriction of dietary cholesterol intake for the general populace is a wise thing to recommend at this time, the Inter-Society Commission for Heart Disease Resources (1972), the American Heart Association (1973), and several other expert panels suggest a reduction of dietary cholesterol to less than 300 mg per day.

Yet, in October 1977 the Canadian Department of National Health

and Welfare reversed its earlier position and concluded in a National Dietary Position that:

Evidence is mounting that dietary cholesterol may not be important to the great majority of people.... Thus, a diet restricted in cholesterol would not be necessary for the general population.

A similar conclusion was drawn in 1974 by the Committee on Medical Aspects of Food in its report to Great Britain's Department of Health and Social Security.

Between these points of view are groups such as the New Zealand Heart Foundation which recommends a range of daily cholesterol intake, the maximum of which roughly equals the current average American intake.

Because of these divergent viewpoints, it is clear that science has not progressed to the point where we can recommend to the general public that cholesterol intake be limited to a specified amount. The variances between different individuals are simply too great.

A similar divergence of scientific opinion on the question of whether dietary change can help the heart illustrates that science can not yet verify with any certainty that coronary heart disease will be prevented or delayed by the diet recommended in this report.

For example, Dr. Jeremiah Stamler, chairman of the Department of Preventive Medicine, Northwestern School of Medicine, strongly believes thousands of premature coronary heart disease deaths can "probably be prevented annually through dietary change." However, Dr. E. H. Ahrens, Jr., Professor of Medicine at Rockefeller University, told the Select Committee in March:

Advice to the public on changing its dietary habits in hope of reducing the rate of new events of coronary heart disease is premature, hence unwise.

The same polarity is evidenced when one compares the view of William Kannel, Framington Heart Study's Director, the Dietary Goals, "could have a substantial effect in reducing" coronary heart disease, with the opinion of Vanderbilt University's Dr. George Mann that "no diet therapy has been shown effective for the prevention or treatment" of that disease.

The American Medical Association in an April 18, 1977, letter to the Nutrition Committee states:

The evidence for assuming that benefits to be derived from the adoption of such universal dietary goals as set forth in the report is not conclusive and ... potential for harmful effects ... would occur through adoption of the proposed national goals.

This impressive lack of agreement among scientists on the efficacy of dietary change was also noted by the National Heart, Blood and Lung Institute's Dr. Robert Levy, when he observed that there are "bona fide scientific people coming out on both sides of the issue." and by Health Undersecretary Theodore Cooper's remarks last year to the Committee that a "great deal more nutrition work (is needed) ... before one can speak with greater certainty concerning large-scale application" of dietary change. Because of this continuing debate, I feel great care must be taken to accurately inform the public about the benefits of the diet proposed in this report.

In fact, because I recognize many will read or hear only about the Dietary Goals and Food Selection pages (pp, 4 and 5) of this Second Edition, I feel the American public would be in a better position to exercise freedom of dietary choice if it were stated in bold print on the Goals and Food Selection pages that **the value of dietary change remains controversial and that science cannot at this time insure that an altered diet will provide improved protection from certain killer diseases such as heart disease and cancer.**

Finally, I want to emphasize the limitations, acknowledged in this edition, in setting goals and food selection recommendations on the basis of food disappearance data, because of the difference between disappearance data, household food consumption data and intake data, which are discussed in the Preface. These data were used because they are the best available at this time. However, in some cases they may not accurately reflect actual food intake. For example, the recommendations to reduce animal fat intake from the present level shown by food disappearance data must be viewed with some reservation because food disappearance data does not adjust for fat loss from retail preparation of meat, fat trimming before and after cooking, fat loss during cooking and table waste. The same case could be made for vegetable fat because many vegetable oils used in cooking are discarded and not consumed. Better food intake information, expected shortly, may produce more reliable and perhaps altered recommendations.

In conclusion, I recognize the desirability of providing dietary guidance to the public and in helping the consumer become more responsible for every day health status. In my judgment, however, the best way to do this

is to fully inform the public not only about what is known, but also about what remains controversial regarding cholesterol, the benefits of dietary change, and the reliability of current food intake data. Only then, will it be possible for the individual consumer to respond optimally to the Dietary Goals in this report.

After the Nutrition Committee staff is transferred to the Senate Agriculture Committee's Subcommittee on Nutrition, I hope they will, in cooperation with the Human Resources Sub-committee on Health and Scientific Research continue to review the science and revise Dietary Goals in order that we may continue to progress toward developing national dietary guidelines based on sound dietary practices.

CHARLES H. PERCY,
Ranking Minority Member.
RICHARD SCHWEIKER.
EDWARD ZORINSKY.