National Milk Producers Federation

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Agri-Mark, Inc.
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Cayuga Marketing
Cooperative Milk Producers Association
Dairy Farmers of America, Inc.
Ellsworth Cooperative Creamery
FarmFirst Dairy Cooperative
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United Dairymen of Arizona
Upstate Niagara Cooperative, Inc.

August 13, 2020

Ms. Kristin Koegel
USDA Food and Nutrition Service
Center for Nutrition Policy and Promotion
1320 Braddock Place, Room 4094
Alexandria, VA 22314

Re: Docket No. FNS-2020-0015

Dear Ms. Koegel:

These comments on the *Scientific Report of the 2020 Dietary Guidelines Advisory Committee (DGAC)* are submitted on behalf of the National Milk Producers Federation. The National Milk Producers Federation (NMPF), established in 1916 and based in Arlington, VA, develops and carries out policies that advance the well-being of dairy producers and the cooperatives they own. The members of NMPF's cooperatives produce two-thirds of the U.S. milk supply, making NMPF the voice of dairy producers on Capitol Hill and with government agencies.

NMPF is pleased that the DGAC report reaffirms the critical role of dairy foods in a nutritious diet, but we are disappointed that the committee failed to recognize newer, broader science that shows the benefits of dairy foods at all fat levels.

The report reaffirms dairy's important role in healthy dietary patterns

The DGAC report makes it absolutely clear that dairy is important to good nutrition and health and that Americans need to consume more dairy.

1. **Dairy is part of dietary patterns that are associated with beneficial health outcomes in adults and children and reduced risk of chronic diseases.** The DGAC report cites strong or moderate evidence in support of the positive role of low-fat dairy in –
    a. Reducing the risk of hip fractures in adults;
    b. Decreasing the risk of cardiovascular disease in adults (evidence in children is positive but limited);
    c. Supporting favorable outcomes related to body weight or risk of obesity in adults (again, evidence in children is favorable but limited); and
    d. Lowering the risk of colorectal cancer (1, Part D, Chapter 8, pp. 13-28).

2. **Dairy remains a separate food group, with daily intake recommended in all healthy dietary patterns.** The recommended number of servings remains the same in all three healthy dietary patterns as was recommended in the 2015-2020 Dietary Guidelines. The 2020 DGAC, correctly in our view, not only retained a

separate food group for dairy, but did not add almond or other plant-based beverages to this group. In this respect, the committee followed in the footsteps of the 2015 DGAC, which stated that "absorption of calcium is less efficient from plant beverages … Calorie levels also are higher for most of the plant-based alternative milk products for a given calcium intake level. In other words, to obtain a comparable amount of calcium as one cup equivalents for non-fat fluid milk, the portion size required to meet that calcium intake need results in higher energy intake" (2, Part D, Chapter 1, p. 32).

3. **The DGAC recognizes dairy's contribution to closing nutrient gaps.** The report states explicitly that "88 percent [of the U.S. population] consume too little dairy." Lower consumption among youth is cited as a special concern because dairy foods "are a significant source of many nutrients, particularly calcium, phosphorus and vitamin D" (1, Part D, Chapter 1, p. 43). Indeed, milk is a good or excellent source of three of the four nutrients of concern for underconsumption in the overall population (vitamin D, calcium and potassium) as well an excellent source of iodine, which is of public health concern for pregnant women (1, Part D, Chapter 1, p. 62).

4. **Dairy products are first foods for infants and toddlers.** The report recommends yogurt and cheese as complementary foods for infants 6-12 months, and recommends whole milk, reduced-fat yogurt and reduced-fat cheese for toddlers 12-24 months (1, Part D, Chapter 7, pp. 19, 23, 27).

Dairy is an affordable source of nutrients of public health concern

The scientific report repeatedly raises the issue of socioeconomic status and the impact it may have on an individual's dietary patterns and nutrition. They state, "to support access to healthful foods and dietary patterns for all Americans, consideration needs to be given to the cultural, ethnic, and socioeconomic factors that influence food preferences and access to healthful foods and beverages, as well as the importance of tools and resources for individuals to plan and monitor their diets" (1, Part B, Chapter 2, p. 16). Milk and dairy products have been found to be an economically favorable option and can help Americans reach nutrient goals without breaking the bank. One study found that milk and dairy were inexpensive sources of calcium, potassium and vitamin D, three of the nutrients of public health concern. More specifically, milk and cheese were the least expensive sources of calcium, and milk was the least expensive source of vitamin D (3). Another study found that if Americans consumed three servings of dairy foods a day, this could result in an estimated $12.5 billion in healthcare cost savings from a reduction in stroke, type II diabetes, hypertension, and colorectal cancer (4). This same study concluded that "adoption of a dietary pattern with increased dairy consumption among adults in the US to meet DGA recommendations has the potential to provide billions of

dollars in savings," pointing not only to dairy's affordability but also the money that could be saved if the recommended servings of dairy were being consumed (4).

The final DGA policy document should put added sugars in perspective

The scientific report recommends that no more than 6 percent of total calories should come from added sugars. This recommendation appears to be more the result of food pattern modeling than dramatic new evidence on the health impacts of added sugars. To meet nutrient needs within caloric limits, the committee essentially calculated permissible added sugars as a residual (1, Part D, Chapter 12, pp. 17-19).

NMPF makes two observations about this recommendation. First, much of the DGAC's discussion of added sugars relies heavily on research involving sugar-sweetened beverages, a subset of added sugars that in the committee's methodology does *not* include dairy products such as flavored milk and yogurt. This differentiation is appropriate because milk and yogurt contain essential nutrients, whereas caloric sodas and similar beverages are simply empty calories. It follows that although flavored milk, for example, contains modest amounts of added sugars, it remains what unflavored milk is: the #1 source of nine essential nutrients in the diets of children and adolescents (5). Successive editions of the DGA have repeatedly found that dairy accounts for a minuscule portion of added sugars intake, e.g., only 4 percent according to the 2015-2020 DGA, whereas sugar-sweetened beverages accounted for 47 percent (6, p. 55).

Second, the recommendation to reduce added sugars intake could cause some people to believe they are being instructed not to consume flavored milk or yogurt. But as the committee notes, Americans need to consume more dairy, not less. Therefore**, we strongly recommend that the final Dietary Guidelines for Americans policy document contain a clear statement that modest amounts of added sugars can improve palatability and consumption of nutrient-dense foods, such as milk and yogurt.**

Such a statement would be consistent with expert medical opinion, as exemplified in the 2017 scientific statement of the American Heart Association: "Examples of foods that may have a positive impact include sweetened dairy products such as low-fat or fat-free flavored milk, sweetened yogurt, and high-fiber breakfast cereals" (7, p. e1027).

The committee failed to assess recent science on dairy foods at all fat levels

For a number of years, NMPF has urged USDA and HHS to ensure that the DGA process takes account of a growing body of evidence that shows beneficial or neutral effects of dairy foods regardless of fat levels. Unfortunately, the DGAC report essentially punts, recommending future research but making no change to the standard

orthodoxy that recommends strict limits on saturated fat in the diet, without differentiating among food sources of saturated fat.

The committee explicitly recognizes that simply viewing saturated fat without differentiation is overly simplistic, and that the food matrix, food source and specific fatty acids may be more important: "This review focused on types rather than sources of dietary fats. However, the Committee recognizes the importance of and growing body of research on the specific fatty acids, food matrix and sources of fats, explicitly saturated fat. Differences in the effects of specific saturated fatty acids on CVD are important to examine … Likewise, the health effects of the different fatty acids may vary also according to their proportion on specific foods and other components within the food matrix" (1, Part D, Chapter 9, p. 23). The committee also states: "It is important to recognize that the health effects of dietary saturated fat—or any other nutrient—depend not only on the total amount consumed, but also the specific type of saturated fatty acids inherent within the food matrix, sources and degree of processing, and the overall dietary pattern" (1, Part D, Chapter 8, p. 36).

The committee identifies food sources of saturated fats as an important topic for future research, and specifically cites three dairy foods (cheese, yogurt and butter) as appropriate objects of study (1, Part E, p. 26). Although we applaud the committee for promoting future research, we are frustrated that instead of thoroughly assessing the extensive body of evidence presented to the committee, consisting of peer-reviewed studies already published, the committee has basically kicked the can down the road.

The idea that dairy foods can be beneficial or neutral to health outcomes at all fat levels is not new. Three years ago, an expert committee empaneled by the National Academy of Science, Engineering, and Medicine wrote this: "Emerging evidence suggests that dairy fat intake is not associated with obesity or body weight, body mass index, or metabolic health … [In a previous report, the NASEM committee] noted that the 2015 Dietary Guidelines Advisory Committee (DGAC) did not review this topic because studies evaluating the differential effects of dairy fat were just appearing in the published literature at the close of DGAC deliberations" (8**,** p. 732; citations omitted).

Yet now another full cycle of the Dietary Guidelines has come and gone, multiple additional studies have been published, they have been provided to the 2020 DGAC, and nothing has changed. The record of the committee's systematic reviews shows that numerous studies that are directly relevant to the question of dairy fat were excluded from consideration.

Dairy farmers find it frustrating to be told that more research is needed, and then as years pass and more and more research is published, to hear the same thing again and again. It is difficult to avoid the conclusion that this DGAC was simply unable to get beyond the nutrition orthodoxy that saturated fat is always bad, no questions asked.

There is no shortage of relevant studies. A science brief, written by the National Dairy Council and approved by the U.S. Department of Agriculture, contains 80 different scientific references that are relevant to the science of dairy fat (9). The dean of the Friedman School of Nutrition Science and Policy at Tufts University wrote this: "No long-term studies support harms, and emerging evidence suggests some potential benefits, of dairy fat or high-fat dairy foods such as cheese. Together these findings provide little support for the prevailing recommendations for dairy intake that are based largely on calcium and vitamin D contents rather than complete cardiometabolic effects; that emphasize low-fat dairy based on theorized influences on obesity and CHD, rather than empirical evidence; or that consider dairy as a single category, rather than separately evaluating different dairy foods" (10).

NMPF strongly urges the Departments of Agriculture and Health and Human Services to review the scientific literature on dairy foods at all fat levels, and draw their own conclusions. Given the realities of the DGA process, we believe the departments can take the following concrete, positive steps as they formulate the DGA policy document and establish future priorities: **First, include language in the DGA that explains that Americans can consume whole and reduced-fat dairy in the context of a healthy dietary pattern as long as their total saturated fat intake remains at or below 10 percent of calories.** A recently-published food pattern modeling exercise has shown that this can be done (11).

Second, USDA and HHS should give priority, in both intramural and extramural funded research, to developing a scientific consensus on the role of dairy foods, including whole and reduced-fat varieties, in reducing the risk of selected chronic health conditions, including cardiovascular disease and type 2 diabetes. These are important questions in nutrition science and should be answered in advance of the next round of Dietary Guidelines.

Lastly, we urge USDA and HHS to follow the committee's recommendations, continuing to recommend three servings of dairy a day, and recognizing dairy's place in a healthy diet.

NMPF appreciates the opportunity to provide these comments and is happy to discuss our concerns further with USDA and HHS if the departments are interested in doing so.

Sincerely,

Clay Detlefsen
Senior Vice President and Staff Counsel

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