NATIONAL DAIRY COUNCIL®

MANAGED BY
DAIRY MANAGEMENT INC.™

October 28, 2009

Carole A. Davis, MS, RD
Co-Executive Secretary of the Dietary Guidelines Advisory Committee
Center for Nutrition Policy and Promotion
U.S. Department of Agriculture
3101 Park Center Drive,
Room 1034
Alexandra, Virginia 22302

[Announcement of the Fourth Meeting of the 2010 Dietary Guidelines Advisory Committee and Solicitation of Written Comments Federal Register, October 16, 2009 (Volume 74, Number 199)

Dear Ms. Davis:

The National Dairy Council (NDC) appreciates the opportunity to respond to the Federal Register Notice for written comments to the Dietary Guidelines Advisory Committee prior to its fourth meeting November 4-5, 2009.

As the committee enters the final stages of drafting the 2010 Dietary Guidelines technical report, please consider the following science-based information:

DAIRY: A SIGNIFICANT CONTRIBUTOR OF IMPORTANT NUTRIENTS

Dairy's role in a healthy diet for all Americans has long been established by nutrition science. Milk is a good or excellent source of nine essential nutrients (calcium, potassium, phosphorus, protein, vitamins A, D and B12, riboflavin and niacin equivalents). Based on contributions from actual intake, in addition to calcium, dairy foods together are a major contributor of phosphorus, vitamin B12 and riboflavin and a substantial contributor of protein, potassium, magnesium, zinc, thiamin and vitamin A to the U.S. diet.[1]

10255 West Higgins Road, Suite 900
Rosemont, Illinois 60018-5616
847-803-2000 FAX 847-803-2077 http://www.dairyinfo.com

3 DAILY DAIRY SERVINGS MAKE SIGNIFICANT CONTRIBUTION TO NUTRIENT NEEDS

People who consume three to four servings of dairy foods per day have better overall nutrient intake, diet quality and bone health.[2,3]

It is difficult for people to meet nutrient recommendations without consuming at least three servings of milk and milk products each day. An analysis of NHANES 1999-2004 data indicates that three-to-four servings of dairy foods for Americans greater than 9 years of age is needed to ensure adequate intake of calcium and magnesium, based on current dietary patterns.[4] Additionally, adequate milk intake is a significant contributor to meeting potassium recommendations.[2] Taken together, these data indicate that at least three daily servings of dairy foods is necessary to ensure adequate intakes of calcium and four servings may be necessary to ensure adequate intakes of magnesium and potassium for Americans age 9 and older.[2]

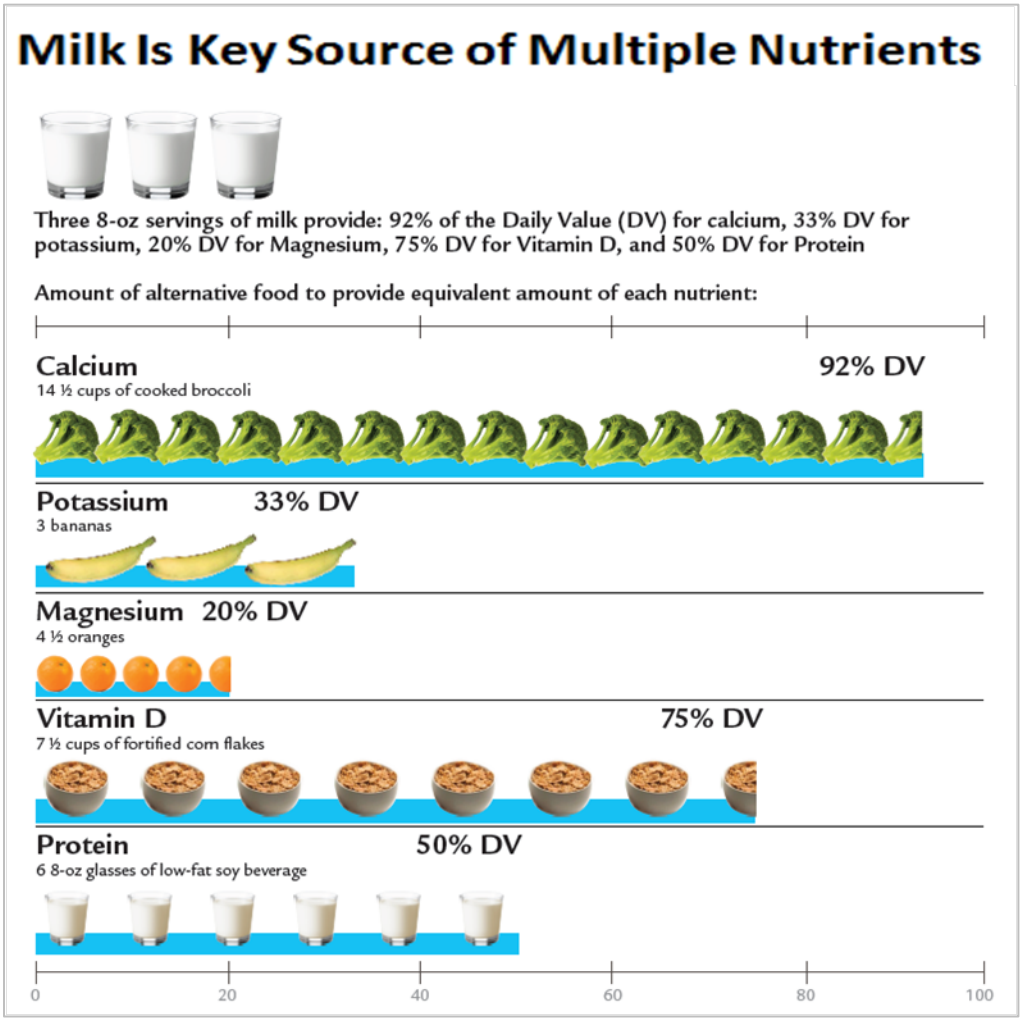
Dairy foods account for 39 percent of calcium intake, 52 percent of vitamin D intake and 14 percent of potassium intake for all Americans age 2 and over, according to a recent analysis of NHANES 2003-2006 data.[5] Additionally, dairy foods are the number one source of phosphorus in the diets of children age 2 to 8 years, contributing 38 percent of total dietary phosphorus intake. Throughout childhood (ages 2 to 18), the Milk Group and the Grains Group are the two main contributors of this essential nutrient to the diet, both providing about 31 percent of total intake.[6] Milk remains the number one food source of calcium, potassium and vitamin D in Americans' diets.[5]

Three servings of vitamin D-fortified milk can have a meaningful impact on meeting vitamin D requirements to maintain bone health and prevent rickets. Though vitamin D recommendations are under review by the Institute of Medicine, the amount currently provided in fortified milk – 100 IU of vitamin D per cup – when consumed as part of a healthy diet can help prevent rickets and osteomalacia. The Surgeon General's report on Bone Health and Osteoporosis states that rickets and osteomalacia can generally be prevented by ensuring adequate levels of vitamin D intake.[7] The American Academy of Pediatrics (AAP) recently recommended 400 IU/day of vitamin D for children to maintain adequate serum levels for bone health, and encouraged the consumption of vitamin D-fortified milk to help meet recommendations.[8]

In addition to a nutrient package that provides multiple bone-building nutrients, milk is also low in cost, popular and widely available. At a cost of about 25 cents/glass, milk provides a dietary source of multiple important nutrients for a relatively low price.

THERE IS NO SUBSTITUTION FOR THE UNIQUE NUTRIENT PACKAGE IN DAIRY FOODS

The following chart illustrates dairy's unique package of nutrients and why adequate dairy foods are a core part of a balanced diet. This wide range of nutrients found in a single food source – milk – is essential for growth, development and lifelong health.



Source: U.S. Department of Agriculture, Agricultural Research Service. 2009. USDA National Nutrient Database for Standard Reference, Release 22. Nutrient Data Laboratory Home Page, http://www.ars.usda.gov/nutrientdata Note: Release numbers change as new versions are released

3 DAILY SERVINGS OF DAIRY IMPORTANT FOR DIET QUALITY, DISEASE RISK REDUCTION

Studies show dairy foods, when consumed as part of a healthy diet, improve overall diet quality and may help to reduce the risk of osteoporosis,[7] hypertension,[9,10] obesity,[11,12] colon cancer[13,14] and metabolic syndrome,[15,16,17] a cluster of conditions that can lead to heart disease and type 2 diabetes.

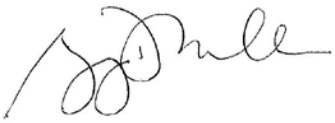
An ongoing challenge for Americans choosing a healthful and enjoyable eating pattern is how to include foods needed to meet nutrient needs while not over-consuming calories and nutrients that should be limited. The 2005 Dietary Guidelines includes the DASH eating plan as an example of a balanced eating pattern that meets overall recommendations and has documented health benefits.[3] The DASH dietary pattern demonstrates that people can achieve increased intake of food groups to encourage and do so while meeting recommended saturated fat and sodium levels – an elegant balance of meeting needs for nutrients to encourage and nutrients to limit.

In a 2008 report on Fats and Fatty Acid Requirements for Adults,[18] the FAO/WHO Expert Consultation on fats and fatty acids in human nutrition recommended that no more than 10 percent of caloric intake come from saturated fatty acids (SFA) to keep cholesterol levels in a normal range and to reduce the risk of coronary heart disease (CHD). This is largely based on the Expert Consultations' conclusion that: 1) There is convincing evidence that substituting SFAs with polyunsaturated fatty acids (PUFAs) reduces LDL-cholesterol levels and the Total Cholesterol/HDL-cholesterol ratio, and 2) There is convincing evidence that substituting SFAs with PUFAs reduces the risk of CHD. Although it is well established that the SFAs lauric, myristic and palmitic raise LDL-cholesterol levels, scientific support for an independent effect of dietary SFA on CHD risk is unconvincing as evidenced by a recent meta-analysis of cohort studies showing that the intake of SFA was not significantly associated with CHD mortality for those in the highest compared with the lowest category of SFA intake.[19] Similarly SFA intake was not significantly associated with CHD. Moreover, there was no significant association with CHD death per 5 percent energy increment in SFA intake.

Taken together, the science continues to support current recommendations for saturated fat intake, which can readily be achieved in the context of a balanced diet as demonstrated by healthy dietary patterns such as the DASH eating plan.[20]

We appreciate the opportunity to comment on these important issues in support of improving the health and well-being of all Americans.

Sincerely,



Gregory D. Miller, Ph.D., M.A.C.N.
Executive Vice President
Research, Regulatory and Scientific Affairs
DMI/National Dairy Council

References:

[1] United States. Dept. of Health and Human Services, United States. Dept. of Agriculture, and United States. Dietary Guidelines Advisory Committee, Dietary Guidelines for Americans, 2005. (6th ed. HHS publication. 2005, Washington, D.C.).

[2] Huth PJ, et al. Role of Dairy Foods in the Dietary Guidelines. *Nutrition Today* 2008; 43(6):226-234.

[3] U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005.

[4] Nicklas TA, O'Neil CE, Fulgoni VL. The role of dairy in meeting the recommendations for shortfall nutrients in the American diet. *J Am Coll Nutr*. 2009;28: 73S-81S.

[5] National Dairy Council, unpublished data from NHANES 2003-2006, adults aged 2 years and older (n=16,822).

[6] National Dairy Council, unpublished data from NHANES 2003-2006, adults aged 19 years and older (n=7,966).

[7] U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.

[8] Greer, FR, Wagner, CL and the Section on Breastfeeding and Pediatrics Committee on Nutrition. Adolescents Prevention of Rickets and Vitamin D Deficiency in Infants, Children. *Pediatrics* 2008: 122:1142–1152.

[9] Appel LJ, Moore TJ, Obarzanek E, et al. A clinical trial of the effects of dietary patterns on blood pressure. N. Engl. J. Med. 336: 1117-1124, 1997.

[10] Djousse, L., J.S. Pankow, S.C. Hunt, et al. Influence of saturated fat and linolenic acid on the association between intake of dairy products and blood pressure. *Hypertension* 2006;48: 335-341.

[11] Van Loan M. The role of Dairy foods and dietary calcium in weight Management. Journal of the American College of Nutrition. 28S(1):120S-129S, 2009.

[12] Heaney RP, Rafferty K. Preponderance of the evidence: an example from the issue of calcium intake and body composition. Nutrition Reviews. 67(1):32-9, 2009.

[13] Huncharek M, Muscat J, Kupelnick B. Colorectal cancer risk and dietary intake of calcium, vitamin D and dairy products: A meta-analysis of 26,335 cases from 60 observational studies. *Nutrition and Cancer* 2009;61:47-69.

[14] Park S et al. Calcium and vitamin D intake and risk of colorectal cancer: The Multiethnic Cohort Study. *American Journal of Epidemiology*. 2007:165:784-793.

[15] Choi HK, Willett WC, Stampfer MJ, Rimm E, Hu FB. Dairy consumption and risk of type 2 diabetes mellitus in men. *Archives of Internal Medicine* 2005;165:997-1003.

[16] Liu S, et al. A prospective study of dairy intake and the risk of type 2 diabetes in women. *Diabetes Care* 2006;29:1579-15984.

[17] Mensink R. Dairy products and the risk to develop type 2 diabetes or cardiovascular disease. *International Dairy Journal* 2006;16:1001–1004.

[18] Elmadfa, I and M. Kornsteiner, Fat and fatty acid requirements for adults. Ann Nutr Metab. 2009;55:56-75. http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowPDF&ArtikelNr=228996&Ausgabe=250361&ProduktNr=223977&filename=228996.pdf

[19] Skeaff, C.M. and J. Miller. Dietary fat and coronary heart disease: summary of evidence from prospective cohort and randomised controlled trials. Ann Nutr Metab. 2009;55:173-201. http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowPDF&ArtikelNr=229002&Ausgabe=250361&ProduktNr=223977&filename=229002.pdf

[20] U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. *Your Guide to Lowering Your Blood Pressure With DASH*. NIH Publication No. 06-4082, 2006.