In Collaboration with Harvard University, Harvard Kennedy School of Government and Plant Futures Initiative, University of California, Berkeley.

July 4, 2023

To:

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave, S.W.
Washington, DC 20201

The Honorable Tom Vilsack
Secretary of Agriculture
1400 Independence Ave, S.W.
Washington, DC 20250

Dear Secretary Tom Vilsack, Dr. Sarah Booth, Dr. Angela Odoms-Young, Dr. Fatima Cody Stanford, Dr. Edward Giovannucci, Dr. Diedre Tobias, and other esteemed members of the Dietary Guidelines Advisory Committee,

Happy 4th of July! Nutritional Sovereignty is Energy Sovereignty is National Security and Sovereignty. Federal policy must defend the sovereignty of our nation, the greatest democracy in the world. And,

National Dietary Guidelines for Americans are a critical component in this dialogue on public, planetary and national health".

We are a team of undergraduates at Harvard University and students of the inaugural course***: "The Great Food Transformation"*** (**GOV1318/IGA422**). This Spring, as a part of this course, we partnered with The Virsa Foundation, a 501c3 nonprofit based in the Boston area, as part of the Harvard Challenge Lab in collaboration with the Plant Futures Initiative, an educational nonprofit initiative at University of California, Berkeley. Our project aimed at conducting analysis from a qualitative study *(Project SHAKTI)* exploring the impact of diet and nutrition on the lives of low-income women and women of color across the United States. The Virsa Foundation is dedicated to spreading awareness about plant-based nutrition and intersectional issues surrounding access and affordability of healthy food to Americans.

"Project SHAKTI," is an attempt to examine gender and racial intersectionality concerning food habits and nutrition choices. The participants of this study, fielded during the 2020 – the 1st year of the COVID-19 pandemic - were low-income African American, Caucasian, and Latina women from locations across the country. Using a privacy-secure online research environment, they were asked to reflect on the role played by dietary choices, presence of chronic illness and food advertising on their health, the health of their loved ones and most importantly, impact on their sense of self.

The results of this study reveal all pervasive effects of food inaccessibility on the respondents' well-being - physically, mentally, and relationally. We bring this study to the attention of the USDA because we want to deepen the discourse around food quality, affordability, and accessibility in discussions surrounding the U.S. dietary guidelines. Another major revelation of the study was the baseline understanding of what low-income American women consider 'healthy and essential', in the first place and how Media Determinants of Health (MDoH) play a significant role in shaping this perception. Differences in access to and accurate understanding of nutritious food are often a matter of inequity and can be linked to structural and systemic disadvantages these individuals suffer from. Project SHAKTI's probe is rooted in the Social Determinants of Health framework, with an emphasis on media and food advertising, and followed the Mayo Clinic's approach to Health and Wellness Coaching in curating this intimate conversation with women in a multi-media online setting over a five-day diary and 'instant messenger' based research period. It offered the researchers a deeper look into these key issues on top of adding real voices and vocabulary to the rampant issue of a fast-food fueled food desert landscape of our country.

After dedicating the entire Spring Semester in what was a highly immersive, data-rich and thought-provoking course curated by our lecturer, Dr. Sparsha Saha, and analyzing the raw data generated by Project SHAKTI - we believe it is critically important to revisit the USDA definition of food deserts to acknowledge the social injustices underlying differences in food accessibility, address the pervasive effects of these inequities, evaluate the cultural accuracy of the dietary guidelines, and conduct more in-depth/larger-scale research that examines inequities created by lack of agency in food choices.

Inequities Found in Food Deserts

With the growing population in the United States—particularly among low-income and/or marginalized communities—it is imperative to address the lack of nutritional food access. Based on the 2000 and 2006 censuses, the USDA has confirmed the existence of over 6,500 '*food deserts'* in the United States. This number has likely increased dramatically. The USDA defines 'food deserts' as *"areas where people have limited access to a variety of healthy and affordable food."* This term, however, fails to address the systemic barriers and social inequities that underlie access to food. Furthermore, it is our belief, it also fails to clearly establish the definition of healthy food.

Communities of color are more likely to live in zip codes labeled as food deserts and be constrained in their food choices for reasons such as poverty, discrimination, and a lack of infrastructure and supermarkets. Beyond resource constraints, persons of color are also more likely to be lactose intolerant and have underlying comorbidities making them additionally vulnerable. It is, therefore, criminal to offer inaccurate education (*via media and advertising*) that shapes the understanding of health, wellness and nutrition amongst millions of unsuspecting Americans who are already suffering from the long shadow cast by the pandemic. For instance, the study also included in-depth video interviews with select respondents exposing them to scientifically accurate statements on dairy intolerance among persons of color, carcinogenic effect of ultra-processed animal-based foods etc., and a foreign-language educational advertisement arguing against consumption of animal flesh. The respondents reacted in obvious disbelief, wondered why these simple scientific facts not made available to them by educational, industry and government agencies and, to the contrary, why has dairy and animal protein been pushed as a 'healthy essential' to them and their communities. As young students participating in The Harvard Challenge Lab, we confess we share the disbelief and disappointment expressed by the respondents.

These underlying inequities and lack of awareness of what really is truly healthy were apparent in the lived experiences of participants in Project SHAKTI. When asked what they'd like to change about their current eating habits, one woman stated that she would like "...money [to not] factor into the equation" so that she could purchase healthier foods. The corollary being in the form of a thought often articulated by the respondents in different ways as to *"...why then are ultra-processed unhealthy foods so readily available and so affordable in the zip codes where we live?"* The study demonstrates that while the respondents are motivated to eat healthily, they are not always sure of what is healthy for them. They are often media dependent on nutrition information and may look towards friends and family as well, who in turn receive their education from similar sources!

Impacts of Inequality

Project SHAKTI surveyed low-income African American, Latina, and Caucasian women about their relationship to food. Seventy-six in-depth interviews were conducted with women living in at-risk and distressed zip codes across the U.S. Over the course of five days, participants were asked questions about the role food plays in their lives, their relationships, their sense of self, and their personal health vision through a series of prompted questions. In the first couple of days, women were asked more basic questions about what informs or constrains their food choices. At the end of their interviews, the women were asked questions to connect food choices with animal compassion and climate change, understandably prompting cognitive dissonance, due to lack of awareness.

Several respondents cited their food choices being dictated by cost and ease of preparation due to limited time in the day to cook more wholesome, multi-component meals. Highly processed, packaged foods full of preservatives appeared repeatedly when the women detailed their daily food choices. Many women shared the sentiment of wanting to purchase healthier food to improve their diets. Also, in moments of stress many women report "reaching out for junk food, unfortunately, chips, cookies." The default to reach for these types of snacks are both a result of the inaccessibility to nutritious and healthy foods, lack of understanding of what's healthy and also, potentially pointers towards consumption behaviors that may be precursors to or indeed symptoms of (frequently undiagnosed) chronic illness.

As young students still charting out our academic and professional paths, we can't help but wonder if culturally-relevant and genetically-compassionate policy options even exist or are being considered at the federal level? Only a high quality of moral leadership could really rectify this reality faced by millions of low-income Americans! We suspect that a key path forward towards ameliorating this issue would be to re-evaluate the current, highly asymmetric subsidy structure within the United States agriculture industry: one that favors meat and dairy while failing to keep costs of fresh fruits and vegetables within a reasonable price range. And the direct and indirect support – political, financial and policy related – that continues to be offered to animal agriculture, processors and advertisers that are part of this industry's ecosystem. Project SHAKTI's results underscore the fact that the "*human cost*" of disproportionate subsidies is acutely felt by millions of women across our country, limiting their choices and effectively distorting their agency surrounding their own nutritional sovereignty.

During our Harvard Challenge Lab project, we additionally deciphered a few psychobehavioral themes that seem to be dictating respondents' food choices: (1) Carnism, (2) Cognitive dissonance and Control, (3) Food Identity, and (4) the Seduction of Sugar. Carnism speaks to one's proclivity to eat certain animals as a result of societal culinary conditioning and widely accepted pseudoscience around animal protein being a "superior, healthy, essential and complete" source of protein. Cognitive dissonance signifies an incongruence in the respondents' thoughts (recognition that some foods are healthier than others) and actions (eating those unhealthier foods nonetheless), thus challenging the agency of women who fall prey to influential factors such as familial advice or the powerfully addictive nature of sugar. In this vein, control and agency were recurring themes in women's responses. Many women expressed deep dissatisfaction with their inability to exercise control over their dietary behaviors, and many discussed the effects this had on their self-esteem and general well-being. For example, one respondent noted, *"I am the typical emotional eater – I know when I am stressed or worried, I can eat sweet, salty, everything I shouldn't in my kitchen. But in turn I struggle with my weight due to these terrible eating habits. Which then affects my mental health when my jeans don't fit. It's one horrible cycle I seem to be on all the time…."*
Such internal factors and struggles appear to be highly salient in determining how a woman conceptualizes her decisions, preferences, and perceptions around food choices.

In our team discussions, we felt that this is not just an issue of physical health but one that is key to mental and emotional wellbeing, and at a bigger societal level – one that pertains to nutritional justice. Thus, more careful consideration should be given to the extent that consumers can control their food choices to address

the myriad factors influencing a woman's well-being more comprehensively. The extent of a consumer's ability to choose to eat as they prefer has effects that extend beyond just the food choice. Not only are there disparities in consumers' abilities in food choice but being able to make this decision influences people's health and well-being in significant often unseen ways.

Call to Action/Conclusion

After thorough analysis of the Project SHAKTI data, we believe that there is a need to further research the impact of food accessibility and the very definition of "Healthy Food" on industry-independent scientific grounds (guided by the Social Determinants of Health framework and focusing on MDoH / Media Determinants of Health) in low-income zip codes, particularly ones that have higher populations of communities of color. Due to this intersectionality and overlap, we suggest that the definition of food deserts should be revisited to address the inequity more holistically among these communities, not just the inequality AND the definition of health should incorporate and even actively advertise caution to certain populations that are unable to genetically metabolize animal-based foods. The incorporation of a comprehensive definition of food deserts will help recognize the political action that can be done to remedy the issue of food inequity and serve as a guideline to the food manufacturing and advertising ecosystem that currently seems to run on a blatant "one size fits all" attitude! For instance, How about a scientifically accurate public health advertising campaign that discourages communities of color from consuming dairy? Or how about regulating the "Got Milk" Campaign and disabling its exposure to communities that are sensitive to lactose? These are just some of our ideas and we have so many more!

The USDA has at its disposal the tools and resources to continue to invest in this issue area, building upon the foundations that Project SHAKTI has established. This research has added a human and humane dimension to the dialogue relating to food access, structural barriers and understanding what the definition of health is truly.

We, the student-interns for Project SHAKTI at the Harvard Challenge Lab, The Virsa Foundation, the Plant Futures Initiative and our allies such as the Physicians Committee for Responsible Medicine (see letter to the USDA in the addendum) collectively implore and appeal to the United States Department of Agriculture, Department of Health and the USDA Dietary Guidelines Committee to revisit the definition

of healthy nutritious food bearing in the mind the cultural and genetic mosaic that our proud nation is. As members of the future generation of Americans, we ardently wish to see the term “Food Deserts” revisited, revised, and ideally replaced with “Food Oasis” - staying true to the much-promised American Dream that our country represents and stands for globally.

Thank you! –

Nicolette Reale, Lena Ashooh, Abby LeBreck, Natalie Weiner, Leslie Nevarez.
Supported and mentored by: Nivi Jaswal, Sparsha Saha and Olivia Murray.

ADDENDUM I:

Synopsis: Project SHAKTI – Low Income American Women and Women of Color and their relationship to food and chronic illness.

Pragati Dubey[†], Nivi Jaswal[a]

Introduction

This study aims to unpack and understand the health beliefs and practices of middle-aged, low-income, currently non-vegan, underserved women (majority of those of color). The three cohorts included in this study are Latinx, Caucasian, and African American. The health condition of women of color in the US is a complex issue that is influenced by a range of social, economic, and environmental factors. Women of color, including African American, Hispanic/Latina, Native American, and Asian American women, often face greater health disparities and poorer health outcomes compared to their White counterparts (Chmielewska et al., 2021). Mounting research indicates the disproportionate burden borne by black women in terms of global mortality and morbidity rates (Dayo et al., 2022). As per the Centre for Disease Control and Prevention (CDC), white mothers in the US have three to four times better survival rates than black women (CDC Report, 2021).

While the importance of social factors, for example, gender, religion, caste, and color on matters of dietary practices, have always been known, there is surprisingly little qualitative research on this in the USA, especially from the perspective of the underserved women who are directly affected by the interplay of these factors. Despite the widespread acknowledgment of the social and media determinants of health, there is a lack of qualitative scholarly research that explains how structural inequalities/resources and media condition everyday life, practices, food choices, and therefore, the overall well-being of the underserved women. This research attempts to fill this gap and explores this problem specifically focusing on low-income and underserved women in the USA.

With the help of the participant's narratives and insights into their everyday lives, this study emphasizes how these health disparities are rooted in systemic and structural inequalities that have created unequal opportunities and resources for underserved women in the US. The study also highlights that addressing these disparities requires a comprehensive approach that includes improving access to healthcare, addressing social and media determinants of health, promoting health education and awareness, and addressing systemic racism and discrimination. This study is among the first to present an analysis of the intersectionality of gender, racial, and health inequality through the narratives of underserved women in the USA from three different cultural cohorts. It delves deep into media determinants of health, the notion of non-vegan identity, and carnism. The present qualitative study calls for a racial and gender justice lens to investigate the health and food consumption decision of women of color in the US. It emphasizes that along with the racial justice lens which is critical to contextualize and address health disparities between women there is also a need to acknowledge and intervene in the process that creates these disparities. To this end, the purpose of this study is to highlight the drivers of "unhealthy" consumption patterns of women of color, discuss the shortages of the USA's color-blind approach to food deserts for racialized people, and advocate for the collection of qualitative data to better support advancements in health equity.

Methods

A total of 76 women were interviewed for five days on an online discussion board (Qual Board) to understand the factors affecting the health choices of these women. Qualitative techniques involving narrative interviews were used for data collection. Engaging with the participants over a period provided them with an opportunity to reflect on their relationship with food, their current food choices, chronic illness, and aspirations for their future. Participants were asked questions related to culture, family, diet, nutrition, and self-identity. Toward the end of the interview, the participants were asked to write a letter to their future selves. This gave an opportunity to the participants to retrospect and discuss their aspirations for their future selves. The fieldwork for this study happened during the peak of the COVID-19 pandemic in the United States in 2020 offering a unique layer of insights in this qualitative study. Additionally, select respondents also participated in in-depth video interviews and were exposed to a high-impact vegan animal rights TV Ad aired during a prime-time media spot in Israel. By asking questions about the everyday lives and specifically the health choices of the women, this work emphasizes how the influence of the social structure and media determinants is translated and perpetuated in the daily practices including food consumption and lifestyle choices, that influence their overall well-being. With the help of the

participants' narratives, this study presents insights into the significant area of media determinants of health. The following analysis is not an attempt to specify the social and media determinants that lead to the poor health of the participants. Rather the aim is to highlight the dynamics behind the complex processes associated with health and food choices.

Discussion

There are three significant and interrelated findings in relation to the food choices of the participants. First, for most of the participants, the media determined their consumption and lifestyle choices more than their cultural roots and identity. Second, Convenience was a crucial factor for the participants when making food-related decisions. Convenient consumption was prioritized over cultural identity-based consumption. Finally, borrowing Pierre Bourdieu's notion of Habitus, we found that these women's consumption action depends largely on their social position. The set of dispositions they own results in their consumption practices. Media plays a crucial role in the interplay of structure and agency. Media's crucial role as a choice architect subtly yet strongly creates a limit to choices for the participants.

Literature on food choices indicates the significant role of cultural heritage in food selection and consumption (Montanari, 2006). Distinctive cultures have different food customs and practices that are influenced by religious beliefs, social norms, and historical traditions. Contrary to popular literature, the role of cultural influence on food choices did not come out prominently from the narratives of the participants. Most of the participants relied on quick and ready-to-eat meals which saved them time instead of frequently making meals that are closer to their cultural roots. In this study, although the majority of the participants acknowledged the importance of one's cultural identity in food choices but the same was not reflected in their consumption practices. The participants seemed to be moved more by media persuasion in their food choices than cultural persuasion. For all the participants from three different cohorts, the understanding of healthy and unhealthy food was based on the popular media representation of healthy and unhealthy.

Cross-country studies have shown the link between advertising and branding of modern industrial Western food to public health problems such as obesity, diabetes, and cardiovascular diseases (Monterio, 2011, Popkin 2006). Numerous consumer studies conducted in highly industrialized markets of Western cultures have shown the popular bipolar perceptions of consumers indicating healthy food as not tasteful and vice versa (Nguyen, 2015, Cox DN et al., 2012). Such beliefs have impacted the consumption patterns as consumers often perceive healthiness and indulgence/pleasure as tradeoffs and unfortunately, healthy food

is popularly perceived as less tasty and fulfilling. The findings in this study further support these arguments as most of the participants did not find healthy food as tasty. The term “tasty” was associated with processed fast food such as pizza, burgers, fries, cookies, ice cream, etc. Whereas healthy food was often denoted as boring and bland.

Another interesting finding was the importance given to “convenience” while making important consumption decisions. All 76 participants first relied on media for information regarding health and nutrition. The media can play a significant role in promoting convenient consumption by normalizing the idea that fast food and snacks are acceptable options for busy individuals. Television shows, movies, and popular advertisements often feature characters who eat fast food or snacks as a quick and easy option. This often normalizes the idea that convenience foods are an acceptable option and creates an artificial identity with which the audience can easily relate. We argue that due to the media domination over food choices and preferences the cultural boundaries and identity have become less distinct.

The media is playing a crucial role in shaping and influencing cultural norms, values, and identity leading to a blurring of cultural boundaries. While cultural homogenization promotes unity and understanding between different cultures, when it comes to food consumption it can have serious negative consequences. The spread of Western food and food processing technologies to less developed Eastern countries, Western food beliefs, and maladaptive food choices are now diffusing, at an accelerating rate, to countries around the world (Popkin, 2001). The loss of cultural diversity and unique cultural practices can lead to the erasure of traditional food practices and local cuisine as global food trends and fast-food chains become more prevalent. This can lead to a loss of cultural identity and a reduction in the variety of food options available that have been developed over generations. The spread of fast food and highly processed food options clearly has negative impacts on health, leading to higher rates of obesity, diabetes, and other lifestyle diseases (Moubarac et al., 2013). The shift towards “convenient food” and “box culture” also has negative impacts on the environment, such as the overuse of resources and the destruction of local ecosystems. It is crucial to create awareness regarding the issues highlighted above to ensure that individuals have access to a diverse range of healthy and sustainable food options while also supporting local economies and cultural identities.

One such healthy and sustainable dietary lifestyle is a balanced plant-based diet. There are studies supporting the health and environmental benefits of a balanced plant-based diet (Marrone et al., 2021). A vegan diet can be beneficial for the environment as it requires fewer resources to produce plant-based foods than animal-based foods (Kilian and Hamm, 2021). This can help to reduce greenhouse gas

emissions and support sustainable food production practices. A sincere effort to promote a well-planned plant-based diet as a healthy choice, providing a range of health benefits and supporting sustainable food production practices can be useful.

Most of the participants in this study had misconceptions about plant-based diets and considered them nutritionally compromised and therefore not worthy of trying. In this study, we found that lack of awareness regarding healthy food and the easy availability and promotion of processed fast food is one of the major factors that encourage unbalanced consumption practices. The underserved women become an easy target for these promotions because there is no effort to create an alternate path to which they can relate. Often their vulnerability is soothed through the popular media representation and artificial identity construct (women having similar physical features) consuming processed fast food and therefore, normalizing such consumption. There is neither an effort to highlight the unhealthy outcomes of such consumption practices nor a determination to create awareness of a balanced healthy consumption routine without compromising taste and pleasure. It is important for individuals, healthcare professionals, and policymakers to work together to create and promote health awareness campaigns and initiatives about lifestyle choices for better health and sustainable consumption practices.

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ADDENDUM II:

Letter to the USDA by the Physicians Committee for Responsible Medicine

June 1, 2023

To:

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave, S.W.
Washington, DC 20201

The Honorable Tom Vilsack
Secretary of Agriculture
1400 Independence Ave, S.W.
Washington, DC 20250

Dear Secretary Becerra and Secretary Vilsack:

We appreciate your efforts to improve the health of Americans through the revision of the Dietary Guidelines for Americans. As you know, cardiovascular diseases, cancer, diabetes, and other conditions remain widespread, and the disparate tolls taken by these conditions are well known. While addressing these conditions is a complex task, nutrition plays a central role. To the extent the Guidelines are insufficiently clear or fail to reflect current scientific knowledge, they put Americans at risk.

The Guidelines already provide sound guidance in many areas. However, the signed organizations and individuals call your attention to certain areas where major improvements are needed. We recommend that the 2025-2030 Dietary Guidelines for Americans:

- Focus on science and end the exaggerated promotion of meat and dairy products
- Use clear language in describing the relationship between foods and risk
- Replace the MyPlate icon's "protein group" with a "legumes" group and remove the "dairy" icon all together.

These are described below.

1. Focus on science and end the exaggerated promotion of meat and dairy products.

The United States would benefit from following Canada's example during its most recent revision of Canada's Food Guide. That process focused on scientific evidence and greatly limited involvement from industry representatives and industry-funded research publications. Such steps would simplify the revision process, make it more objective, and reduce the likelihood that health recommendations will be weakened by commercial interests.

Of particular concern is the overpromotion of meat and dairy products. The key issues are described below:

Meat Promotion: Meat products are the second leading source of saturated ("bad") fat (after dairy products) in American diets and a major source of cholesterol. The consumption of meat products is strongly associated with cardiovascular disease, diabetes, and certain cancers.[1] African Americans, in particular, are at elevated risk for colorectal cancer and cardiovascular mortality.[2,3] Red meat consumption contributes to both, and favoring "lean" meat does little to reduce this risk.[4]

Though they pose significant health risks, meats and other high-cholesterol animal products are given undue prominence throughout the Guidelines text. The Guidelines note that plant-based foods can provide protein, but these products are invariably listed as secondary sources, despite their nutritional advantages. This categorization has the effect of suggesting that meats, poultry, and eggs are preferred and perhaps even required for good health.

Dairy Promotion: Milk's primary nutrients are sugar (lactose) and fat, and dairy products are the leading source of saturated fat in the American diet. Nonetheless, the current Guidelines recommend three dairy servings per day for all Americans—regardless of calorie intake for adults—and specifically reject any nondairy milk products other than soymilk. The Guidelines also identify "frozen yogurt" and other "dairy desserts" as acceptable sources for these servings. This guidance is harmful to health and—intentionally or not—racially biased. Research has shown that lactose intolerance (lactase non-persistence) is normal and is present in the majority of African Americans, Asian Americans, and Native Americans, with a lower prevalence in whites, often beginning in childhood.[5] Commercial products with enzymatically cleaved lactose are available. However, such products remain high in simple sugar and are not free of the other issues related to dairy ingestion.

Of note, Canada's Food Guide no longer promotes dairy products and specifically lists water as the beverage of choice. The U.S. would do well to follow suit.

2. Use clear language in describing the relationship between foods and risk.

Currently, the guidelines are clear regarding the healthful foods that should be emphasized, but are vague and overly technical regarding the specific harmful foods that should be limited. Foods or nutrients that should be limited or avoided are obscured in two ways:

First, the Guidelines use technical language that would be difficult for readers to understand and use. They state that "saturated fat should contribute no more than ten percent of calories." Few, if any, readers could be expected to calculate calorie percentages and apply them to saturated fat sources. If the Guidelines present text that is too complex, it will not prove helpful for consumers.

Second, the current Guidelines obscure the sources of saturated fat. While the leading sources of saturated fat are dairy products and meat, the Guidelines list the leading sources as "sandwiches," "desserts and sweet snacks," and "rice, pasta, and other grain-based main dishes." This is confusing and unhelpful. Most readers will not realize that it is the dairy and meat ingredients in sandwiches, etc., that contribute saturated fat. Clarity and simplicity are essential for people to apply the information found in the Guidelines to daily food choices.

3. Replace MyPlate's "protein group" with a "legumes" group / Remove the "dairy" icon.

The protein group is the only group in the current MyPlate graphic that is a macronutrient instead of a type of food. The presence of a protein group suggests that protein is only found in a select few foods. However, protein is available in most foods, particularly in legumes but also grains and most vegetables.[6] The presence of a "protein group" perpetuates the inaccurate notion that many common foods, particularly meats, consist almost entirely of protein. Meats are often referred to as "proteins," however, meats are mixtures of fat and protein. For some meats, the percentage of energy from fat exceeds that from protein. The persistence of a "protein group" encourages the consumption of unhealthful foods.

In the place of a "protein group," a group representing beans, peas, lentils, and products made from them (e.g., tofu) would promote better health. Such foods are not only rich in protein, but also provide fiber and healthful micronutrients, with essentially no saturated fat or cholesterol. Such a group might be termed a "legumes" group.

Additionally, The MyPlate diagram includes a glass-of-milk icon on the side, promoting the specific inclusion of dairy products. As noted above, the primary nutrients in dairy products are lactose and fat, and they are the leading source of saturated fat. The nutrients in dairy products are available in other sources and therefore this icon is not needed and should be removed. The absence of a dairy icon would not imply that dairy products are forbidden, but rather that such products are not specially promoted or required.

In conclusion, the recommendations outlined above will allow agencies, organizations, and individuals to discern which foods should be emphasized or minimized to protect against diet-related conditions. We are grateful for your attention to these important issues and for the opportunity to improve the Guidelines for the benefit of all Americans.

Sincerely,

Organizations:

A Well-Fed World

Acterra: Action for a Healthy Planet

Bosch Nutrition
Brighter Green
Chilis on Wheels
Coalition for Healthy School Food
DC Greens
Doctor Herbivore
Ethos Farm Project
Eugene Plant Based Providers
Firefly Community LLC
Food Revolution Network
Food Shift
GARDEN, Inc.
Healing Cuisine
Healthy Eating Adventure
Healthy World Sedona
Heartfelt Family Living
Jewish Veg
Madre Brava
McFarland & Associates, Inc.
Million Vegan Grandmothers, (Climate Healers)
Mothers Against Dairy
NutritionFacts.org
Pivot Nutrition
Plant Based Advisory Group
Plant Powered Metro New York
Planted Society
Responsible Eating And Living (REAL)
Physicians Committee for Responsible Medicine
Responsible Eating And Living (REAL)
Roseburg Foot & Ankle Specialists, PC
Social Compassion in Legislation
Superformance Wellness Counseling
Switch4Good
The Humane League
The Practice of Green, LLC
The Virsa Foundation Inc.
Thundering Water: Upstream Healthcare
UC-VEG (Umpqua Community Veg Education Group)
Unitarian Universalist Animal Ministries
Wholesome Minnesota/Compassionate Action for Animals

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Alissa Kircher, SOMD Vegan Events	Maryland
Amy Margulies, RD, LDN, CDCES - Rebellious RD	Pennsylvania
Amy Shah	Minnesota
Ana Kuprava	New York
Ana Negrón MD	Pennsylvania
Anastasia Elliott	Maryland
Andrea Nassar	New York
Andrea Wotan, MPH RD CHWC	Michigan
Andreina Troncoso	Maryland
Angelica Agents	Minnesota
Andy Ebert	Florida
Ann Wolcott Wheat	California
Anna Larsson	Minnesota
Annette DuCharme	Ohio
Ashley Kitchens	North Carolina
Babette Coats	Texas
Barbara Felix	Arizona
Brenda Hoy, PA-C, dipACLM	Florida
Cari Lombardi	Minnesota
Carol Bowlby	Tennessee
Carrie O'Boyle MS, RDN, LD	Ohio
Catherine Flanagan, RDN, CDN	New York
Celeste R. Beck	California
Charlotte C Martin	Texas
Chelsea George-Williams	Virginia
Christopher G. Dunmall	Colorado
Claire Stuve, PhD, MPH	Ohio
Claudia Wondra	Minnesota
Constance Li, DO, Just My Doc	New Jersey
Craig Zalvan, MD	New York
Dale Goodrich	Michigan
Dan Brook	California
Daniel Dawley	Ohio
Darylin Berryman	Michigan
David Heupel	Minnesota
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