



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Animal Science
St. Paul, Minnesota 55108

RECEIVED

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Dr. Henry Blackburn
Professor and Director
Laboratory of Physiological Hygiene
School of Public Health
Stadium Gate 27
Minneapolis Campus

Dear Henry:

I have read most of the chapter that you have prepared entitled, "Diet and Mass Hyperlipidemia, Public Health Considerations." As you may know, I have always considered and continue to consider my viewpoint on the diet - heart controversy somewhat in the middle of the extremes that can be found on either side. Therefore, while I agree with many of the things that are in this particular document, there are other things which I do not accept. Rather than spend additional time discussing generalities, I would like to give you my opinion on specifics, especially those that you requested that I comment on. I will do this by pages and paragraphs.

Page 20 - The description of the present feeding and managements practices for domesticated ruminants in the U.S. as a "distorted environment" resulting in "artificial beasts" and "bizarre creatures" is I believe a misrepresentation of the actual fact and a play on words. The average animal as seen alive that results in even a U.S.D.A. Prime or certainly a U.S.D.A. Choice grade carcass is by no means a bizarre-looking creature. As a matter of fact, as most live-stock buyers would assure you, it is very difficult to distinguish in the live animal between those which will grade Good and Choice and frequently even Prime, since the correlation between subcutaneous fat and intramuscular fat is not very high.

Page 22, 3rd paragraph - Item b The U.S.D.A. quality grades of beef effectively categorize beef carcasses according to maturity and marbling. Therefore if I want beef with less marbling I can buy a lower grade. If you are referring to fat content in nutritive value then you cannot say that the beef quality grades don't take nutritive value into account. Other than differences in fat content the nutritive value of beef is similar across all maturities and grades, so there is no other nutritive factor to grade. Item d in this paragraph implies that neither the government nor those involved with the industry have made attempts to improve the grading system. As I have indicated to you previously this is not the case with the beef grading system where the most recent updating in relaxing the marbling requirements for the higher grades, went further than what the "consumer representatives" and many retailers would have permitted.

Page 24, 2nd paragraph - Your apparent difference in viewpoint relative to the fact that FDA regulations continue to embody a negative view toward mass dietary recommendations rather than those prescribed by the physician is a view that is apparently also not accepted by a large number of doctors. I have reference to a letter to Senator McGovern from Dr. James H. Salmon, Executive Vice-President of the American Medical Association dated April 18, 1977. This letter is in regard to the dietary goals for the United States. I quote as follows: "The American Medical Association does not consider it appropriate for the government to adopt national goals that specify such matters as the amount and portions of total fat, type of fat, sugar, cholesterol, salt content in the diets of the general public as these national goals advocate."

Page 54, 2nd paragraph - Following the discussion on page 53, I believe the conclusion "that modern industrial man may return to the whole grain staples." is too extreme and over simplistic. For example, this does not take into account that without ruminants much of the earth's land resource would be unavailable to man for food production.

Page 55, end of this paragraph - While I have not read the specific report that you referenced as #61, I would hasten to caution you that I believe what you have referred to as consumption figures may in fact be disappearance figures. Consumption and disappearance of a commodity can, of course, be very different values.

Page 58 - I believe I am correct in saying that the beef producers did not petition the U.S.D.A. to change the long-term grading policy for beef to allow an upgrading of the Good grade. It is my understanding that this proposal came forth from U.S.D.A. based upon research that has been collected over a period of the last ten years or so. As a matter of fact, as I recall, one of the few groups in the agricultural sector which were opposed to the beef grading changes were some of the purebred beef producer organizations as well as some retailers. You also suggest in a later sentence that the reversal of the high fat beef processing was economically and not scientifically determined. As I have indicated this is not true because much research data collected in Agriculture Experiment Stations has demonstrated that the marbling level presently required for the U.S.D.A. Prime and Choice grades could be reduced without leading to unsatisfactory palatability characteristics such as flavor, juiciness, and tenderness. It is unfair, I believe, to imply that U.S.D.A. is under the whims of the beef producers relative to what is done in the beef grading system because this is certainly not the case. The basis for this change was primarily due to scientific data that had been collected over a period of time. The fact is that U.S.D.A. would have been unsuccessful in making more drastic alterations in the beef grades because of uninformed "consumer representatives."

I would like to close with a sincere concern that I feel and that I know some of my colleagues also feel. I am concerned that in reports such as this, a cross-section of all the literature is not dealt with in terms of the pros and cons for a particular recommendation. This I believe is unfortunate and will continue to lead to extremist viewpoints on both sides of the debate. I was

recently reminded of this when I read the previously referred to statement by Dr. Salmon of the American Medical Association. In that statement the AMA went on record as being opposed to the adoption of the national dietary goals as proposed by the Senate Select Committee on Nutrition and Human Needs. With regard to ischemic heart disease Dr. Salmon quotes a statement made by Dr. Theodore Cooper, Director of the National Heart Institute, National Institute of Health in 1969 which was, "Evidence which is suggestive, fragmentary and even conflicting links the American diet with the American death rate from ischemic heart disease." Dr. Salmon indicates "this statement is still valid in 1977." Thus, I believe that there are definitely still two substantial points of view in the medical community relative to the extent to which national dietary recommendations should be imposed upon the population. I do not believe that this chapter which you have prepared for the book by Robert Levy et al., sufficiently incorporates this controversy. I personally feel that this is unfortunate and in fact unfair to the topic. This is one of the reasons why organizations such as the National Livestock and Meat Board are apparently so far apart from the particular point of view that you and your colleagues have about this subject. Likewise, within the medical community there are widely divergent views on diet and coronary heart disease. Too frequently one medical group does not talk about the other group's work when it is not supportive. I believe this has been true for some time. From a scientific and public health point of view this is much more serious than what you believed were significant omissions in the one page December/January 1976-77 Food and Nutrition News published by the National Livestock and Meat Board which you addressed Dr. W. C. Sherman about in a letter dated July 27, 1977. One can currently support with scientific literature, any point of view on coronary heart disease and diet that one chooses to take. This situation does not lend itself to providing scientifically clear dietary recommendations for the entire U.S. population. It indicates to me that coronary heart disease is a multi-factorial condition, and to some individuals dietary aspects are very important, but to other individuals, not so important.

Personally I believe calories from fat should be restricted, that I should avoid being overweight, having elevated blood pressure and smoking cigarettes. In addition, I hope that my parents did not predispose me to coronary heart disease by creating me! Please accept these comments as being my honest professional opinion rather than that of someone on the opposite side. I would be happy to discuss this philosophy with you in greater detail if you believe it would be fruitful.

Sincerely,



C. E. Allen
Professor

CEA:jls

cc: R. W. Touchberry
W. F. Hueg
E. F. Caldwell