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June 25, 1998

Susanne A. Stoiber
Acting Deputy Assistant Secretary for Health
Office of Public Health and Science
Department of Health and Human Services
Washington, DC 20201

Re: Dietary Fats and Health

Dear Dr. Stoiber:

I appreciate your open response. I enclose a complete copy of the recent letter sent you, with the missing statement on fat substitutes. I, too, cannot find my earlier comments, but the gist is contained in the recent letter.

I also refer you to the May, 1998 issue of *Nutrition Reviews* for a discussion of fat-modified foods and fat substitutes, particularly to the cultural approach of Marion Nestle, which is so needed in policy.

Cordially,


Henry Blackburn, MD

pc M. Nestle

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Susanne A. Stoiber
Acting Deputy Assistant Secretary for Health
Office of Public Health and Science
Department of Health and Human Services
Washington, DC 20201

Attn: ecastero@Osophs.dhhs.gov.

Dear Dr. Stoiber:

I write this note with some trepidation in response to receipt of your introductory and background chapter of the Surgeon General's Report on Dietary Fats and Health. I spent an inordinate amount of time on this report earlier, and addressed many detailed comments to an editor in your office. A year later I was able to extract the acknowledgement that my comments had been received, but never any evidence that they were useful. So, I am a little hesitant to renew this process. The most efficient thing I could do would be to refer you to those earlier comments, but it appears I have deleted them from my files. I send just a very few comments about the material that you sent me on May 15th.

In general, I understand your emphasis on the Surgeon General's 1988 Report on Nutrition and Health. It is proper that you do so, particularly since you modeled this report on that one. However, I find it unhappy that you did not put on a parallel, either in your references or your history and milestones, the National Research Council, National Academy of Sciences Report on Diet and Health. It was at least as scholarly, and probably more complete, than the Surgeon General's Report, which came out at the same time. This is a gross omission and distortion of the facts in the history of the topic, which I hope you might correct.

This historical perspective, of course, is a difficult one to provide in a complete and balanced way. I think its author has done a fair job. The history certainly gives short shrift to the likely overwhelming importance of human evolutionary adaptations to hunter-gatherer lifestyles. One can agree with the idea of "enormous dietary and geographical diversity,"

without writing off all the evidence as being assumptions. There can be little question that pre-agricultural diets and thus evolutionary adaptations were associated with lower total fat and certainly much lower saturated fat intake, a reversed sodium-potassium ratio, and a predominance of plant foods.

I found it rather strange that the 1995 reference by Truswell, undoubtedly a fine review, was cited in preference to the original references on war-time diets in relationship to coronary heart disease, beginning with Keys and Malmros.

In line 5, page 1-8, Keys is misspelled. A better reference for the classic study of Keys would be either Keys A (editor) Coronary Heart Disease in Seven Countries, Circulation 1970, supplement to Volume 41, 1-211; or Keys et al. Seven Countries. A Multivariate Analysis of Death from Coronary Heart Disease 1980, Harvard University Press, Cambridge and London, 1-381. Your listing on page 1-56, line 17, of Keys reported relationship of total fat and mortality from coronary heart disease is an appropriate reference but is not based on information from the Seven Countries because the Seven Countries Study wasn't published until 1970. So it's appropriate that you give the '53 article priority, but that you also add the 1970 or 1980 monographs that are the sources of the Seven Countries data.

I am quite sure that you could get a much more complete and balanced and up-to-date review of diet fat and cancer from the National Research Council Report, the Surgeon General's Report, and others more recent. The paragraph on page 1-10, is rather weak and could use serious updating.

My comment about omitting the National Academy of Sciences-National Research Council Report is particularly relevant to the last paragraph on page 1-12. The only reference you give to that seminal report is the rather strange one of adding the sixth criterion (of temporality) to criteria for causal inference at the bottom of page 1-15. You could lose credibility and friends if this omission persists.

One of the strongest points I attempted to make in my earlier detailed critique was the need to face head-on the real implications of the Seven Countries and numerous studies since, which ~~that~~ indicate a much wider latitude and range of fat intake possible for good health, as long as

saturated fat intake is limited to less than 10%. More work needs to be done, but we demonstrated in the Keys Seven Countries Study that it was possible to have a 40% fat diet with 8% saturated fat diet and have almost complete freedom from cardiovascular disease and relative freedom from excess cancer and other diseases. The introductory chapter does not suggest that this option is going to be addressed. Again on pg.1-57, you use the NRC 1989 reference in your sources but don't mention it among the milestones.

The major point I attempted to make in my earlier detailed critique of the report was that it had a predominately individual focus, both in terms of risk associated with obesity and larger metabolic and disease-enhancing effects. Certainly a Surgeon General's Report should have a population-based and public health view in which the individual concern, and mechanisms and management of obesity are put in a much larger context: the mass phenomena that result in obesity in the population and in the progression of overweight in the United States. I don't get a very strong impression from the introduction that this is going to be a report that recognizes the essentialness of population-wide, socio-cultural phenomena in the causes and prevention of obesity and atherosclerosis, or that addresses them in a comprehensive way. And I don't see any glimmer that we are going to deal with the critical issue of prevention of obesity in the first place, and the primordial prevention in cultures where obesity is not yet a problem. Unfortunately, most obesity specialists whom you would presumably call upon to write this report, are concerned with individual obesity and not mass phenomena. The Surgeon General's Report, to be the most useful and credible, must address the mass phenomenon of obesity and the mass phenomena that cause and prevent it.

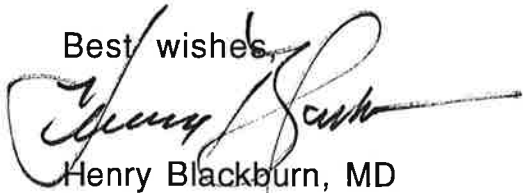
I apologize for any testiness that you might detect in this letter, but I have had no evidence either in correspondence or in drafts that would suggest that anyone has addressed the mass cultural factors in cause and prevention.

I assume that an eventual Chapter 2 will have a section on fat substitutes and fat-modified foods, and I will be particularly anxious to see and to provide comment on that section. The mass distribution of olestra-containing products is only beginning and is occurring in the absence of any demonstrated benefit for the individual or the population, and with the absence of the long-term studies required to demonstrate safety. (I've

just returned from the FDA Food Advisory Committee, which supported the status quo and set the stage for a much more massive exposure,) I would hope that I might be able to make useful commentary to Chapter 2 and to Chapter 3 and to the chapter involving cardiovascular diseases, and perhaps to Chapter 8 on public health strategies.

I recognize the difficulty in putting together the public health issues. On the other hand, you are in a very fortunate situation; there is a fine new publication available from WHO entitled "Obesity, Preventing and Managing the Global Epidemic," which addresses all these issues effectively and appropriately. In section A3 it has a chapter on global prevalence and secular trends in obesity. Section C7.4 is a whole section on environmental and societal influences on food intake and activity patterns. Section D9, an extensive chapter on the prevention and management of overweight and obesity in populations effectively illustrating a public health approach. This publication WHO/NUT/NCD/98.1 World Health Organization, Geneva. Contact person is C.nishida, Unisante Geneva FAX 791 07 46.

Best wishes

A handwritten signature in black ink, appearing to read "Henry Blackburn", with a long horizontal flourish extending to the right.

Henry Blackburn, MD

Mayo Prof. of Public Health Emeritus