May 16, 2022

Thank you for the opportunity to submit comments about the scientific questions that will inform the Dietary Guidelines for Americans, 2025-2030.

The Vegetarian Resource Group (VRG) is an independent non-profit organization dedicated to educating the public on vegetarianism and the interrelated issues of health, nutrition, environment, ethics, and world hunger. Our health professionals, activists, and educators work with businesses and individuals to bring about healthy changes in schools, workplaces, and the community. Registered dietitians and physicians aid in the development of nutrition-related publications and answer questions about the vegetarian and vegan diet. For the past 28 years, we have commissioned polls exploring vegetarian-related issues, results of which are often used by researchers, the food industry, and the media. Financial support comes primarily from memberships, contributions, and book sales.

This comment describes suggested changes to the question What is the relationship between dietary patterns consumed and growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance; risk of cardiovascular disease; risk of type 2 diabetes; risk of certain types of cancer (breast, colorectal, lung, prostate); risk of cognitive decline, mild cognitive impairment, dementia, and Alzheimer’s disease; risk of sarcopenia; bone health; and all-cause mortality?

We propose that the phrase “dietary patterns” be modified to list specific dietary patterns. We propose that the dietary patterns examined include vegetarian and vegan diets. Approximately 6% of adults in the United States consistently follow a vegetarian (including vegan) diet; 3% of U.S. adults consistently follow a vegan diet; 63% of adults always, usually, or sometimes eats vegetarian (including vegan) meals; and 29% of adults always, usually, or sometimes eats vegan meals. The increasing use of vegetarian (including vegan) diets in the United States indicates that examination of the relationship of these diets and the listed conditions is an area of importance to public health.

Vegetarian and vegan diets have been associated with a

- 40% lower risk of coronary heart disease events and a 29% reduction in cerebrovascular disease events
- 25% lower risk of incidence and/or mortality from ischemic heart disease
- 8% lower incidence of cancer overall (15% lower incidence in vegans)
- Lower BMI (Vegetarians: -1.48 kg/m²; vegans: -1.72 kg/m²)
- Lower mean systolic (-6.9 mm Hg) and diastolic (-4.7 mm Hg) blood pressure
- Lower incidence of hypertension
- Lower incidence of type 2 diabetes
Vegetarian diets have been successfully used to treat overweight and obesity\textsuperscript{9-13} and type 2 diabetes.\textsuperscript{13-15} Vegetarian diets are associated with lower all-cause mortality.\textsuperscript{16} Despite these results, Federal food and nutrition policies and programs provide only limited support for greater use of vegetarian and vegan diets.

This comment describes suggested changes to the question What is the relationship between consumption of dietary patterns with varying amounts of ultra-processed foods and growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance?

A number of foods that may be used by vegetarians as sources of important nutrients such as vitamin B12, calcium, and vitamin D due, in part, to fortification practices are commonly classified as ultra-processed foods.\textsuperscript{17-20} These foods, that may be used by vegetarians, include plant milks, seitan cutlets, and commercial veggie burgers. Any examination of the effects of ultra-processed foods on health issues should be accompanied by a careful, evidence-based determination of which foods should be classified as ultra-processed foods. Ultra-processed foods are thought of as being high in calories, salt, sugar, and fat and are often associated with being the foods we crave, despite having little to recommend them in terms of nutrition. This hardly seems like the correct category for foods such as plant milks or some brands of veggie burgers.

The American Society for Preventive Cardiology has proposed a new category of “smartly processed” foods which includes fortified plant milks and plant protein-based meat and egg substitutes.\textsuperscript{21} They describe these foods as low in saturated fat, refined carbohydrates, and cholesterol and state that these foods can add nutrition value. We urge the Committee to carefully consider which foods are categorized as ultra-processed foods because incorrect categorization could lead to inaccurate conclusions about the relationship between consumption of these foods and various conditions.

This comment proposes a new scientific question.

The proposed question is What is the relationship between consumption of foods developed based on animal cell DNA as alternatives to conventional meat and dairy products and growth, size, body composition, allergies, risk of cardiovascular disease, risk of certain types of cancer, and weight loss and maintenance?

Alternatives to meat and dairy products are being developed based on animal cell DNA.\textsuperscript{22} Little research has been published on the safety of these products or on associated health risks or benefits, representing a significant knowledge gap. As these products enter the market,
guidelines are needed to inform Federal food and nutrition policies and programs. This question has not been addressed through other evidence-based Federal guidelines.

This comment describes suggested changes to the question What is the relationship between dietary patterns consumed before and during pregnancy and risk of gestational diabetes, risk of hypertensive disorders of pregnancy, gestational age at birth, and birth weight standardized for gestational age and sex?

We propose that the phrase “dietary patterns” be modified to list specific dietary patterns. We propose that the dietary patterns examined include vegetarian and vegan diets. As noted earlier, a significant number of adults in the United States always, usually, or sometimes eat vegetarian (including vegan) meals. The increasing use of vegetarian (including vegan) diets in the United States indicates that examination of the relationship of these diets and pregnancy is an area of importance to public health.

Limited research suggests that vegetarian diets are associated with a reduced risk of gestational diabetes and are not associated with an increased risk of preterm birth. Consumption of generous amounts of plant-derived foods in pregnancy, which is typical of many vegetarian eating patterns, is associated with a reduced risk of gestational diabetes and hypertensive disorders in pregnancy. Dietary patterns high in vegetables, fruits, whole grains, nuts, legumes, and seeds are consistently associated with a lower risk of preterm birth.

This comment describes suggested changes to the question What is the relationship between dietary patterns consumed before and during pregnancy and lactation and developmental milestones, including neurocognitive development, in the child?

We propose that the phrase “dietary patterns” be modified to list specific dietary patterns. We propose that the dietary patterns examined include vegetarian and vegan diets. Vegetarian diets contain little DHA and vegan diets do not contain DHA unless supplements are used. Similarly, those whose diets do not include fish have very low intakes of DHA. Although some studies report beneficial effects of higher maternal DHA intake on infant language development and visual function, consistent, long-term benefits have not been seen in childhood. Omega-3 supplementation in pregnancy was not associated with significantly improved cognition, IQ, vision, or other developmental or growth outcomes. The relationship between consumption or avoidance of fish (and other sources of DHA) before and during pregnancy and lactation and developmental milestones including neurocognitive development in the child should be systematically examined.
This comment describes suggested changes to the question What is the relationship between 1) timing of introduction, and 2) types and amounts of complementary foods and beverages and growth, size, body composition, and risk of overweight and obesity? iron and zinc status?

We propose an examination of use of a vegetarian (including a vegan) diet when complementary foods and beverages are introduced and growth, size, body composition, and iron and zinc status. Families who follow vegetarian and vegan diets and who choose to raise their children on these diets need evidence-based guidance for dietary composition. When investigating these issues, it is important to avoid using evidence from infants and children living in conditions of poverty and limited food availability since these are not generally reflective of the conditions of infants and children eating vegetarian and vegan diets in the United States and are not necessarily vegetarian, but rather limited omnivore diets.

This comment is in support of the question Considering each life stage, should changes be made to the USDA Dietary Patterns (Healthy U.S.-Style, Healthy Mediterranean-Style, and/or Healthy Vegetarian), and should additional Dietary Patterns be developed/proposed based on Population norms (e.g., starchy vegetables are often consumed interchangeably with grains), preferences (e.g., emphasis on one staple grain versus another), or needs (e.g., lactose intolerance) of the diverse individuals and cultural foodways within the U.S. population?

We encourage the development of additional practical recommendations for those following vegan diets. These recommendations should be based on what those following vegan diets really eat, rather than modifying non-vegan eating patterns to include vegan foods. For example, vegans do not necessarily drink 3 or more cups of fortified soymilk daily, nor is this necessary to provide adequate amounts of calcium and protein. Vegans may eat larger portions of vegetables and legumes than do those eating nonvegan diets. Additionally, vegetarian and vegan eating patterns should be developed that reflect the diversity of people and foodways in the United States. These could include Asian Indians, Chinese vegan Buddhists, Latino vegetarians and vegans, vegetarian and vegan soul food, and those eating a more traditional American diet modified to be vegan or vegetarian.

This comment describes suggested changes to the question Considering each life stage, should changes be made to the USDA Dietary Patterns (Healthy U.S.-Style, Healthy Mediterranean-Style, and/or Healthy Vegetarian), and should additional Dietary Patterns be developed/proposed based on findings from systematic reviews, data analysis, and/or food pattern modeling analyses.
We propose that food pattern modeling analysis, based on what vegans actually eat be used to develop a Healthy Vegan eating pattern which would meet the needs of those following vegan diets and others who are interested in reducing animal product consumption. Research would be needed to collect information on food consumption habits of vegans in the United States.

We are concerned that sustainability and the relationship between nutrition and climate change is not being addressed by the Dietary Guidelines Advisory Committee. Although USDA and HHS acknowledge that this is “an important, cross-cutting, and high priority topic,” no specific plans have been communicated as to how or when USDA and HHS will address this topic. The connections between dietary choices and climate change should be clearly delineated, effectively communicated to the American people, and form the basis for Federal nutrition policy.

We encourage the Committee to continue to stress the benefits of vegan and vegetarian diets, to expand the discussion of benefits of these diets, and to continue to identify these diets as healthy eating patterns.

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References


