



## Consumer Federation of America

July 15, 2022

Paul Reed, MD  
Director, Office of Disease Prevention and Health Promotion  
Department of Health and Human Services

### **Re: White House Conference on Hunger, Nutrition, and Health**

*VIA ONLINE SUBMISSION*

Dear Dr. Reed,

The Consumer Federation of America (CFA) writes to express our support for Administration's plan to announce a national strategy to end hunger and reduce diet-related diseases and the disparities surrounding them at the upcoming White House Conference on Hunger, Nutrition, and Health in September of this year. CFA is an association of non-profit consumer organizations that was established in 1968 to advance the consumer interest through research, advocacy, and education. Today, more than 250 of these groups participate in the federation and govern it through their representatives on the organization's Board of Directors.

A national strategy is sorely needed and long overdue to assure a sufficient and accessible supply of safe and nutritious food to the entire population, while supporting sustainable agriculture practices, foreign assistance commitments, and encouraging worldwide indigenous food production. As many have pointed out, in the absence of an affirmative strategy, U.S. "agricultural policy" has become the *de facto* food policy for the nation, with horrific consequences. In the last two decades, obesity rates have soared. From 1999-2000 through 2017-March 2020, severe obesity increased from 4.7% to 9.2% among the U.S. population, with the prevalence of obesity overall increasing from 30.5% to 41.9%.<sup>1</sup> The incidence of diabetes has similarly soared to dizzying heights, with 1.4 million new cases of diagnosed in 2019,<sup>2</sup> costing hundreds of billions of dollars a year in medical costs.<sup>3</sup> On average, U.S. consumers manage to spend a lower proportion of their disposable income on food than consumers in any other country on the planet,<sup>4</sup> just 8.6% in 2020.<sup>5</sup> Yet, at the same time, 10.5% (13.8 million) of U.S. households

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<sup>1</sup> <https://www.cdc.gov/obesity/data/adult.html>

<sup>2</sup> <https://www.cdc.gov/diabetes/library/spotlights/diabetes-facts-stats.html#:~:text=In%202019%2C%20about%201.4%20million,and%2044%25%20had%20high%20cholesterol>

<sup>3</sup> American Diabetes Association, Economic Costs of Diabetes in the U.S. in 2017, *Diabetes Care*. 2018;41(5):917-928 <https://pubmed.ncbi.nlm.nih.gov/29567642/>, page 917

<sup>4</sup> Farm Bureau. Market Intel (Nov. 13, 2019), <https://www.fb.org/market-intel/u.s.-food-expenditures-at-home-and-abroad> (citing USDA Economic Research Service data).

<sup>5</sup> "Share of disposable personal income sent on food in the United States 1960-2020", <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-prices-and-spending/>

were food insecure at some time during 2020.<sup>6</sup> Ironically, many of the hungry work in food industry jobs on farms, meatpacking plants, or grocery retailers that do not pay a living wage.

A national strategy on food will be necessarily far-reaching, as the food system touches on nearly every facet of environmental, economic, and social policy. An effective strategy will require dedicated resources and cabinet level personnel to sort through the inherent complexities of building a more equitable and environmentally sustainable food system, and to negotiate the tensions between competing stakeholders. Simply articulating a strategy, however, is an important step towards a more coherent and rational policy.

The Administration has limited the scope of the upcoming White House Conference to five pillars focused on curbing hunger and diet-related disease. CFA's comments primarily concern the third pillar: "empower all consumers to make and have access to healthy choices." In implementing this critical pillar, the Administration should seek to enact policies, such as the following examples, that increase transparency, and enable consumers to make choices that are not just healthier, but also better for workers, the environment, family farmers and their surrounding communities, and public health.

One example of such policies is front-of-package (FOP) labeling. In 2011, the Institute of Medicine issued a report strongly endorsing a FOP labeling scheme for all food products. According to the Institute's expert committee, "a single, standardized system" for food labeling "that is easily understood by most age groups and appears on all food products is both desirable and feasible."<sup>7</sup> Last year, however, the U.S. Food and Drug Administration (FDA) solicited public comment on a proposal to create a "healthy" icon for certain foods. By restricting the scope of this research project to a "healthy" icon, FDA has implicitly ruled out more neutral, and more effective, FOP labeling options. The Administration should direct FDA to develop and implement a FOP labeling that is supported by the growing body of research on traffic light, nutrition scoring, and warning symbol FOP labeling schemes that are now in use in countries around the world. Researchers have shown these labeling schemes better assist consumers to make healthy choices, and motivate product manufacturers to make healthier foods.<sup>8</sup>

Another example relates to accurate origin labeling of meat, poultry, seafood, and fresh and frozen produce. Origin labeling facilitates traceback for food safety purposes and allows consumers to support domestic or regional food producers. In particular, mandatory country-of-origin labeling (COOL) on all foods, which Congress has required on many imported products since 1890, gives consumers a powerful tool.<sup>9</sup> However, sweeping World Trade Organization tribunal rulings led Congress to rescind Farm Bill provisions requiring COOL for beef and pork in 2015. Since then, foreign meatpackers have been allowed to pursue shamefully misleading labeling practices, applying

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<sup>6</sup> "Food security status of U.S. households in 2020", <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3649465/>

<sup>8</sup> See Consumer Federation of America July 6, 2021 comments on Docket No. FDA-2021-N-0336 for "Agency Information Collection Activities; Proposed Collection; Comment Request; Quantitative Research on a Voluntary Symbol Depicting the Nutrient Content Claim 'Healthy' on Packaged Foods." available at: <https://consumerfed.org/wp-content/uploads/2021/07/CFA-Questions-FDA-Proposals-to-Research-Front-of-Package-Healthy-Icon-7-6-21.pdf>

<sup>9</sup> See *Am. Meat Inst. v. U.S. Dep't of Agric.*, 760 F.3d 18, 23-24 (D.C. Cir. 2014) (citing Tariff Act of 1890, ch. 1244, §6, 26 Stat. 567, 613).

“Product of USA” labels to meat products that are imported from a foreign country and repackaged or otherwise further processed in the United States. The Administration will need to work with Congress and trading partners to fully reinstate COOL for pork and beef, but it can and should take unilateral action now to prohibit the deceptive practice of labeling meat from foreign animals as “Product of USA.”<sup>10</sup>

A final example relates to alcoholic beverage labeling. Unlike all other food and drink, most alcoholic beverages need not disclose ingredients and standard “nutrition facts” on product labeling. In 2003, CFA and other consumer advocates petitioned the Department of Treasury, which regulates most alcoholic beverages, to include these basic facts on alcohol, but we have yet to receive a response explaining the agency’s continued inaction. The Treasury Department has also neglected its statutory duty to update the health warning statement on alcoholic beverages, which dates back to 1988, before the role of alcohol in causing cancer was widely understood. Today, American Cancer Society researchers estimate that alcohol use is the third leading modifiable cancer risk factor in the U.S., ahead of UV radiation exposure.<sup>11</sup> Yet surveys show that less than half of U.S. consumers identify drinking alcohol as a cancer risk factor.<sup>12,13</sup> The Administration should direct the Alcohol and Tobacco Tax and Trade Bureau (TTB) to conduct rulemaking to require basic product information, including ingredients, calories, and percent alcohol by volume, on alcoholic beverages, and it should direct TTB to report to Congress on the need to update the health warning statement required by the Alcoholic Beverage Labeling Act of 1988.

These examples involve three different Departments—HHS, USDA, and Treasury. But they all illustrate instances in which powerful incumbent industries—processed food manufacturers, meatpackers, alcoholic beverage producers—have successfully thwarted commonsense consumer protections in the food system. Other examples abound. An effective national strategy to reduce hunger and diet-related disease must reach across the federal government to bring coherence to our national food policy, which currently caters to a narrow class of interests, at the expense of family farmers, workers, public health, and the environment. Ultimately, the food system can bring together the nation to rally around solutions to our most pressing problems. To create that food system, however, policymakers must empower consumers to make informed decisions.

Thank you for your consideration.

Sincerely,

Thomas Gremillion  
Director of Food Policy  
Consumer Federation of America

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<sup>10</sup> See Consumer Federation of America. Letter

<sup>11</sup> Farhad Islami et al., *Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States*, 68 CA CANCER J. CLIN. 31, 36 (2018), <https://doi.org/10.3322/caac.21440>.

<sup>12</sup> 2019 AICR Cancer Risk Awareness Survey, AM. INST. FOR CANCER RESEARCH, <https://www.aicr.org/assets/can-prevent/docs/2019-Survey.pdf>;

<sup>13</sup> Seidenberg AB, Wiseman KP, Eck RH, Blake KD, Platter HN, Klein WMP. Awareness of Alcohol as a Carcinogen and Support for Alcohol Control Policies. *Am J Prev Med.* 2022;62(2):174-182. doi:10.1016/j.amepre.2021.07.005