



The American Chiropractic Association Council on Nutrition

Our mission is to encourage and promote a more advanced knowledge and use of nutrition in the practice of chiropractic for the maintenance of health and the prevention of disease.

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July 30, 2002

U.S. Department of Agriculture
Food Safety Inspection Service Docket Room
Room 102 Cotton Annex
300 12th Street, S.W.
Washington, Dc 90250-3700

Ref: Docket #02-022N

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FSIS Room 4861
South Agriculture Building
1400 Independence Avenue, WS
Washington, DC 20250

Ref: Docket #02-022N

Comments and Suggestions of the
American Chiropractic Association (ACA) Council on Nutrition

Re: Codex Draft Standards for:

Infant Formula
Guidelines for Vitamin and Mineral Supplements

Dear Esteemed U.S. Delegates to the Codex Alimentarius Commission:

The ACA Council on Nutrition **has** reviewed the Codex Drafts and the U.S. Delegations proposed comments on the drafts for the upcoming 24th Session of the Codex Committee on Nutrition and Foods for Special Dietary **Use**. We are impressed with **your** diligence and efforts made in this endeavor and have the following comments and suggestions for your consideration for inclusion in your recommendations **to** the Committee.

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02-022N-1
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I For the Proposed ~~Draft~~ Guidelines for Vitamin and Mineral Supplements:

A We endorse your suggestions to delete the Preamble and proposed change to 2.1, 3.1.1, 3.2.

1 ~~We agree that~~ consumers should be recognized ~~as~~ being able to self-determine whether they may consider ~~their~~ diet needing supplementation. Consumers should be recognized ~~as~~ being able to evaluate whether they ~~may~~ need supplementation without ~~having to consult~~ professionals. ~~This~~ position supports the ~~U.S.~~ custom of allowing free flow of information in ~~the~~ marketplace without undue regulation.

2 The ~~U.S.~~ suggestions for section 3.2 encourages ongoing research in ~~this~~ field and is preferable to ~~arbitrary~~ limits not yet based upon sound science. The ACA Council on Nutrition strongly supports the ~~use~~ of ~~sound~~ science

B ~~We suggest~~ that section 8.3 include a definition of “biologically active” rather than elimination of the term, so that those jurisdictions that regulate ~~labeling using~~ this term ~~have~~ a standard that is understandable by those in ~~jurisdictions~~ which don’t use a “biologically active” ~~standard~~ of measurement of nutrient value in supplements. We ~~endorse~~ inclusion of ~~your~~ suggestion that the weight of the vitamin or mineral, not ~~the~~ source” be a ~~standard~~ for labeling for those jurisdictions, such as the U.S. that ~~utilize~~ ~~this~~ regulatory approach. ~~The U.S.~~ should not be in the ~~habit~~ of endorsing ~~only~~ its ~~own~~ standards, but should encourage standardized international communication

through **requesting** standardized definitions in International Guidelines.

- C** **We** suggest that section **5.9** be deleted in **its** entirety or **changed** to read:

It is advisable, especially for **those** with special dietary needs, to **consult** with a nutritionist or other health **care** professional licensed **to dispense** nutritional or dietary advice before taking supplements.

1 Many **North** American Jurisdictions and English **Commonwealth** jurisdictions license health **care** providers who **are** neither **medial doctors** nor **licensed** nutritionists **to dispense** nutritional and dietary advice. This includes **Osteopaths, Chiropractors, Naturopaths, and Acupuncturists.**

2 Many other nations **train** and authorize limited health care providers **who are** neither nutritionists **nor** medical doctors **to advise** on **dietary** supplementation. We should respect these nations approaches to health care.

II **Infant** Formulas:

A **We** endorse and support all of **your** recommendations, particularly with **regard** to choline and inositol.

B We support a zero tolerance policy for the inclusion of trans fatty acids in infant **formulas**. **Trans** fatty acids have not been **shown** to have **any** nutritious benefits for **infants** **and may** have deleterious effects **on infant health**, particularly in the long term.

C We support stronger discouragement of the use of infant formulas for infants whose mothers can breast feed. Labeling such as “Infant formula should be used only when breast milk is not available or the mother has life threatening diseases which could be transmitted through breast milk.” should be encouraged by Codex. We also support prohibition of marketing of infant formula to healthy mothers by such practices as “free gifts” of infant formula to new mothers who can breast feed and other methods designed to discourage breastfeeding or encourage formula feeding by mothers who can breastfeed.

D We are concerned that the effect of phytoestrogens in soy products on infant development has not been adequately researched. Hence we recommend that soy based products carry a warning label emphasizing that the effect of soy phytoestrogens on infants is unknown at this time. Or a label on soy based infant formula include advice that milk based formula is preferred except in cases where an infant has shown intolerance to milk be considered by Codex

E We are concerned that the effect of bovine growth and mammary stimulation hormones has not been adequately researched. Although supplemental growth hormone is not detected in cow milk, not all metabolites of growth hormone and not all the effects of such metabolites on milk has been researched. Caution dictates that growth and mammary stimulating hormones not be given to cows producing milk for infant formulas.

III We support the U.S. position that all guidelines be based upon sound science and that the safety of proposed additives to any food be thoroughly tested by rigorous scientific inquiry by the international community before allowed on a list of approved additives. In addition, we support that the criteria for allowing additives be based upon well defined criteria of need, such as

safety of storage and handling and stability of product which **are** rigorously analyzed and developed **by** the scientific method. **Need** for and **safety** of the additive **should** be the priority in developing such **standards**. Establishment of acceptable levels and kinds of scientific evidence is **a** basic preliminary step in this process.

IV We support the **U.S.** position that **maximum** levels of nutrients in supplements **and** special food for **special** populations be determined by the scientific method with **an** emphasis on nutrient-nutrient interaction, dietary intake of **the subject** population, and **safety/risk** assessment.

Thank you for **your** work in this important endeavor.

Respectfully,

Dr. Mitchell Pearce, Director of Research

Dr. Gregory Bates, Director of Legislative Affairs

Section 5.9 We strongly suggest replacing “medical doctor” with “**licensed** health care provider”.

RE: Proposed Draft revised standard for Infant Formula

We have concern that phytoestrogens in soy **may** not be appropriate for infants (0 to 12 months).

There **is** enough controversy that we think **soy** based formula **should** be used only as the last resort if all other formulas fail for the infant.

We would like to see labeling information under section 9.1 or 9.6 **stating** that "soy based formula should only be used when **breastfeeding** and **all** other **types** of **formulas** did not work." **possibly** soy formula should be considered a "special nutritional requirement type food".

Concerns also include:

1. **is** genetically engineered soy **allowed**,
2. **residual** herbicides and **pesticides**,

In Sec. 3.1.2 can the more bioavailable forms of nutrients taken into account. The term "available" is **too** broad when dealing with infant **formula**.

Sec. 3.1.2 (e) we support your **May 17 2000** draft position that trans fats be limited to as low as **possible** under 2%.

Respectfully,

Council on Nutrition - **ACA**