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May 9, 2003

The Honorable Tommy G. Thompson  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Mr. Secretary:

Thank you for your March 21 letter in response to my correspondence on the Joint World Health Organization (WHO)/Food and Agriculture Organization (FAO) Expert Consultation on Diet, Nutrition, and the Prevention of Chronic Diseases. I appreciate learning of all of your activities to combat the obesity epidemic, and I recognize your willingness to pursue solutions to this serious public health problem.

I would like to follow up on one portion of your letter, in which you again criticize the WHO draft report for classifying sugar-containing soft drinks as a “probable” cause of obesity. You wrote:

The first draft of the WHO/FAO report contained conclusions that were inconsistent with the body of the evidence. For example, the expert consultation considered “probable,” the evidence that sugar sweetened soft drinks and juices increase the risk of obesity even though there has been only one longitudinal study that has supported this association. According to the expert consultants’ own criteria, this recommendation should have been considered “insufficient” because only one study supported the association.

I do not understand this response. The criteria used for a “probable” designation in this report were:

Evidence based on epidemiological studies showing fairly consistent associations between exposure and disease, but where there are perceived shortcomings in the available evidence or some evidence to the contrary, which preclude a more definite judgement. Shortcomings in the evidence may be any of the following: insufficient duration of trials (or studies); insufficient trials (or studies) available; inadequate sample

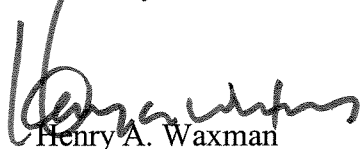
The Honorable Tommy G. Thompson  
May 9, 2003  
Page 2

sizes; incomplete followup. Laboratory evidence is usually supportive. Again, the association should be biologically plausible.<sup>1</sup>

The WHO draft report (as well as the final version) cited three studies in support of the association, including a longitudinal study<sup>2</sup> and a randomized controlled trial.<sup>3</sup> The report also cited additional research on the issue of biologic plausibility.<sup>4</sup> In my previous letter to you, I also cited another paper recently published by experts at the Department of Agriculture.<sup>5</sup>

As I wrote then, the Centers for Disease Control and Prevention, the Surgeon General, and the U.S. Department of Agriculture all advise limiting intake of sugar-sweetened soft drinks. The United States should not take a different position in an international setting on the basis of what appears to be a misunderstanding of the scientific evidence.

Sincerely,



Henry A. Waxman  
Ranking Minority Member

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<sup>1</sup>Joint WHO/FAO Expert Consultation, *Diet, Nutrition, and the Prevention of Chronic Diseases* (Apr. 2003).

<sup>2</sup>David Ludwig, K. Peterson, and Steven Gortmaker, *Relation between Consumption of Sugar-Sweetened Drinks and Childhood Obesity: A Prospective, Observational Analysis*, *Lancet*, 490–1 (Feb. 17, 2001).

<sup>3</sup>M. Tordoff and A. Alleva, *Effect of Drinking Soda Sweetened with Aspartame or High-Fructose Corn Syrup on Food Intake and Body Weight*, *American Journal of Clinical Nutrition*, 963–9 (June 1990).

<sup>4</sup>B. Swinburn et al., *Annex 2: The Scientific Basis for Diet, Nutrition and the Prevention of Excess Weight Gain and Obesity*, 14 (2002).

<sup>5</sup>Economic Research Service, U.S. Department of Agriculture, *Beverage Consumption among US Children and Adolescents* (online at [www.ers.usda.gov/publications/erselsewhere/eejs0221/eejs0221.pdf](http://www.ers.usda.gov/publications/erselsewhere/eejs0221/eejs0221.pdf)) (summary of Steven T. Yen and Biing-Hwan Lin, *Beverage Consumption among US Children and Adolescents: Full-Information and Quasi-Maximum Likelihood Estimation of a Censored System*, *European Review of Agricultural Economics*, 85–103 [2002]).