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ACTION ALERT:

A Troublesome Item in the U.S. Codex draft Position Document

**To: Nancy Crane
Food and Drug Administration
Washington D.C
To nancv.crane@.cfsan.fda.gov**

02-022N
02-022N-137
Cheryl A. Winkelman

Dear Ms. Crane;

It has come to my attention that the U.S. Draft Positions for the Codex Committee on Nutrition and Foods for Special Dietary Uses, **24*** Session, As of July **2002**, the preparatory document for the Codex meeting in Bonn, Germany on November **4-8,2002**, there is a very troublesome item in the agenda item No. 6, Proposed Draft Guidelines for Vitamin and Mineral Supplements (at step **4**). It is a **U.S.** proposed ~~draft~~ position on labeling, **item 5.9**, which states: “We recommend the following revision: **‘All labels should bear a statement that a supplement should be taken on an advice of a nutritionist, a dietician, or a medical doctor’**”

This proposed label ought to be eliminated from any U.S. position paper for substantial reason.

In the General Comments of the **U.S.** Draft Position, it states: “The United States supports consumer choice and access to dietary supplements that are safe and are labeled in a truthful and non-misleading manner”.

To label food supplements in a manner to lead the consumer to believe that one should only depend on the advice of a medical doctor, dietician, or nutritionist to be able to make a choice of nutritional supplementation is a misleading statement for substantive reason.

A supermajority of medical doctors have little or no training, experience, or interest in nutrition or nutritional supplementation. Dieticians and nutritionists are less so, but in far less abundance in the healthcare workplace. The “healthcare” mode of healing and practice is a small subset compared to the “medical care” provider. To make these groups of practitioners gatekeepers for a field, nutritional supplementation, that is not a priority or emphasis of their formal education and training does not make real or logical sense.

Most health practitioners who become advocates of food supplementation do so from developing personal interest in the subject, often after seeing good clinical outcomes with nutritional supplementation in therapeutics.

What is called the “medical model” of nutrition is often different than nutritional intervention from a wider perspective beyond knowledge of biochemistry and physiology, taking into perspective the quality of food on the market, the nature of chemical agriculture, environmental contamination that affects health, the human

constitution, and the expanding incidence of various pathophysiologic predispositions for disease. This is not taught in medical schools or in graduate residency programs. It is knowledge sought out by the motivated, interested healthcare provider.

The above labeling proposal should be eliminated because it is in violation of **U.S.** law, the Dietary Supplement Health and Education Act of 1994, DSHEA, Public Law 103-417, and is in violation of national **U.S.** appeals court case law, *Pearson v. Shalala*, which provide for truthful and non-misleading third party literature and labeled health statements for food supplements. These are the legally provided compensation for the lack of formal education training in nutrition of medical doctors and other healthcare providers. It is these legally provided avenues of education and information provided by the first amendment of the **U.S.** constitution that can eventually motivate the 'learned professions' to include more nutrition in their education and training.

It makes little sense to take up label space to tell people to seek advice of someone with little education on the subject, when the label space may be better utilized by offering science based information about the contents of the product.

We are in an emerging era where people are urged to take responsibility for their health and wellbeing. The effective way to do this in the healthcare arena is to empower people with truthful and non-misleading information on nutrition, health, and disease prevention. This motivates people to the very limits of their personal intellectual and educational capacities to improve their health and lives via nutrition. **An** ounce of prevention is worth ten pounds of "cure". Building better protoplasm from better nutrition is more desirable than more expensive side effects of **drugs**.

Let **us** not harmonize international food and supplement labeling to inadequate labeling. United States law provides the best availability of information. That should be our example and gift to the world. Item **5.9** of the labeling proposal is regressive and misleading and must be amended.

Yours truly,

Cheryl A. Winkelman LMP