

## Michael Greger, MD: Reversing Chronic Disease Through Diet; Addressing the 2015 USDA Dietary Guidelines Committee

Interview by Craig Gustafson

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**Michael Greger, MD**, will be the keynote speaker at the 2014 American Association of Naturopathic Physicians (AANP) Conference scheduled for August 6-9 in Phoenix, Arizona. Dr Greger is a founding member of the American College of Lifestyle Medicine, author, and internationally recognized speaker on nutrition, food safety, and public health issues. He has lectured at the Conference on World Affairs, testified before Congress, appeared on The Dr Oz Show and The Colbert Report, and was invited as an expert witness in the defense of Oprah Winfrey in the infamous “meat defamation” trial. He is a graduate of Cornell University School of Agriculture and Tufts University School of Medicine. Currently Dr Greger serves as the Director of Public Health and Animal Agriculture at The Humane Society of the United States. His nutrition work is available at his nonprofit Web site <http://www.NutritionFacts.org>.

**Integrative Medicine: A Clinician’s Journal (IMCJ):** You had the opportunity to address the USDA 2015 Dietary Guidelines panel in January. What did you try to convey in your remarks?

**Dr Greger:** Every 5 years, they hold a series of public meetings to incorporate feedback from stakeholders. What was nice about this round, for the 2015 guidelines, is that the whole day of testimony was recorded and placed online, so everyone could get a glimpse at the politics behind our federal nutrition recommendations.

All of the major players were there—the Sugar Association, the Salt Institute, National Pork Producers, the Dairy Council—and every round I would tell stories about this little microcosm of corporate interests and the forces that are shaping our food supply, but it does not have the same impact as actually seeing a representative from McDonald’s saying how much they care about children’s health. People are welcome to view the whole thing online. They can see my spiel, and everybody else’s. It was an exciting day.

I talked about some of the progress that had been made in terms of professional associations coming to a better understanding of what the healthiest diets are for people. For example, I touched on the fact that the American Institute for Cancer Research, or AICR, one of the leading cancer charities in the world, had posted an exultatory profile of T. Colin Campbell’s China study, encouraging people to eat a more plant-based diet. That is really exciting coming from AICR, which is considered the most respected body on diet and cancer that exists in the world today. I talked about the landmark paper last year, published in the *Permanente Journal*, the official peer-reviewed publication of our nation’s largest managed care organization, encouraging physicians to promote plant-based eating for their patients to prevent and treat the chronic diseases that are laying waste to our society

Basically, I argued “Look, there is only 1 diet that has ever been shown to reverse our number 1 killer, heart disease, in the majority of patients, and that is a plant-based diet. So should that not be the default diet until proven otherwise?” The fact that it also can reverse other leading killers such as hypertension, diabetes, etc—it just seems to make the case for plant-based eating overwhelming.

I also talked about what I felt were deficiencies in previous guidelines, which were understandable given the political reality of the USDA, one of the lead agencies creating the guidelines. They have this dual mandate—a conflict of interest right in their mission statement—which is to promote American agricultural products. At the same time, they are the same ones we put in charge of protecting the health of the American public in terms of dietary guidelines, meat inspections, etc.

So when it comes to promoting agricultural products, the dietary guidelines have been very clear over the years: Eat more fruits and vegetables. Period. It cannot be more simple or clear than that, but the “eat less” guidelines are clouded and couched in terms of biochemical components. So eat more what? Fruits and vegetables. But then they say,

“Reduce intake of solid fats—major sources of saturated and trans fatty acids.” Of course that is code for eat less junk food, meat, and dairy, but they cannot say that given their inherent conflict of interest. They are supposed to be promoting these products. That was something that came up over and over again throughout the day.

A few people brought up an instance where our taxpayer dollars were involved—this was from a *New York Times* exposé—in getting Domino’s to add more cheese to their pizza, and it was very popular. Here is our government, on one hand saying we should reduce saturated fat and saying on the other hand—the number 1 source of saturated fat in the American diet is cheese—trying to promote cheese sales in the country.

We are hoping that this guidelines committee will be better than previous committees, which were found to have conflicts of interest. In fact, the Physicians Committee for Responsible Medicine sued the USDA to divulge the ties to the food industry among the dietary guidelines committee members, and they found just egregious examples of conflicts of interest. Just some of the funnier things: Guidelines committee members were members of McDonald’s “Global Advisory Council on Healthy Lifestyles,” or Coca-Cola’s “Beverage Institute for Health and Wellness.” Joanna Dwyer, who is on the committee, was the official Duncan Hines Brand Girl, before she was the official Crisco Brand Girl, and then went on to help write our dietary guidelines.

So it is no wonder why the guidelines do not say things like, “Don’t drink soda.” These are, after all, dietary guidelines, right? There are fewer conflicts of interest this year, however, and so we are hoping they will be more objective, and more science-based, because the evidence clearly points to encouraging everyone to eat more whole plant foods.

**IMCJ:** You have talked about the changing language in the guidelines going back to when they were first introduced back in 1980. What was it that you noticed?

**Dr Greger:** In some cases they actually started out with more evidence-based language but it got chipped away over the years, presumably due to industry pressure. Originally, the guidelines started out saying things like “Avoid too much sugar.” That is a nice strong statement but avoidance language does not go over with the industry that is being targeted. So it changed to “Use sugar, but only in moderation.” Then it became “Choose a diet moderate in sugar,” which really kind of implies we should choose a diet with sugar, but we should just choose a diet that is *moderate* in sugar. Then they changed it to a verb, “Choose beverages and foods to moderate your intake of sugars.” Even that was a little too negative, and so in 2005 they just took out a specific sugar guideline at all. It started out as “Avoid sugar,”

which, if you are a dietary guidelines committee, there is no calorie emptier than table sugar. It seems like a no-brainer, but it just disappeared from the guidelines by 2005.

And the same thing with others—it started out as “Avoid too much sodium,” and it ended up as “Choose and prepare foods with little salt.” And, “Choose especially whole grains”—it was a nice strong statement. But interesting, as you see with the latest Dietary Guidelines Committee hearing, the grain industry is actually opposed to whole grains, presumably because whole grains do not have the same kind of shelf life and so you cannot make as much money if you sell whole-grain foods. “Choose whole grains” turned into “Choose carbohydrates wisely for

good health,” which, of course, is not really a guideline at all. It is like saying, “Eat healthy.” The whole point of guidelines is to explain what that means.

In terms of fat, “Avoid too much saturated fat and cholesterol,” but of course that did not go over well with meat and dairy, egg, and junk food industries, and so it turned into “Choose a diet low in saturated fat and cholesterol.” And then even that was too bold, so they just changed to “Choose fat wisely for good health.” Again, that does not tell us anything. Of course, all this time, the American public has gotten fatter and sicker, and so you would think the recommendations, if anything, should have gotten more stringent. Unfortunately, they had been getting



laxer and laxer—although, the 2010 guidelines were a leap in the right direction, and we are hoping the same for 2015.

**IMCJ:** One of your most visible initiatives is founding the Web site, <http://www.NutritionFacts.org>, where you summarize new findings, trends, and current events in the world of nutrition research. Can you share a couple of things that you have pulled recently that are particularly interesting to you?

**Dr Greger:** I post new videos and articles every day on the latest in clinical nutrition. Everything is free. There are no ads, no corporate sponsorship. It is strictly noncommercial—I am not selling anything—in fact, all the proceeds from my books, DVDs, and speaking engagements are all donated to charity. I just put up the Web site as a public service to educate people on making evidence-based decisions on what to feed themselves and their families. Some of the most exciting work—I am biased as a clinician—is on chronic disease reversal. I think there is a sense among most mainstream allopathic doctors that chronic diseases can be only be managed, but not cured—that we can slow down the rate of complications from diabetes, help prevent end organ damage from high blood pressure, put stents in, etc, but that is the best we can do.

But the most exciting change in medicine these days is the twin realization that many of our leading killer chronic diseases are not just the inevitable consequences of aging—that in fact there are populations where many of these chronic diseases simply do not exist, so they can be prevented. Then the second major realization is that they are, in many cases, reversible.

Those kinds of realizations should affect the way doctors should really think about these chronic illnesses. Of course, it also changes the patient-doctor relationship. Before, when medicine was mostly acute care—take a pill to cure your bladder infection, or we will mend your broken bone—the patient was a passive recipient. Now, with the epidemic of chronic diseases, patients really have to be active members of the team, in terms of taking responsibility for their own health. The patient is the one who is really doing the work, and the doctor has more of a guiding coach role.

**IMCJ:** When you address the AANP convention, what are you hoping to get across to attendees?

**Dr Greger:** Every year the CDC compiles the 15 leading causes of death in the United States, and I think I am just going to run through the list, 1 through 15, and talk about the role diet may play in preventing, treating, and even reversing our top 15 killers. I think people will be left with this remarkable sense that we have so much power—that as individuals we have power over these diseases. And as practitioners, we have the power to affect people's lives in such simple, but powerful ways.

So people will hopefully leave with the sense that they have another tool in the clinical toolbox that they may not have been taught about in medical school. Dealing with chronic disease without lifestyle modification is a grim prospect, but when we actually make people better it can help reignite the spark of why we all went to practice medicine in the first place: to heal people.