

November 8, 2005

Secretary Michael Leavitt  
Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201

Dear Secretary Leavitt:

The undersigned scientists, health professionals, and organizations are deeply concerned about the health impact of excessive amounts of salt (sodium chloride) in the American diet and strongly urge your department to take steps to lower sodium consumption.

Over the past several decades, scientific research, much of it sponsored by your department, has proven that customary levels of dietary salt increase the risk of hypertension, heart attacks, and strokes. Expert committees, including some sponsored by your department, have made increasingly specific recommendations to consume less salt. Most recently, the 2005 Dietary Guidelines for Americans advises young adults to limit their daily sodium intake to 2,300 milligrams (mg) and middle-aged and older adults, African Americans, and people with hypertension to limit their intake to 1,500 mg. Despite experts' admonitions over the years, per capita sodium consumption has actually *increased* (according to your department's NHANES surveys) from 2,800 mg in 1976–80 to 3,400 mg in 1999–2000.

In 2003, the National High Blood Pressure Education Program Coordinating Committee, in its JNC 7 report, called for a 50 percent reduction in sodium in the food supply (JAMA. 2003;289:2560-72). In 2004, Claude Lenfant, then the director of the National Heart, Lung, and Blood Institute, and two colleagues dramatized the issue when they estimated that halving sodium levels in packaged and restaurant foods could save *150,000 lives a year*. (Am J Public Health. 2004;94:19-22.)

The scientists have done their job, but government officials have not translated the science into public health actions. The Food and Drug Administration (FDA) has the responsibility to ensure the safety of the food supply, but has done little with regard to salt and sodium. Despite the scientific consensus that current levels of salt consumption are harmful, the FDA considers salt to be "generally recognized as safe" (GRAS). Indeed, an FDA advisory committee back in 1979 concluded that salt consumption should be lowered and that the amount of salt in processed foods restricted. The FDA has implemented the Nutrition Labeling and Education Act, which has required sodium to be listed on food labels since 1994, but even that has not reduced sodium consumption. Clearly, stronger measures are needed to prevent the widespread disease and death that is quietly being caused by salt.

The Center for Science in the Public Interest (CSPI), a consumer-health organization, is petitioning your department, through the Food and Drug Administration, to take actions that would result in lower-salt foods and diets. Those actions include revoking the GRAS status of salt and making salt a food additive, limiting sodium levels in key categories of packaged foods,

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and other measures. Such measures should be accompanied, but not replaced, by an extensive education campaign.

We urge you to review CSPI's petition carefully and take the steps that it proposes. Also, inasmuch as over-consumption of sodium is not the only diet-related health problem, we urge your department to institute additional policies to promote healthy diets.

Sincerely,

## **Organizations**

### **American College of Preventive Medicine**

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### **American Medical Student Association**

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### **American Nurses Association**

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### **American Public Health Association**

*Georges Benjamin, M.D.  
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### **International Society on Hypertension in Blacks**

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## **Individuals**

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***Please respond via:***

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