

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,

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

*Paul Bonta, Associate Director
Policy and Government Affairs
Washington, DC*

American Medical Student Association

*Christopher McCoy, M.D.,
Director Legislative Affairs
Reston, VA*

American Nurses Association

*Ms. Rose Gonzalez
Associate Director
Department of Governmental Affairs
Silver Spring, MD*

American Public Health Association

*Georges Benjamin, M.D.
Executive Director
Washington, DC*

International Society on Hypertension in Blacks

*Mr. Christopher Fitzpatrick, CEO
Atlanta, GA*

Individuals

*R. James Barnard, Ph.D., Professor
Physiological Science Institution
University of California, Los Angeles
Los Angeles, CA*

*Carlos A. Camargo, M.D., Dr.P.H.
Associate Professor of Medicine &
Epidemiology
Harvard Medical School
Boston, MA*

*Oscar A. Carretero, M.D.
Division Head
Hypertension & Vascular Research
Henry Ford Hospital
Detroit, MI*

*Jerome D. Cohen, M.D.
Professor
Internal Medicine (Cardiology)
St. Louis University
St. Louis, MO*

*William E. Connor, M.D., Professor
Endocrinology, Diabetes & Clinical
Nutrition
Oregon Health & Science University
Portland, OR*

*David Egilman, M.D.
Clinical Associate Professor of Medicine
Brown University
Providence, RI*

*Caldwell B. Esselstyn, Jr., M.D.
Preventive Cardiology Consultant
Cleveland Clinic
Cleveland, OH*

*Christopher Gardner, Ph.D.,
Assistant Professor
Stanford Prevention Research Center
Stanford University School of Medicine
Stanford, CA*

*Steve Havas, M.D., M.P.H., M.S., Professor
Department of Epidemiology
University of Maryland Medical School
Baltimore, MD*

*Jiang He, M.D., Ph.D.
Professor of Epidemiology & Medicine
Dept. of Epidemiology
Tulane University School of Public Health
& Tropical Medicine
New Orleans, LA 70112*

*Frank Hu, M.D., M.P.H., Ph.D.
Associate Prof. of Nutrition and
Epidemiology
Harvard School of Public Health
Boston, MA*

*Norman M. Kaplan, M.D.
Clinical Professor of Medicine
Department of Internal Medicine
University of Texas Southwestern Medical
School
Dallas, TX*

*David L. Katz, M.D., M.P.H., F.A.C.P.M.,
F.A.C.P.
Associate Professor of Public Health
Director, Prevention Research Center
Yale University
New Haven, CT*

*Marion Nestle, Ph.D.
Paulette Goddard Professor
Department of Nutrition Food Studies &
Public Health
New York University
New York, NY*

*Frank Sacks, M.D.
Professor
Harvard School of Public Health
Boston, MA*

*Jeremiah Stamler, M.D.
Professor Emeritus
Department of Preventive Medicine
Northwestern University Feinberg School
Of Medicine
Chicago, IL*

*Myron H. Weinberger, M.D., FACP, FACC
Professor of Medicine
Hypertension Research Center
Indiana University School of Medicine
Indianapolis, Indiana*

*Jack Whisnant, M.D.
Professor Emeritus
Department of Neurology
Mayo Clinic College of Medicine
Rochester, MN*

*Jackson T. Wright, Jr., M.D., Ph.D.,
F.A.C.P.
Professor of Medicine
Program Director General Clinical
Research
Center
Director Clinical Hypertension Program
University Hospitals of Cleveland and
Louis Stokes Cleveland VAMC
Cleveland, OH*

Please respond via:

*Michael F. Jacobson, Ph.D.
Center for Science in the Public Interest
1875 Connecticut Ave. NW #300
Washington, DC 20009-5728
mjacobson@cspinet.org*