

June 1, 2005

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

Dear Secretary Leavitt:

The undersigned would like to bring to your attention the serious health concerns caused by the use of palm oil. We are especially concerned that the use of palm oil may increase due to the Food and Drug Administration's (FDA) impending labeling requirement for *trans* fat. We urge instead that the FDA encourage companies to reformulate foods without both partially hydrogenated oil and palm oil.

Most health authorities, supported by most of the medical research on the health effects of different fats, agree that palm oil promotes heart disease. Two meta-analyses have examined the effect of palmitic acid (found in palm oil) on serum cholesterol. In a 1997 study based on 134 clinical studies, British researchers concluded that, compared to carbohydrates, palmitic acid raises blood cholesterol levels.¹ In 2003, Dutch scientists conducted a meta-analysis of 35 clinical studies² and examined what many experts consider the best indicator of heart-disease risk: the ratio of total cholesterol to HDL cholesterol.³ Palmitic acid increased the total:HDL cholesterol ratio more than other saturated fatty acids, including lauric acid and myristic acid, which are abundant in palm kernel oil and coconut oil, the other highly saturated tropical oils.⁴ The same meta-analysis found that palm oil increases the total:HDL cholesterol ratio more than the average U.S. dietary fat (though less than stick margarine, typical vegetable shortening made with partially hydrogenated vegetable oil, and butter). That finding indicates that, in terms of blood cholesterol, palm oil is somewhat more harmful than the average U.S. dietary fat and much more harmful than such liquid oils as olive, soy, and canola.

Authoritative health agencies have also evaluated the healthfulness of palmitic acid and palm oil. The World Health Organization has stated that there is "convincing evidence" that palmitic acid increases the risk of cardiovascular disease.⁵ U.S. health authorities have long encouraged Americans to consume less saturated fat, which is a major constituent of palm and other tropical oils. In 1997, the National Heart, Lung, and Blood Institute warned that: "Saturated fat raises blood cholesterol the most... You are then at risk for having a heart attack or stroke.... A high content of saturated fat can be found in some foods that come from plants such as: palm kernel oil, palm oil, coconut oil, cocoa butter."⁶ Similarly, the National Institute of Diabetes and Digestive and Kidney Diseases stated: "Cut back on foods high in saturated fat or cholesterol, such as meats, butter, dairy products with fat, eggs, shortening, lard, and foods with palm oil or coconut oil."⁷

Fortunately, there are many alternative oils that are more healthful than palm oil — such as soy, canola, and corn oil and high-oleic sunflower or canola oil or low-linolenic soybean oil. If it is absolutely necessary, for technical or cost reasons, for a company to use the harder, more-saturated fats — especially palm, partially hydrogenated soy, or butter — the amount should be minimized by using less of those fats and mixing it with more-healthful oils.

We urge that HHS and the FDA immediately encourage food processors and restaurants that wish to avoid using partially hydrogenated oil to switch, not to palm oil (and other saturated fats),

but to the most healthful oils possible. Furthermore, because oil palm plantations often cause severe environmental harm, HHS and FDA should encourage companies to use only palm oil that has been certified by a third party as having been produced in environmentally sound ways.

Thank you for your interest in this matter.

Sincerely,

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Notes

1. Clarke R, Frost C, Collins R, et al. Dietary lipids and blood cholesterol: quantitative meta-analysis of metabolic ward studies. *Brit Med J*. 1997;314:112–7.
2. Mensink RP, Zock PL, Kester ADM, et al. Effects of dietary fatty acids and carbohydrates on the ratio of serum total to HDL cholesterol and on serum lipids and apolipoproteins: a meta-analysis of 60 controlled studies. *Am J Clin Nutr*. 2003;77:1146-55.
3. Institute of Medicine, National Academies. *Dietary Reference Intakes: Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients)*. Washington, DC: National Academies Press, 2002. P. 11-7.
4. Mensink RP, Zock PL, Kester ADM, et al., op cit.
5. World Health Organization. *Diet, Nutrition and the Prevention of Chronic Diseases*. WHO Tech. Rep. Series 916. (Geneva: 2003). P.88
6. National Heart, Lung, and Blood Institute, National Institutes of Health. *Be Heart Smart! Eat Foods Lower in Saturated Fats and Cholesterol*. NIH Publication No. 97-4064. 1997. www.nhlbi.nih.gov/health/public/heart/other/chdblack/smart.pdf (accessed Dec. 15, 2004).
7. National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. *Prevent Diabetes Problems: Keep Your Heart and Blood Vessels Healthy*. NIH Publication No. 03–4283. 2003. http://diabetes.niddk.nih.gov/dm/pubs/complications_heart/heart.pdf (accessed Dec. 15, 2004)