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Our Ref : 0321-07/05
7 July 2005

Secretary Michael Leavitt
U.S. Department of Health & Human Services (US. HHS)
200 Independence Ave. SW
Washington, DC 20201

Dear Secretary Leavitt,

We refer to the misleading accusations and unjustified statements made on palm oil by the American Centre for Science in the Public Interest that (CSPI) in their letter to the US Department of Health & Human Services dated June 02, 2005 and the ridiculous statements on palm oil and health in their report entitled *"Cruel Oil: How Palm Oil harms Health, Rainforest & Wildlife"*. This is most unfortunate on the part of CSPI ; it is therefore our intention here to set the record straight and correct the misinformation.

2. To us, this move by CSPI appears rather perplexing. CSPI being a reputable consumer organization that has been championing science thus far, has resorted to joining other self-interest groups to smear and distribute misinformation specifically targetted at palm oil.

3. In this connection, the following points are worth highlighting in order to correct the misinformation and misleading accusations.

i. It should be duly noted that there are more than 142 nutritional studies evaluating palm oil and its components, mostly conducted by the American,

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European and Australian institutions of high repute. These human studies that have evaluated palm oil and its constituents document a clear scientific observation: when palm oil is incorporated into the daily human diet where the fats are consumed at World Health Organisation (WHO) recommended levels, palm oil does not increase the total blood cholesterol or the 'bad' LDL-cholesterol levels[1]. Hence, a palm oil rich diet does not constitute a risk for coronary heart disease and is not deleterious to human health.

ii. Palm oil is essentially rich in both the saturated palmitic (45%) and monounsaturated oleic acid (40%). In the latest authoritative review of saturated fats published in the highly regarded American Journal of Clinical Nutrition (Sept 2004), palm oil is regarded as palmitic-oleic rich oil and not as solely palmitic acid rich oil as repeatedly mentioned by CSPI. This natural combination of palmitic acid and oleic acid in the palm oil makes palm oil a neutral fat in relation to cholesterol metabolism and regulation[2].

iii. The campaign against palm oil conveniently ignores these facts and focus on highlighting the effects of palmitic acid as an isolated saturated fatty acid that increases blood cholesterol levels. Human diets are not based on individual fatty acids but on a complex mixture of fats and all classes of fatty acids. For example, in the American diet, palmitic acid is the major saturated fatty acid, but it is not sourced from palm oil but from red meat, pork, poultry, and dairy fat and processed foods. Palm oil in the American diet constitute to less than 2% of the total daily energy intake. The reduction of saturated fat intake in the American diet therefore should target primarily at the above-mentioned sources rather than palm oil.

4. Further, we take particular note of several points that were raised by CSPI and would offer the following facts and comments :

i. The statements made by CSPI in the 4th paragraph of the letter which states, *"Already, heart diseases kills millions of people annually in China and India. Researchers estimate that in 2030 in China, half of the projected 9 million deaths from heart disease will occur among people in their prime working years, age 35 to 64. India and China also are the world's two biggest importers of palm oil; both more than doubled their imports between 1997 and 2001".* These statements are ridiculous and deliberately written without any scientific basis. If we were to concur with such erroneous argument, then what could we conclude from populations such as Malaysia, Indonesia, Papua New Guinea and Nigeria where palm oil is the major if not the sole source of visible fats in their daily diets and yet these populations have one of the lowest heart disease

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rates in the world! The Americans are one of the lowest palm oil users in the world and yet they have one of the highest heart disease rates!

Even ordinary folks know that promoting healthy eating habits (balanced, moderation and variety) and lifestyle including regular exercise, non-smoking and less stressful life are the most effective preventive strategies that would reduce the incidence of heart diseases.

ii. The statement found in the last sentence of the 4th paragraph of the letter stating that, "*Reducing consumption of palm oil. As was done in Mauritius, would be a good way to start addressing that crisis.*" and in the text box found in page 3 of the Cruel Oil Report are based on a study conducted by Dr. Uusitalo and his co-workers in 1996[3]. This study has several obvious flaws in the research design as well as in interpretation of the results[4]. It was erroneous for the researchers to conclude that there was an intervention effect of switching one oil for another when the study design itself did not take into account the confounding factors including the changes in lifestyle, food habits, and health knowledge during the intervention period. The researchers made an assumption that these factors did not change. This assumption is absurd as they even mentioned in the Introduction section of their paper that the government of Mauritius launched a non-communicable disease intervention programme during the years 1987 to 1992! In addition to this, the researchers did not follow up and measure the same cohort groups, rather the changes were measured on different groups of people at different time frames Therefore, the conclusions made by the researchers that the blood cholesterol level reduction was achieved largely by a government-led effort of switching the main source of cooking oil from palm to soybean oil was obviously incorrect and misleading!

These errors could further be confirmed if one were to analyze the oils and fats consumption in Mauritius from 1987 to 1992 (Figure attached). The FAO Food Balance Sheet of Mauritius from 1987 – 1992 showed that palm oil made up about 6 % of the total vegetable oils intake whereas soybean oil made up 83 %! Such insignificant amount of palm oil consumed by Mauritian population would definitely not have any effect on their blood cholesterol levels! A high proportion of the soybean oil was hydrogenated to produce vanaspati, which contained trans fatty acids. If a conclusion has to be made, it is likely the trans fatty acids from the hydrogenated soybean oil which gave the adverse effects in the Mauritius study.

iii. The scientific arguments that CSPI used (see page 3 of the Report and 2nd paragraph of the letter) were based on two meta-analyses of clinical studies

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which examined the effect of palmitic acid (found in palm oil as well as in animal fats) on serum cholesterol level[5,6]. Meta-analyses could provide general insights on the effects of various types of fatty acids on cardiovascular health risk. However, meta-analyses have severe limitations. The major error made in both the meta-analyses quoted is that the studies they included in their analysis were conducted under experimental conditions which are different to what a normal person faced daily. The studies conducted on palmitic acid consisted of mostly elderly persons who had abnormally high blood cholesterol levels and were consuming high amounts of fats and cholesterol in their foods. Some of the studies even include persons who are in stressful hospital ward environment using liquid formulas which are considered as unnatural form of dietary intervention. Clearly, these meta-analyses only showed that under such highly compromised experimental conditions, the subjects on high palmitic-acid diets had difficulty in clearing their circulating 'bad' LDL cholesterol and thus showed raised blood cholesterol and total:HDL ratios.

5. If we care for the livelihood of the masses of the world, palm oil has provided a competitively priced and nutritionally wholesome source of energy to the diets of millions of people around the world, particularly to the poor and the very poor, and the ensuing undernutrition.

6. It is clear that CSPI has attempted to tamper with scientific evidence for reasons best known to them. We are sure that the Department of HHS would view these issues in a proper perspective and would not react unfairly to palm oil.

Thank you.

Yours sincerely,

Datuk Haron Siraj
Chief Executive Officer
Malaysian Palm Oil Promotion Council

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Reference:

1. Sundram, K. (2004). "Effects of palm oil on plasma lipids and lipoproteins." Lipid Technology **16**(3): 55-9.

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3. Uusitalo, U., E. J. M. Feskens, et al. (1996). "Fall in cholesterol concentration over 5 years in association with changes in fatty acid composition of cooking oil in Mauritius: cross sectional survey." Br. Med. J. **313**(7064): 1044-6.

4. Chandrasekharan, N. and K. Sundram (1997). "Fall in cholesterol after changes in composition of cooking oil in Mauritius." Br. Med. J. **314**: 516-8.

5. Mensink, R. P., P. L. Zock, et al. (2003). "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 trials[1-3]." Am. J.Clin.Nutr **77**: 1146-1155.

6. Clarke, R., C. Frost, et al. (1997). "Dietary lipids and blood cholesterol: quantitative meta-analysis of metabolic ward studies." Br. Med. J. **314**(7074): 112-7.

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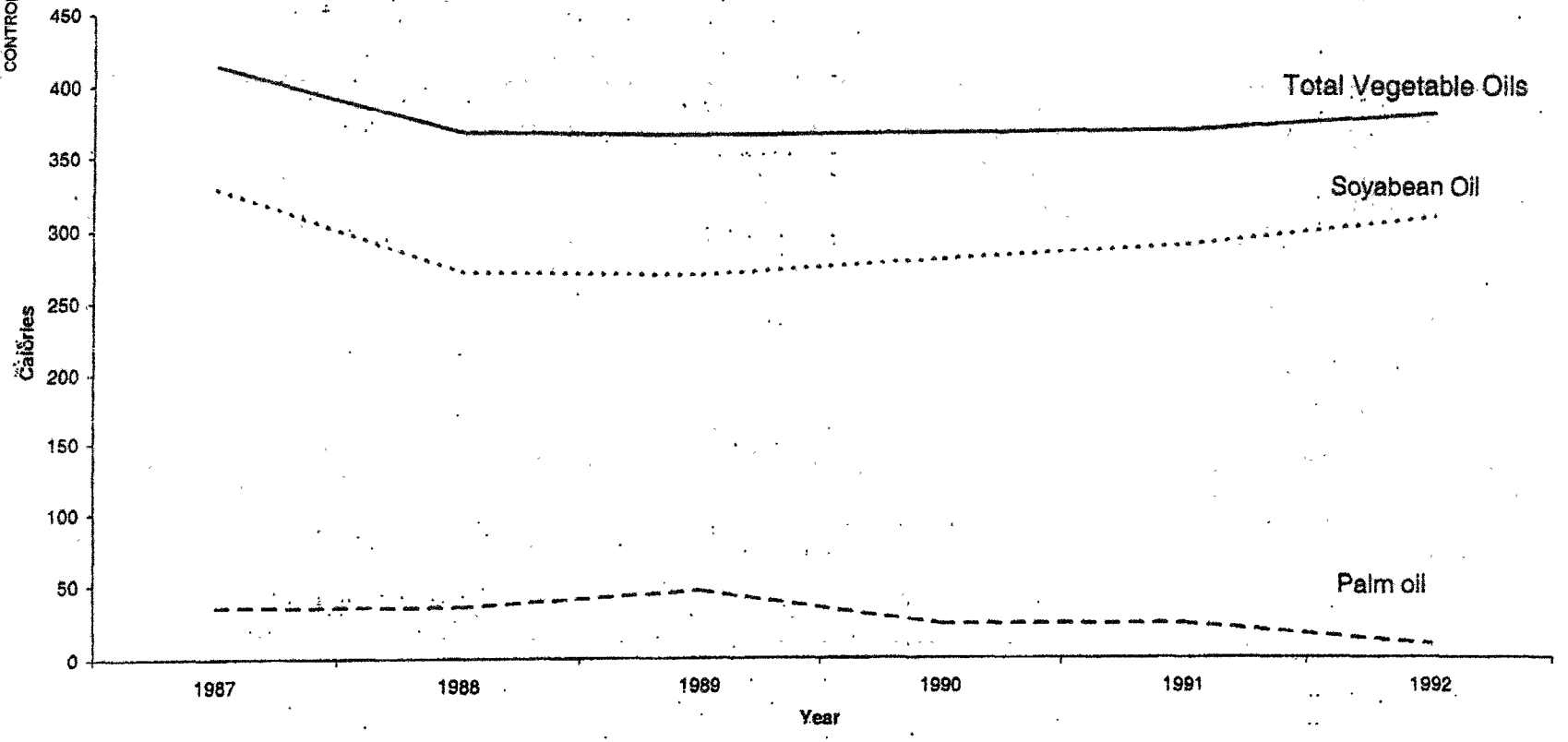
Total Calories Intake Per Day From Vegetable Oils



Source:
Food Balance Sheet. FAO Statistics Database. Food and Agriculture Organization of the United Nations. http:// apps.fao.org/