

Palm Oil - An American Dietitian's Perspective *

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When I learned I'd be speaking at the Participant's Conference, I got a little worried. What could I say that would be of interest to the other participants?

Most of you are very familiar with the technical aspects of how palm oil is used in the food industry. That's a subject about which I know little. Many of you know about the economics of food commodities, — again, something about which I'm ignorant. And on it went, down a whole list of possible subjects.

But it occurred to me the story of palm oil in the United States could be a subject of very great interest..... not from the standpoint of consumption, purchase or any of the large processing or economic issues. But palm oil as it is regarded by the scientific and health communities of the United States; palm oil as it's affected by the American media and perceived by the public; palm oil as an American political issue; and the future of palm oil in the United States.

And I'd like to describe this story as a nutritionist and dietitian involved in health issues; one who works with other health professionals, the general public, and patients on therapeutic diets.

Palm oil usage in the United States has become a health issue. (Many people believe it is in fact an economic issue, masquerading as a health issue, but we'll get into that later). I find the evolution of this issue fascinating.

Because it shows, how in my country — and I would guess it's the case in most of your countries too — the one who shouts the loudest and longest eventually gets his side heard. It's the story of egos in our medical research

and health communities, and the never ending search in those fields for funding and grants. It's a story of the power of the media here. The search for a convenient whipping boy, when one by one, the dietary villains accused of causing our number one killer, heart disease, are being found innocent.

Let me back up a bit. As you may know, in the United States, heart disease is our most serious health problem. The American diet has been singled out as a risk factor that contributes to heart disease. Our diet can be considered flawed in several important regards, but in particular our high fat, high sodium, high calorie intakes have been pinpointed as risky.

Recently, palm oil has been singled out as a component of our high fat diet, that is to be avoided as a way of reducing heart disease risk. In that respect, I and many others in the American health community feel it has been quite unfairly treated. (I believe this situation is going to change, and I'll tell you how and why in a minute).

But it has not been the only such case. In the very recent past, Americans had been warned in very certain terms, to avoid meats such as beef, pork, lamb; shrimp, lobster, and other seafood; eggs; or products containing butterfat. (Thirty years ago, we were advised not to eat pasta, potatoes or bread, but the more beef the better, so you see how quickly our public health advice can change.)

Now the major fatty acid in beef fat — stearic acid which is a saturated fatty acid — has been found not to increase blood cholesterol levels. In fact it seems to lower total cholesterol as well as LDL, while HDL remains the same. Interestingly, this same information has been demonstrated a number of times over the past dozen or so years. This year, however, the study results appealed to the fancy of reporters in the popular press. The findings vindicating stearic acid, and by inference, beef, received widespread publicity.

The pork industry has mounted an extensive

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and expensive public relations campaign to convince health workers and the general public that pork is a lean meat, in fact a "white meat" in the same category as chicken. Food writers, food service managers, dietitians, and other opinion makers receive promotional materials boosting pork. Now that information is filtering down to the public at large, and the status of pork is much improved.

Seafood is now considered heart-healthy due its content of omega 3 fatty acids, the current darling of the "healthy heart community". But only a short time ago, seafood was proscribed since some (but not all) types contained rather large amounts of cholesterol.

Eggs were one of the first foods to be blamed for our problems with heart disease. Yet there is very little evidence to show eggs are dangerous to the majority of Americans. But policy makers have persisted in advising us not to eat them. The egg industry has fought this advice with a public relations and research effort. It's only over the last year or so that calmer, more reasoned voices in the health field have been heard, suggesting the dangers of eggs have been exaggerated.

But this left very little else in the way of food, on which to place the blame for our American difficulties with heart disease.

About this same time, growers of some American oilseeds began to feel threatened by international market forces beyond their control. Aided by legislators from farm states, they mounted a strong campaign to destroy the reputation of tropical oils, upcoming competitors in foreign markets. Their timing was very good, because the American public had been scolded for eating the wrong foods, but now there weren't too many "wrong" foods left onto which to pin the blame.

Palm and coconut oils were the ideal fallguys. They were not local crops, so there was no voting constituency to defend them. Nor would there be state grants to agricultural colleges to do research in their defense. There was no romantic legend (such as beef and the American cowboy) to appeal to the American public. And most people had no particular feeling for these oils, since they were always incorporated into foods and were essentially invisible.

Health educators, nutritionists, and people in the media were now under some pressure. Americans were clamoring for dietary advice (advice they are, incidentally, unlikely to follow). They had been told to eat differently to reduce risk of heart disease, and now they wanted to know exactly how. Health writers, *etc.* had to oblige with some sort of instructions. But since there was not too much interesting, new, or certain in the way of dietary advice to offer, in the void, tropical oils took on exaggerated importance.

Other factors arising at this time, were the approval of serum cholesterol lowering medications, and the development of inexpensive blood cholesterol screening instruments. It is in the interests of these large commercial ventures, to keep the cholesterol issue as much before the public as possible.

In all of these recent developments, there is a great deal of irony, inconsistency, even illogic.

Take for example, the incidence of heart disease. Certainly coronary deaths are a major problem, and still our greatest killer. However, death rates from heart and artery related diseases have fallen markedly over the past 20 years. This decrease took place as palm oil came into use in this country.

To be honest, though, one would be hard pressed to correlate this decrease with increased palm oil usage. That's because palm oil makes up only a minute proportion of the American diet.

On the other hand, advice given through the 1960's and 70's to consume up to 500 calories daily of polyunsaturated oil, has quietly changed. New advice is to get around 10% of calories from polyunsaturated oils. Some scientists are still concerned about this recommendation, since polyunsaturated oils tend to lower HDL as they lower total cholesterol. Polyunsaturated oils also have been associated with increased cancer risk. However, in this country with it's high production of these oils, and it's large industrial production of oil-based margarines, it is unlikely the public will hear of the negative aspects of polyunsaturated oils.

Of course, when oils are used in processed foods, they are often hydrogenated to a solid

state. Trans fatty acids are formed in the process. These hydrogenated oils are certainly no better than the naturally harder fats which need only minimal hydrogenation. Yet, there is a move afoot to warn consumers about the presence of tropical oils in foods, with a warning on food labels. Polyunsaturated oils that have been hydrogenated to hardness would not need to carry a similar warning, according to the backers of this regulation. Many people see this as unfair, discriminatory and not helpful to consumers.

The ultimate irony is that American shoppers, despite their insistence on greater information in general on food labels, usually don't read them. When they do read labels, they don't understand them.

Up until a few years ago, most Americans had never heard of palm oil. Now, due to recent publicity, they know the name. But my impression is, few people look for its presence or absence in the foods they buy.

What's in store for palm oil in the United States? Of course, that's hard for a person with my vantage point to predict. But I am optimistic. I think the unjustifiably negative focus on palm oil here, may well backfire.

The public is confused and upset over the constantly changing dietary advice they get. They are beginning to question, and rightfully so, the logic of what they read and hear. In this time period of new research, new developments, nutritionists, doctors, dietitians are becoming fed up with dogmatic diet approaches that are difficult and disruptive. Let me give you some specifics.

1. Many medical and nutritional researchers in the field of heart disease, do not approve the direction of recent developments. They are still not in agreement on the role of diet and dietary components, in the etiology of heart disease. These researchers, many of whom are of very high stature in the cardiovascular or nutrition fields, have been quietly publishing conflicting work, arguing the merits of various dietary changes, voicing their objections to current advice. Their vehicles have been scientific publications and professional forums.

They are open-minded and moderate.

They tend to view cardiovascular risk and diet in terms of the total diet picture – not individual components – and total lifestyle. This means there can be many “right” ways of eating and many healthful ways of living.

But open mindedness and moderation do not always make good press for the general public. And the mass media has more or less been dominated by the opinions of those most strident, most rigid, and most subjective. These are people who tend to have little tolerance for eating or lifestyle habits different from their own vision. They also tend to reject out of hand, new findings that might show their strong opinions faulty.

It's my feeling that the more moderate, open-minded scientists are losing patience. I feel they are tired of being shut out of the popular press, that their opinions or research is not being given due consideration, or for that matter, funding.

Medical researchers in other fields have begun to realize the importance of the nonscientific press, and are becoming more knowledgeable about how to use it. I believe that the more moderate, open-minded nutritional scientists and researchers will also now make a concerted effort to reach a larger audience with their research and ideas.

2. There is also resentment that new directions of heart/diet research are being stifled, or results not properly disseminated. The most vocal advocates of dietary change tend to give the impression that diet/heart relationships are now clear and final. That cuts off the search for new information. It cuts off interest in findings that do not conveniently relate to their theory. For example, considerable work has been done associating copper deficiency (due to our highly refined diet) with coronary artery disease. This work receives little publicity or recognition, perhaps because it is of no benefit to any particular industry. Certainly, because it has little to do with dietary fats.

This is annoying, because it's quite clear that many answers to the diet-heart disease

question are not yet in. Recent information overturning old ideas about monounsaturates, and about omega 3 fatty acids, make it dramatically clear that the old theories are vulnerable to change.

3. There still exists a genuine curiosity, and desire to get to the bottom of the heart disease question. As research continues, it is becoming clearer and clearer that the process and pathology of atherosclerosis is extremely complex. In view of this complexity, simplistic dietary solutions seem quite out of place.
4. The Food and Drug Administration, the United States Agency that regulates and enforces food labeling requirements, has been reluctant to change labels in a way that would discriminate against tropical oils. This, despite great pressure from domestic oil producers, and their government representatives. The FDA's refusal to not go along, indicates officials in the agency seriously question the validity of the claims against tropical oils.
5. At the level of nutritionists such as myself, there is less tendency to simply accept "what the doctor says" unquestioningly. We have been caught in the middle over the last few years, instructing the public in ways to eat that were later found wrong. It's embarrassing and demoralizing. We nutritionists and dietitians are developing a new pride in our profession, and are developing more confidence in our ability to think independently and clearly.

This was demonstrated to me recently. A newsletter, written by dietitians and nutritionists, and whose prime audience is the same, recently reported that in a

recent study palm oil rich diets raised blood cholesterol. **Their facts were erroneous**; the palm oil diet lowered blood cholesterol by 10%. I wrote to them, and this month they will publish a retraction. Some years ago, this would not have happened; dietitians then were too unwilling to go against prevailing opinion.

6. Because palm oil is not an American crop, there was never too much interest in investigating it. The tendency was simply to go along with certain theoretical assumptions that saturated fats were undesirable. These assumptions were shown wrong in the case of stearic acid. So have other of the diet-heart assumptions of the past. And, research studies undertaken by PORIM also have done much to show the wholesomeness of palm oil.

So now there is increased interest in researching the effects of palm oil. I have learned that currently 23 international projects on this subject are in progress. They will give a clearer, unbiased picture of the clinical effects of palm oil. There is obviously much to learn. Does palm oil have anti-clotting characteristics, as some studies have shown? What are the effects of tocotrienols – substances rarely present in other oils – and are they protective? The possibilities are intriguing. What effects do beta-carotene and other substances present in minimally processed palm oil, have on heart health, as well as other killer illnesses?

These are only some of the areas of investigation. Hopefully the answers to these questions will be available soon. And hopefully, these answers will provide valuable information to help us Americans in our fight against chronic disease.