

Trans-Foolish

By ACSH Staff — September 26, 2002

This piece appeared *in the* [\[1\]New York Post](#) ^[1],

New York City's Board of Health has voted to virtually ban trans fatty acids (TFAs) in local restaurants. The move is profoundly misguided: It won't make New Yorkers healthier, and may even contribute to the toll of premature death by diverting our attention from the real causes of heart disease.

Simply put, claims about the health risks of TFAs are grossly exaggerated, with recommendations to avoid them having as little scientific basis as saying all of us should purge every grain of salt from our diets.

Yes, high levels of dietary trans fats, derived primarily from partially hydrogenated vegetable oils, can raise levels of LDL, the so-called "bad" cholesterol. But TFAs are only one of several dietary factors that affect blood cholesterol levels.

More important, cholesterol is only one of several factors that may influence the risk of heart disease. Cigarette smoking, high blood pressure, diabetes and obesity all contribute far more to heart disease than any specific dietary ingredient.

Any practicing physician who has treated patients with elevated cholesterol levels will tell you that even the strictest low-fat diets often result only in modest cholesterol reduction. So how could we expect significant effects from banishing just one type of fat -- one that represents only 2% of our total daily calorie intake, and which doesn't contribute more calories than other types of fat?

(For individuals with unhealthy cholesterol levels, the general recommendations are clear: They should choose polyunsaturated or monounsaturated fats -- and limit saturated fats or TFAs. And they need to discuss with their physicians the option of cholesterol-lowering drugs.)

Given the scientific facts, why the uproar -- and now, the regulatory teeth -- over TFAs?

Well, in this new age of public health, authorities are using regulation to try to curb chronic diseases such as heart ailments, diabetes and cancer -- much the way they did decades ago to wipe out infectious disease by mandating inoculations, chlorinating water and making such diseases reportable to the government.

The problem is that chronic diseases are primarily linked to lifestyle factors -- and government intervention into people's lifestyles is not only intrusive, it simply won't work.

That is, the Board of Health is acting as if TFAs were an imminent health threat -- like E.coli in spinach. They're not.

Second, as the hyperbole about TFAs has escalated -- *New York Times* columnist Nicholas Kristof

recently claimed, absurdly, that TFAs in Girl Scout cookies have killed more Americans than al Qaeda -- physicians and scientists have largely remained mute on the topic. Silence is interpreted as agreement -- and the momentum for bans builds.

Third, the food industry has turned the fear of TFAs into a brilliant marketing strategy -- trumpeting the "No Trans Fats" claim on labels. Unsuspecting customers will conclude the products are healthier -- and maybe even think they are reduced in calories -- when in fact there are no health benefits. In fact, all fats, saturated or not, contain 9 calories per gram. There are no caloric savings from replacing TFAs with other fats.

To truly appreciate the hysteria here, consider: What will replace the allegedly malicious TFAs?

In the late 1980s, the "food police" at the Ralph Nader-inspired Center for Science in the Public Interest fomented a frenzy about the beef tallow that fast-food restaurants used to fry potatoes because it contains cholesterol-raising saturated fats -- and demanded that they stop it. And what did CSPI recommend to take its place? Partially hydrogenated vegetable oils with TFAs. Now the wheel has turned and CSPI is shamelessly "outraged" over trans fats.

The Board of Health seems to have lost perspective on the important threats to New Yorkers' health: smoking, obesity, excessive alcohol use and more. And if we ban trans fats, we move one step closer to endorsing the principle that government should determine what we eat and how we should live -- even when the data are skimpy and the expected benefits nonexistent.

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