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Divisions of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm 1061
Rockville MD 20852

To the Committee:

The Center for Objective Health Policy opposes the proposed effort by the Food and Drug Administration (FDA) and Food Safety and Inspection Service (FSIS) to develop policies to “promote reduction of excess sodium intake.”

Most medical researchers do believe that there is at least *some* connection between the amount of sodium in a person’s diet and his or her overall health. (That connection usually involves one particular condition: hypertension.) However, it does not follow that the government therefore ought to be engaged in a campaign to reduce sodium intake, or that by imposing controls on the manufacture of food it could even achieve this goal if it tried.

Individual choice of diet is a personal matter, not something to be taken up by the government as a “public health” concern. The fact that some foods may lead to higher healthcare costs, and that those costs are borne by taxpayers is an argument *against* the existence of health-related entitlement programs such as Medicaid and Medicare, not an argument *for* government-imposed dietary protocols.

As a practical matter, it is impossible with a single set of guidelines to define objectively what would constitute an “excessive” level of sodium for all Americans—yet all Americans would feel the effect of such controls. A one-size-fits-all approach to governing the manufacture of an ordinary and naturally-occurring ingredient such as sodium assumes consumer uniformity, when in fact some people benefit from taking in significantly more or less sodium than others.

A likely unintended consequence of a policy, should the government proceed, would be that many consumers would add salt back into their food on their own. This would be done in a way that is almost certain to be economically wasteful and inconvenient. What would the FDA and FSIS propose to counteract such a natural consumer response—ration the purchase of table salt at the retail level? Add an expensive and intrusive monitoring program, as with the program that oversees the sale of pseudoephedrine?

Finally, the request for public comment states that “continued input and support from industry and other stakeholders are important to support further progress on this significant public health issue.” It would be particularly unscrupulous on the part of the

government if this process were to lead to the granting of special payouts and protections to food manufacturers in exchange for complying with new protocols.

Already in this country we have a situation in which sugar producers—for reasons not relating to health—are guaranteed high prices and protection against cheaper foreign competitors. This hurts American consumers and further politicizes the economy. Is the government prepared to protect the taxpayer when salt miners and salt distributors plea for subsidies to counteract the decrease in demand for their product?

Food manufacturers should be free to produce the foods that they deem most competitive in the marketplace, and consumers should be free to purchase them if they choose. The FDA—if it is to serve any legitimate purpose—should instead focus on rooting out fraud and misrepresentation in food manufacturing or food labeling.

Thank you,

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