

XVI. CONFRONTING AN OBESITY CRISIS

Preach not to others what they should eat, but eat as becomes you, and be silent. Epictetus (55 AD–135 AD) Greek-born, Roman slave—Stoic philosopher.

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Never eat more than you can lift.

Miss Piggy (~1980) Puppet personality.



“Obesity is the fastest growing disease in America,” stated America’s former Health and Human Services (HHS) Secretary, Tommy Thompson. In the 2007 National Health & Nutrition Examination Survey, thirty-three percent of Americans were found to be clinically obese, seventy-two million obese Americans, with sixty-five percent of Americans ages 20–74 seriously overweight. *U. S. News and World Report* has stated: “We’re now the heaviest population in the history of the world.”

At fifteen percent, the current proportion of children in America who are obese has almost tripled since 1980. The seriousness is furthermore confirmed by studies supporting that a large number of overweight toddlers and children, who are obese during puberty, are in greater danger of growing up to be overweight and obese adults, and to remain so for their whole life. Compounding the problem, a 27-year term U.S. National Institutes of Health study involving over ten thousand men and women also determined that middle-age obesity and overweight greatly increased the possibility of dementia in elderly. In the study, overweight and obese women were even more at risk than overweight and obese men (see *British Medical Journal*: www.BMJ.com, 04/05; for details.) Dr. Walter Willett, professor of epidemiology and nutrition at the Harvard School of Public Health, also warns that there is a thirty-year lag in the diseases’ actual human and financial costs. More immediately, obesity, with its associated diseases, could become the leading cause of death in the United States as early as 2008.

Feeling helpless in their efforts to control their diets, many teenagers and adults have begun to take radical measures. An increasing number of people turn to diet boot camps, and drugs (*Meridia*) or herbs (ephedra),

deemed dangerous. Today, “bariatrics,” the medical specialty concerned with obesity, is flourishing. In desperation, some patients choose drastic and sometimes risky surgery like liposuction or a ninety-percent surgical reduction of their stomach size* as solutions. Others attempt to limit their bite-size with unproven removable dental devices.

Recently, drugs to limit the normal cellular blood supply in normal fat tissue have assisted in reducing obesity in laboratory mice (see study on cancer drug *Avastin* by Genentech, Inc.)² In humans however, as previously suggested, any successful diet must be nutritionally based (also see Appendix: *Nutritional Common Sense Diet+*TM.) By limiting actual *physical* absorption, bariatric surgical procedures could also serve to concurrently intensify the body’s unconscious, tenacious, biochemical instinct for achieving adequate *nutritional* nourishment. Thus, extensive surgical extremes, exotic medications or temporary exercise-only options, may prove to have limited long-term success rates, without subsequent use of intelligent nutritional applications and active health education.

If, as American Obesity Association president, Richard Atkinson said, “obesity is the most prevalent, fatal, chronic disease of the 21st century,” a societal response is also needed. The relative value of all practical proposals with proactive promise against this obesity epidemic calls for further careful assessment. Since April 2002, the IRS has granted medical deductions for certain qualifying diagnosed-obese patients and has granted such patients further tax deductions for physician- or hospital-based weight loss and nutrition treatments.**

A Congressional bill seeks to extend such deductions to also include regular health clubs and fitness centers. A significant tax benefit for physically oriented community service and ‘volunteer’ work would be an even more socially useful tax incentive.*** Medicare will now likely also be approving some new “life-style” benefits for patients known to have risky heart problems.

Obesity is not solely an American concern. Obesity author, Ellen Ruppel Shell states: “Half the adult populations of England, Brazil, Chile,

*Currently costing as much as \$30,000, some forms of bariatric surgery are irreversible and have had a 1 in 100 mortality rate. Within certain qualifications, health insurance coverage for such “gastric bypass” or “lapband” procedures has also been presently expanding in most states.

**Deductions for uncompensated expenses are allowed in obesity-treatment of an individual, spouse and or dependents if the cost is more than 7.5 percent of “adjusted gross income.” Liposuction and certain healthclub categories are understandably excluded; for egalitarian, social equity however, the 7.5 percent threshold should probably be lowered.

Paraguay, Finland and Russia are overweight or obese. In China, obesity increased six-fold in the final decade of the 20th century. On some islands in the South Pacific as many as three-quarters of adults are dangerously obese. And adults are not the only victims. In Britain, youth obesity rates have soared by 70% in a single decade.”¹ In recognition of the problem, the World Health Organization (WHO) has recently coined the term “globesity.” While it may not have easy solutions the many complex variables of this worldwide epidemic cannot be further ignored.

In America, obesity alone already accounts for a ninety-three billion-dollar annual personal health-care spending increase. Dr. Richard Carmona, U.S. Surgeon General, told the U.S. Senate that last year the overall cost of obesity alone was \$117 billion dollars and that it took 300,000 American lives. Former HHS Secretary Thompson is forthright when he recently stated: “If we’re really interested in holding down medical costs and improving the health of citizens, we have to do something about obesity.” Like so many others, the urgent prevailing call is for patient education and health literacy. Along with an enlightened self-reliance, the general public will also require additional assistance and governmental support in its effort to seek and maintain higher levels of quality health care (see: XVII. DEFEND YOUR LIFE and see: www.kff.org.)

DIABETES:

A major disease closely linked to obesity is diabetes. Dean Ornish told a U.S. Senate Committee on obesity that the prevalence of diabetes had “increased by 70% in the last ten years”. The disease affected 6 million Americans in 1980; 12 million in 2000, 20 million in 2008 and to continues rising. Globally, in 2000 there were 158 million diabetics, with the number projected to an 280 million by year 2025. Diabetes has very serious complications: kidney disease and circulatory problems leading to blindness, amputations, heart attacks and strokes. In October of 2003, Dr. K. M. Venkat, a researcher at the CDCP stated, “The overwhelming

^{***}Prof. Howard Richards in his *Dilemmas of Social Democracies* states that prior to the modernist European revival of Roman (contract) law in the Napoleonic Code and the triumph of ‘economic rationality’, a long tradition had assumed that the primary task of politics was individual moral education. Many ancients held to the concept that the improvement of a nation was indistinguishable from the moral improvement of its people. Like the Iranian Avicenna, Aristotle thought of politics as an extension of ethics. Plato took considerable pains to refute Gorgias (of Leontini) and others who argued that an individual could find personal happiness by pursuing self-interest without caring about the good of others or the good of the state. Some, like the Catholic social philosopher Hilaire Belloc, have argued that ‘liberal individualism’ is an error into which much of humanity has fallen during the past few centuries and that in some better, future age, humanity will outgrow these self-centered ethics of modernity by again recognizing the virtue in self-sacrifice as has also been stated by Alexandre Dumas’ “All for one and one for all.”

reason why diabetes is increasing in this country is because there is an epidemic of obesity." One in ten healthcare dollars (\$178 billion in 2007) is spent on diabetes.

While twenty million Americans have diabetes, one in every three (~6.7 million in the U.S.) may be unaware that they have the disease. Diabetes also disproportionately affects minorities and the economically distressed. There are several oral signs of diabetes such as dry mouth, chronic bad breath, gum problems and loose teeth. Diabetics typically have more problems with their teeth from high glucose levels, which can help bacteria thrive. Fungal infections and oral ulcers may also occur.

Diabetes is especially serious among children and one in three Americans, born in the year 2000, is expected to develop diabetes as an adult. Diabetes is even more prevalent in African- and Hispanic-Americans than in their "non-Hispanic white(s)" counterparts. Approximately 2.8 million, or *thirteen percent*, of African-Americans currently have diabetes. It is also more likely in women, affecting *one in four* African-American women over age fifty-five (see: www.blackhealthcare.com.) One of every *two* Hispanic-American babies will develop the disease. Several recent studies on minority elderly have concluded, however, that a low-fat, fresh vegetable-rich diet will result in lower blood pressure, lower cholesterol, less obesity, and a reduction in this expected development of diabetes.

GOVERNMENTAL STRATEGIES:

An estimated 18 percent of the Medicare population meets the official definition of obese, which is a body mass index (BMI),* above 30 (a woman 5 feet 5 inches weighing more than 180 pounds or a 6-foot man weighing more than 221 pounds.) This staggering current health and obesity crisis has prompted varying governmental responses.

Until recently, Medicare has paid for weight-loss surgery *only* if it was intended to treat a condition such as *diabetes* (that has arisen from obesity.) On July 15, 2004 however, former HHS Secretary Thompson announced that Medicare was abandoning its long-held policy that obesity was not a disease, opening the way for the government to pay for a range of other treatments, including diets, psychotherapy and surgery. With weight-loss surgery costing \$30,000 to \$40,000 if there are no complications, the cost to Medicare of obesity treatments could become astronomical. To be eligible for such coverage the government also said that treatments must be proved "effective."