



Obesity is not Hilarious



By Donald O. Lyman, MD, DTPH

WINSTON CHURCHILL ONCE REMARKED, "Americans tend to do the right thing, after ...they've tried everything else."

Dr. David Gibson has playfully enumerated the "everything else" we've tried in addressing the obesity epidemic ("Americans are Hilarious,"

Sierra Sacramento Valley Medicine, Nov/Dec 2005).

The only part he got wrong was that there is in fact a real epidemic. So, let's start at square 1 with the problem, then skip the expensive playthings we think will either take the excess weight off - or make it look like we took it off. Then we'll fast-forward to the start of a solution.

We cannot afford to simply declare that there is no problem and then just walk away.

The BMI (Body Mass Index) is but one of several measures of excess weight. It is height in meters over weight in kilograms-squared (or height in inches over weight in pounds squared, times 703). The BMI of Americans has increased 2.7 points (11 percent) for men and 3.2 points (13 percent) for women over the past 40 years, increasing from near the border between healthy weight and overweight soundly into midway between overweight and obese for both genders.¹

Excess BMI leads to increases in hypertension, heart disease, certain cancers, diabetes, and gall bladder disease. These correlations are well documented in the medical literature. In 1994, only two states showed a diagnosed prevalence of diabetes of more than 6 percent; by 2004, 40 states and the District of Columbia carried that distinction. The pediatric literature carries observations of increased prevalence of Diabetes Type II among children. There is considerable professional consensus that the documented increases in BMI are causally related to much of this misery.

The causes of the epidemic² are rather clear and are chronicled by leading academics at Yale University³ and NYU/UC Berkeley⁴. We have suffered a sustained global surplus of grains over the past 20 years. The United States no longer has a huge global market for our bounty. Instead, the grain industry has acted to move the surplus into our bodies in many creative ways - directly (carbohydrate products), food fractions (fructose in sweet products), feedlots (beef, poultry, dairy, fish).

The problem is not the foods themselves. The problem is the super-aggressive marketing of these products. They have turned us into grazing animals - eat all day long and then chow down meal portions the size of your head three times a day. Where did all those vending machines come from, outer space?

The solution is the traditional two-step process: recognize the predatory nature of the marketing and apply an old ethos to our consumption. This industry's salesmen have done a stupendous job! For instance, they've signed Pouring Rights Contracts with our school districts. The districts get a proportion of profits in return for placement of the soda machines. So how many diabetic kids will get us a band uniform? Watch the Saturday

morning cartoons. Joe Camel is gone; what will Twinkies bring?

Secondly, let's move our family values away from the industry standard of first person singular (selfish, libertarian, me, mine, I) back to the first person plural (family, we, ours, us). We care for each other and now see the predatory food marketing for what it is. Move those machines out of the schools (and workplaces?). This process is exactly what we did with tobacco - remember that? See the similarities? Guess who owns the junk food companies?

The *question* for us as physicians (and, for us as a society) is, "Who sets our ethical standards?" *Ethos* is a Greek word meaning shared values. We let tobacco set our *ethos* of first person singular for years (I can smoke wherever I want, anytime I want); then we re-set it to first person plural ("Secondhand smoke" theme). Now the food marketers have set our *ethos* of first person singular as they flog the stuff all day long. *We* must once again claim leadership and reject their predatory marketing.

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1. (Ogden CL, Fryar CD, Carroll MD, Flegal KM. Mean body weight, height and body mass index, United States 1960-2002. *Adv. Data.* 2004 Oct 27; (347): 1-17.)
2. An "epidemic" is a rate of a condition in excess of what is expected.
3. Brownell KD and Horgen KB. *Food Fight: The Inside Story of the Food Industry, America's Obesity Crises, and What WE Can Do About It.* The McGraw-Hill Companies, Inc. New York, NY: 2004
4. Nestle M. *Food Politics: How the Food Industry Influences Nutrition and Health.* University of California Press. Berkeley, CA: 2002.

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