

Pogo, preexisting conditions, and the health care boogey man. September 2009

A few months ago, the *Gazette* published two satires I wrote proposing government actions (“single payer” and “cap and trade” nutritional systems) to address the poor health status and excessive cost attributable to the poor eating habits of Americans. Some did not find the articles funny, claiming that some experts seriously propose what I presented as “spoof”.

I dismissed the criticism as reactionary exaggeration until I read a September 10, 2009 *New York Times* OP-ED article by Michael Pollan entitled Big Food vs. Big Insurance. Pollan opines the most glaring subject missing from the health care debate - and the major reason America spends twice as much on health care as most European countries - is because we are fatter. He further elaborates that regardless of what health reform we enact, the health system will not be sustainable until we address this issue. He may well be correct.

However, Pollan then contends that the etiology of the problem is the food industry (second most powerful special interest) that politicians are fearful to confront but might do so with the support of the health insurance industry (first most powerful special interest). Certain marketing and other practices and products, e.g., fast foods, trans-fats, sugary drinks, of the food industry no doubt contribute to the problem but proposing that *the* solution lies in more central government regulatory action to slay an alleged corporate boogey man is naïve. For example, the food industry has little control over inactivity, at least half the problem. The issue is much more complex.

As a child, I remember parents - hoping to avoid a long, complex explanation - motivated their children to avoid dangerous behavior by evoking the fear of the boogey man. As we matured, we realized that there were always opportunists and bad folks who would, respectively, tempt or harm us, but that our health, safety and well-being was largely within our responsibility to control, not the boogey man's.

The sign my high school football coach hung in the football locker room read, “No pain, no gain”. Most of us realize that to maintain our health and fitness we need to forego practices we find pleasurable, e.g. eating French fries, and engage in others, e.g., exercise, we (except for those who experience the “runner's high”) find un-pleasurable. In addition, as surveys reveal, most of us admit we do not display the discipline we should in this regard. Studies also show that third party, e.g., employer, government, sanctions (rewards and penalties) can enhance such discipline.

A natural extension of these principles would suggest we should promote the incorporation of rewards and penalties into health insurance premiums to promote health and control costs, since unhealthy people cost more. In reality, enthusiasm is limited as evidenced by the near unanimous support of Americans to prohibit insurance policy preexisting condition exclusions, regardless of the etiological behavioral factors, e.g., smoking, poor nutrition, inactivity, that caused - or could contribute heavily to - a condition.

There are scientific and practical reasons for the lack of enthusiasm. Scientific discovery reveals that it is likely that a significant portion of human behavior is genetically influenced; thus, some people might have a harder time than others embracing healthy behavior. For example, experiments are ongoing with infusion of RNA coated gold, nanoparticles to shut off the production of certain brain proteins thought to contribute to addiction to drugs and other

substances. Practical concerns include that since the government's payment share for health care keeps increasing, the impact of using personal monetary premium inducements to maintain health keeps decreasing. There is also the difficulty and cost of measuring and monitoring behavioral compliance. Viscerally, however, it is difficult to accept imposing no sanctions, such that, for example, responsible citizens (through insurance premiums or taxes) must pay for inhalers and Viagra for an emphysema patient who has money to continue to buy cigarettes that largely contribute to the need for these drugs.

Pollan is correct about the magnitude of the problem and our need to address it. Central government restricting/ taxing certain food products might have a marginal impact upon the problem. However, the majority of Americans are unlikely to return to purchasing and preparing locally produced raw foods, even realizing it might be healthier to do so. They are not going to return to plowing gardens with a mule or pounding their clothes, detergent free, in a stream, although it would be healthier for them, and the environment. Corporate America, although irresponsible at times, primarily provides the food, rototillers, and washing machines consumers demand. Creating a boogey man will not solve the problem.

The problem will only be addressed when each community – all of us – acknowledge we have a serious problem and meaningfully create *balanced* sanctions and a local agenda to address it. In the words of Pogo, “we have met the enemy and they is us”.

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