

Balko, Radley. "What You Eat Is Your Business." *Cato.org*. Cato Institute, 23 May 2004. Web.

11 July 2011.

What You Eat Is Your Business

by Radley Balko

Radley Balko is a policy analyst with the Cato Institute.

Added to *cato.org* on May 23, 2004

This June, *Time* magazine and ABC News will host a three-day summit on obesity. ABC News anchor Peter Jennings, who last December anchored the prime time special "How to Get Fat Without Really Trying," will host. Judging by the scheduled program, the summit promises to be pep rally for media, nutrition activists, and policy makers -- all agitating for a panoply of government anti-obesity initiatives, including prohibiting junk food in school vending machines, federal funding for new bike trails and sidewalks, more demanding labels on foodstuffs, restrictive food marketing to children, and prodding the food industry into more "responsible" behavior. In other words, bringing government between you and your waistline.

Politicians have already climbed aboard. President Bush earmarked \$200 million in his budget for anti-obesity measures. State legislatures and school boards across the country have begun banning snacks and soda from school campuses and vending machines. Sen. Joe Lieberman and Oakland Mayor Jerry Brown, among others, have called for a "fat tax" on high-calorie foods. Congress is now considering menu-labeling legislation, which would force restaurants to send every menu item to the laboratory for nutritional testing.

This is the wrong way to fight obesity. Instead of manipulating or intervening in the array of food options available to American consumers, our government ought to be working to foster a sense of responsibility in and ownership of our own health and well-being. But we're doing just the opposite.

For decades now, America's health care system has been migrating toward socialism. Your well-being, shape, and condition have increasingly been deemed matters of "public health," instead of matters of personal responsibility. Our lawmakers just enacted a huge entitlement that requires some people to pay for other people's medicine. Sen. Hillary Clinton just penned a lengthy article in the *New York Times Magazine* calling for yet more federal control of health care. All of the Democrat candidates for president boasted plans to push health care further into the public sector. More and more, states are preventing private health insurers from charging overweight and obese clients higher premiums, which effectively removes any financial incentive for maintaining a healthy lifestyle.

We're becoming less responsible for our own health, and more responsible for everyone else's. Your heart attack drives up the cost of my premiums and office visits. And if the government is

paying for my anti-cholesterol medication, what incentive is there for me to put down the cheeseburger?

This collective ownership of private health then paves the way for even more federal restrictions on consumer choice and civil liberties. A society where everyone is responsible for everyone else's well-being is a society more apt to accept government restrictions, for example -- on what McDonalds can put on its menu, what Safeway or Kroger can put on grocery shelves, or holding food companies responsible for the bad habits of unhealthy consumers.

A growing army of nutritionist activists and food industry foes are egging the process on. Margo Wootan of the Center for Science in the Public Interest has said, "we've got to move beyond 'personal responsibility.'" The largest organization of trial lawyers now encourages its members to weed jury pools of candidates who show "personal responsibility bias." The title of Jennings special from last December -- "How to Get Fat Without Really Trying" -- reveals his intent, which is to relieve viewers of responsibility for their own condition. Indeed, Jennings ended the program with an impassioned plea for government intervention to fight obesity.

The best way to alleviate the obesity "public health" crisis is to remove obesity from the realm of public health. It doesn't belong there anyway. It's difficult to think of anything more private and of less public concern than what we choose to put into our bodies. It only becomes a public matter when we force the public to pay for the consequences of those choices. If policymakers want to fight obesity, they'll halt the creeping socialization of medicine, and move to return individual Americans' ownership of their own health and well-being back to individual Americans.

That means freeing insurance companies to reward healthy lifestyles, and penalize poor ones. It means halting plans to further socialize medicine and health care. Congress should also increase access to medical and health savings accounts, which give consumers the option of rolling money reserved for health care into a retirement account. These accounts introduce accountability into the health care system, and encourage caution with one's health care dollar. When money we spend on health care doesn't belong to our employer or the government, but is money we could devote to our own retirement, we're less likely to run to the doctor at the first sign of a cold.

We'll all make better choices about diet, exercise, and personal health when someone else isn't paying for the consequences of those choices.

From “Is Junk Food Really Cheaper?”

By Mark Bittman

The New York Times

September 24, 2011

happen
happening

The “fact” that junk food is cheaper than real food has become a reflexive part of how we explain why so many Americans are overweight, particularly those with lower incomes. I frequently read confident statements like, “when a bag of chips is cheaper than a head of broccoli ...” or “it’s more affordable to feed a family of four at McDonald’s than to cook a healthy meal for them at home.”

This is just plain wrong. In fact it isn’t cheaper to eat highly processed food: a typical order for a family of four — for example, two Big Macs, a cheeseburger, six chicken McNuggets, two medium and two small fries, and two medium and two small sodas — costs, at the McDonald’s a hundred steps from where I write, about \$28. In general, hyperprocessed food remains more expensive than food cooked at home. You can serve a roasted chicken with vegetables along with a simple salad and milk for about \$14, and feed four or even six people. If that’s too much money, substitute a meal of rice and canned beans with bacon, green peppers and onions; it’s easily enough for four people and costs about \$9.

The fact is that most people can afford real food. Even the nearly 50 million Americans who are enrolled in the Supplemental Nutrition Assistance Program (formerly known as food stamps) receive about \$5 per person per day, which is far from ideal but enough to survive. The core problem is that cooking is defined as work, and fast food is both a pleasure and a crutch. “People really are stressed out with all that they have to do, and they don’t want to cook,” says Julie Guthman, associate professor of community studies at the University of California, Santa Cruz. “Their reaction is, ‘Let me enjoy what I want to eat, and stop telling me what to do.’ And it’s one of the few things that less well-off people have: they don’t have to cook.”

To make widespread changes we need action both cultural and political. The cultural lies in celebrating real food; raising our children in homes that don’t program them for fast-produced, eaten-on-the-run, high-calorie, low-nutrition junk; giving them the gift of appreciating the pleasures of nourishing one another and enjoying that nourishment together. Political action would mean recognizing that advertising for fast food is not the exercise of free speech but behavior manipulation of addictive substances; and making certain that real food is affordable and available to everyone. The political challenge is the more difficult one, but it cannot be ignored. What’s easier is to cook at every opportunity, to demonstrate to family and neighbors that the real way is the better way.

Writing task:

The New York Times

This copy is for your personal, noncommercial use only. You can order presentation-ready copies for distribution to your colleagues, clients or customers, please [click here](#) or use the "Reprints" tool that appears next to any article. Visit www.nytreprints.com for samples and additional information. Order a reprint of this article now. »

November 23, 2002

Don't Blame the Eater

By David Zinczenko

If ever there were a newspaper headline custom-made for Jay Leno's monologue, this was it. Kids taking on McDonald's this week, suing the company for making them fat. Isn't that like middle-aged men suing Porsche for making them get speeding tickets? Whatever happened to personal responsibility?

I tend to sympathize with these portly fast-food patrons, though. Maybe that's because I used to be one of them.

I grew up as a typical mid-1980's latchkey kid. My parents were split up, my dad off trying to rebuild his life, my mom working long hours to make the monthly bills. Lunch and dinner, for me, was a daily choice between McDonald's, Taco Bell, Kentucky Fried Chicken or Pizza Hut. Then as now, these were the only available options for an American kid to get an affordable meal. By age 15, I had packed 212 pounds of torpid teenage tallow on my once lanky 5-foot-10 frame.

Then I got lucky. I went to college, joined the Navy Reserves and got involved with a health magazine. I learned how to manage my diet. But most of the teenagers who live, as I once did, on a fast-food diet won't turn their lives around: They've crossed under the golden arches to a likely fate of lifetime obesity. And the problem isn't just theirs -- it's all of ours.

Before 1994, diabetes in children was generally caused by a genetic disorder -- only about 5 percent of childhood cases were obesity-related, or Type 2, diabetes. Today, according to the National Institutes of Health, Type 2 diabetes accounts for at least 30 percent of all new childhood cases of diabetes in this country.

Not surprisingly, money spent to treat diabetes has skyrocketed, too. The Centers for Disease Control and Prevention estimate that diabetes accounted for \$2.6 billion in health care costs in 1969. Today's number is an unbelievable \$100 billion a year.

Shouldn't we know better than to eat two meals a day in fast-food restaurants? That's one argument. But where, exactly, are consumers -- particularly teenagers -- supposed to find alternatives? Drive down any thoroughfare in America, and I guarantee you'll see one of our

country's more than 13,000 McDonald's restaurants. Now, drive back up the block and try to find someplace to buy a grapefruit.

Complicating the lack of alternatives is the lack of information about what, exactly, we're consuming. There are no calorie information charts on fast-food packaging, the way there are on grocery items. Advertisements don't carry warning labels the way tobacco ads do. Prepared foods aren't covered under Food and Drug Administration labeling laws. Some fast-food purveyors will provide calorie information on request, but even that can be hard to understand.

For example, one company's Web site lists its chicken salad as containing 150 calories; the almonds and noodles that come with it (an additional 190 calories) are listed separately. Add a serving of the 280-calorie dressing, and you've got a healthy lunch alternative that comes in at 620 calories. But that's not all. Read the small print on the back of the dressing packet and you'll realize it actually contains 2.5 servings. If you pour what you've been served, you're suddenly up around 1,040 calories, which is half of the government's recommended daily calorie intake. And that doesn't take into account that 450-calorie super-size Coke.

Make fun if you will of these kids launching lawsuits against the fast-food industry, but don't be surprised if you're the next plaintiff. As with the tobacco industry, it may be only a matter of time before state governments begin to see a direct line between the \$1 billion that McDonald's and Burger King spend each year on advertising and their own swelling health care costs.

And I'd say the industry is vulnerable. Fast-food companies are marketing to children a product with proven health hazards and no warning labels. They would do well to protect themselves, and their customers, by providing the nutrition information people need to make informed choices about their products. Without such warnings, we'll see more sick, obese children and more angry, litigious parents. I say, let the deep-fried chips fall where they may.

[Copyright 2016 The New York Times Company](#)

[Home](#)

[Privacy Policy](#)

[Search](#)

[Corrections](#)

[XML](#)

[Help](#)

[Contact](#)

[Us](#) [Back to Top](#)

What's to Blame for the Surge in Super-Size Americans?

Tori DeAngelis

Tori DeAngelis is a freelance writer who has written for *Psychology Today*, *Common Boundary*, the *APA Monitor*, and other publications. This article appeared in the January 2004 issue of *Monitor on Psychology*, a publication of the American Psychological Association.

CONNECTING TO THE TOPIC

Are Americans relentlessly marching toward their own doom? Researchers are increasingly connecting today's fast-food culture and human biology to an epidemic of obesity. Human biology seems to have hard-wired us to store fat—just in case food runs out. That might have made sense when humans were out hunting for their next meal, but we no longer live in caves, and getting food often requires only a short walk to the kitchen. What is to blame for the obesity explosion, and can we do anything about it?

WORDS IN CONTEXT

debilitating (4) detrimental to health and vitality (adj.)

vigor (4) energy and intensity (n.)

virulent (6) toxic or poisonous (adj.)

facet (7) aspect (n.)

lauded (13) praised (v.)

subcutaneous (14) just beneath the skin (adj.)

propensity (15) tendency, inclination (n.)

endocrine (16) relating to endocrine glands or the hormones they secrete (adj.)

hypothalamus (17) a part of the brain located beneath the thalamus that regulates body temperature and certain metabolic processes (n.)

countervailing (18) counteracting, compensating for (adj.)

premise (21) the idea on which an argument is based or from which a conclusion is drawn (n.)

disseminated (22) distributed, widely spread (v.)

It's a little hard to grasp, but the majority of us—about 65 percent, according to current government estimates—are obese or overweight. Compare that with 1960, when only 45 percent of Americans fell into those categories and proportionally far fewer were obese.

What's happened? Is it overindulgence—too much Ben & Jerry's and too little exercise? Maybe. But science is finding it's not so simple. In a special section of the Feb. 7, 2003, issue of *Science* (Vol. 299, No. 5608), some of the nation's top obesity experts agreed that multiple, complex factors—environmental, biological and genetic—make losing and even maintaining weight in today's environment an uphill battle.

3 “When you look at the big picture, there is really a mismatch between our physiology and our environment,” says physiological psychologist and obesity expert James O. Hill, PhD, of the University of Colorado Health Sciences Center, who wrote one of the articles featured in *Science*. “We have an environment that provides food everywhere—it's inexpensive, good-tasting and served in large portions—and we have a physiology that says, ‘Eat whenever food's available,’” Hill says.

4 Other environmental factors related to a lack of physical activity, such as sit-down jobs with ever-longer hours, further increase the odds we'll put on pounds, he says. Those extra pounds, as amply noted by the media, can lead to diabetes, stroke, heart attacks and other **debilitating** conditions, and such problems associated with obesity now cost the health-care system an estimated \$117 billion per year. While solutions to the problem differ and much remains to be proven, there's already enough information to tackle the problem with **vigor**, psychologists concur.

Environmental Causes?

5 Scientists of all stripes now agree that environmental factors such as easy access to junk food, sedentary jobs and high stress rates—once considered a radical and even ridiculous proposition by some—play a major role in the obesity epidemic.

6 “I think we can make the case that the epidemic is environmental in origin,” says nutritional biochemist and pediatric expert William H. Dietz, MD, PhD, director of the Division of Nutrition and Physical Activity at the U.S. Centers for Disease Control and Prevention (CDC). “What we can't be very specific about is which of those environmental factors is most **virulent**.” Data on direct cause and effect are still pretty scarce, he notes, and besides, many factors, are probably at play.

7 Indeed, says Yale University psychologist Kelly Brownell, PhD, an internationally known obesity expert who was the first to finger environmental causes for the epidemic, you could take almost any **facet** of modern life and find a possible culprit. His villain of choice is the food industry. In his new book, *Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis and What We Can Do About It* (McGraw-Hill, 2003), Brownell cites several factors he thinks give the convenience-food industry an edge in the fight for consumers' taste buds. Unhealthy foods, he argues, are accessible, convenient, engineered with fat and sugar to be tasty, heavily promoted and cheap. By contrast, healthy foods are less

accessible, less convenient, less tasty, not promoted and more expensive. “If you came down from Mars and didn’t know anything about our country but those factors, you’d predict an epidemic of obesity,” as he puts it.

8 Other features of the food business promote weight gain, too, Brownell maintains. More people are eating out than ever, and restaurant food tends to be higher in fat and calories and served in bigger portions than meals made at home. In addition, while research shows that people tend to eat the amount put in front of them, food manufacturers compete with one another to offer ever-larger sizes of low-cost, calorie-laden foods like French fries and soft drinks.

9 Other researchers are looking at how unhealthy eating may pair with other modern habits, such as television-viewing. CDC’s Dietz began looking at the association in children 15 years ago, and others have since picked up the ball, finding what Dietz calls “a clear and significant association between TV-viewing and obesity in kids,” and, in some cases, adults. What’s not clear, Dietz says—and is an example of the cause-and-effect conundrum—is whether the relationship exists because TV-viewing promotes greater food intake, or because it represents sedentary time that children would otherwise spend being active.

10 Stanford University pediatric specialist Thomas N. Robinson, MD, is testing these variables, and in a still-unpublished study, shows that youngsters consume about 25 percent of their daily food in front of the television. When they decrease their viewing time, he posits, they eat less.

Enter the Beer Belly

11 Researchers also are looking at eating habits and obesity in relation to another modern ill: stress. In the November issue of *Health Psychology* (Vol. 22, No. 6), Debbie Ng, then a graduate student at the University of Minnesota and now at the Fred Hutchinson Cancer Research Center in Seattle, and University of Minnesota psychology professor Robert Jeffery, PhD, examined self-report data from 12,110 mostly white, middle-aged workers employed in a range of settings who took part in an earlier smoking-cessation program at 26 work sites in the Minneapolis and St. Paul, Minn., area.

12 Those reporting higher levels of stress—measured on a four-item scale asking how often in the past month they’d felt difficulties piling up and getting out of control, for example—also said they ate less healthy, fattier diets and exercised less often than those reporting less stress, the team found. (Stressed workers also reported smoking more.) The study is one of the largest to date to show these associations, Jeffery notes, and adds to research demonstrating that stress and poor health outcomes are often mediated by other factors, such as unhealthy eating habits.

13 Another new study—**lauded** as groundbreaking by many scientists—provides a possible biological explanation and working model for why

people may eat fattier foods when under chronic stress. The study, by neuroscientist Mary Dallman, PhD, of the University of California, San Francisco, and colleagues, also suggests why stress eaters may initially gain weight in the abdomen. The research, reported in the *Proceedings of the National Academy of Sciences* (Vol. 100, No. 20), compared rats placed under chronic stress by physical restraint or exposure to cold with rats under acute stress and those not stressed at all. Chronically stressed rats chose fattier, more sugary diets, gained weight in their bellies and became calmer as a result. It also points to likely hormonal underpinnings of those behaviors—essentially, that chronic stress activates a particular negative hormonal feedback system in rats' brains that's aborted when the animals eat high-fat food and gain belly fat.

- 14 "The research strongly suggests that eating high carbohydrate and high-fat diets increased abdominal fat in these rats," says Dallman. "That, in, turn, reduced the brain's drive to activate the chronic stress response system." The reason weight goes to the belly rather than elsewhere, Dallman posits, is that belly-fat cells host more steroid receptors than **subcutaneous** fat cells, allowing fat move to quickly to the liver and be converted to energy. "The belly is a wonderful depot, as long as you don't overdo it," Dallman says. "If you do overdo it, it gets you into all kinds of trouble—the kinds of problems doctors worry about when they see patients who have a 'gut,'" she notes.

The Gene Factor

- 15 Others are examining genetic reasons why some of us may be more prone to weight gain than others, given the same environmental influences. Neurobiologist Sarah Leibowitz, PhD, of Rockefeller University, has been studying strains of rats that are prone or resistant to obesity. Some of the rats are genetically engineered, or inbred, while others represent natural variation, called outbred. While she studies obesity-proneness in both strains, Leibowitz says she is "particularly eager to detect predictive markers in the outbred animals because they mimic the human population." About 30 percent show a strong **propensity** toward obesity, she says.
- 16 Obesity-prone rats of both types, she is finding, have different **endocrine** responses to eating than resistant rats. These responses are associated with disturbances in gene expression in the brain, she is finding, and also predict long-term weight gain. Over time, Leibowitz says, she'd like to define markers of gene expression in obesity-prone rats while they're still of normal weight, to help predict future weight gain and to design interventions accordingly. "The understanding of such markers could eventually help us target these kinds of systems in people at an early age," she explains.

people may eat fattier foods when under chronic stress. The study, by neuroscientist Mary Dallman, PhD, of the University of California, San Francisco, and colleagues, also suggests why stress eaters may initially gain weight in the abdomen. The research, reported in the *Proceedings of the National Academy of Sciences* (Vol. 100, No. 20), compared rats placed under chronic stress by physical restraint or exposure to cold with rats under acute stress and those not stressed at all. Chronically stressed rats chose fattier, more sugary diets, gained weight in their bellies and became calmer as a result. It also points to likely hormonal underpinnings of those behaviors—essentially, that chronic stress activates a particular negative hormonal feedback system in rats' brains that's aborted when the animals eat high-fat food and gain belly fat.

- 14 “The research strongly suggests that eating high-carbohydrate and high-fat diets increased abdominal fat in these rats,” says Dallman. “That, in, turn, reduced the brain’s drive to activate the chronic stress response system.” The reason weight goes to the belly rather than elsewhere, Dallman posits, is that belly-fat cells host more steroid receptors than **subcutaneous** fat cells, allowing fat move to quickly to the liver and be converted to energy. “The belly is a wonderful depot, as long as you don’t overdo it,” Dallman says. “If you do overdo it, it gets you into all kinds of trouble—the kinds of problems doctors worry about when they see patients who have a ‘gut,’” she notes.

The Gene Factor

- 15 Others are examining genetic reasons why some of us may be more prone to weight gain than others, given the same environmental influences. Neurobiologist Sarah Leibowitz, PhD, of Rockefeller University, has been studying strains of rats that are prone or resistant to obesity. Some of the rats are genetically engineered, or inbred, while others represent natural variation, called outbred. While she studies obesity-proneness in both strains, Leibowitz says she is “particularly eager to detect predictive markers in the outbred animals because they mimic the human population.” About 30 percent show a strong **propensity** toward obesity, she says.
- 16 Obesity-prone rats of both types, she is finding, have different **endocrine** responses to eating than resistant rats. These responses are associated with disturbances in gene expression in the brain, she is finding, and also predict long-term weight gain. Over time, Leibowitz says, she’d like to define markers of gene expression in obesity-prone rats while they’re still of normal weight, to help predict future weight gain and to design interventions accordingly. “The understanding of such markers could eventually help us target these kinds of systems in people at an early age,” she explains.

- 17 Related to these findings, a November study reported in the new online journal *PLoS Biology* by French researcher Philippe Froguel and colleagues shows that obese people harbor a different form of a chromosome 10 gene, *GAD2*, than their non-obese relatives. The researchers hypothesize that having the gene variant may increase the amount of the neurotransmitter GABA—known to stimulate appetite—in the **hypothalamus** of the obese subjects. The two findings square with general scientific wisdom on the topic, which holds that genes may influence different people's susceptibility to obesity and overweight, says CDC's Dietz. Some studies, in fact, suggest that as much as 50 percent of the population may be so prone, he says.

What to Do?

- 18 Given the apparent difficulty of knocking weight off, especially for some of us, what's to be done? Individual and group interventions are one solution, and a number boast intriguing success. Other proposed fixes include wide-scale public health and policy interventions. State legislatures introduced about 150 bills last year related to the topic, and federal legislators are jumping on the bandwagon as well. In November, Rep. Rosa L. DeLauro (D-Conn.) and Sen. Tom Harkin (D-Iowa) introduced companion bills in the House and Senate that would extend nutrition labeling beyond packaged foods to include foods at fast-food and other chain restaurants. (Groups like the Center for Consumer Freedom are proposing **countervailing** legislation that would ban obesity-related lawsuits against restaurants.)
- 19 Brownell says such legislative hardball is a good solution: Food companies that create unhealthy food products and use aggressive or underhanded means to promote their products should be challenged, he says, much in the manner that the tobacco industry has been challenged. Likewise, he writes in *Food Fight*, political leaders should be encouraged to be innovative and to remove political barriers that prevent good national policy on the matter, he says.
- 20 Brownell acknowledges, however, that answers may end up coming not from the political arena, but from the grassroots. He cites recent moves by the cities of Los Angeles and New York to ban soft drink machines in schools as examples. He also believes in framing the argument around protecting children. "If we feel that children are victimized by this environment and that they are a group we need to protect, then many things will fall into place," he explains.
- 21 Hill is involved in an innovative public intervention that starts with a simple **premise**: energy in = energy out. Called "America on the Move," the program is based on calculations showing that the average

American—who has been gaining an extra pound or two a year—has to burn off about 100 extra calories a day to “break even” at the end of the year. Hill deliberately touts the program as one to help people prevent weight gain rather than lose weight—an aim he says is the product of 25 years of seeing how difficult permanent weight loss can be, especially for some. Using the energy-balance formula, “it doesn’t matter what your genetic pattern is, you won’t gain weight,” he explains.

- 22 Eight states are currently signed up for the program and 20 more are interested, Hill says. It’s being **disseminated** through a number of vehicles including a Web site (www.americanonthemove.org), organizations including the YMCA, AARP and American College of Sport Medicine, and soon, health-care professionals. Hill notes that while people can achieve the 100-calories-a-day goal by eating less or exercising more, he emphasizes physical activity because of how difficult it is to restrict eating. Among his simple suggestions is using a step counter to log an extra 2,000 steps a day—the distance, roughly a mile—that it takes to burn 100 calories.

- 23 He admits that given the complexity of the problem, it’s a pretty basic plan. “It’s a simple idea, and that’s what we were worried about—that people would say, that’s just too simple to work,” he notes. “But, in fact, it’s simple enough that it works.” ♦

CONSIDERING THE ISSUES

1. What environmental factors often kept people from gaining too much weight in the past? Which of these environmental factors

- libertarian** (2) one who advocates maximizing individual rights and minimizing the role of the state (n.)
- purveyor** (2) one that offers provisions, especially food (n.)
- aesthetic** (8) concerning the appreciation of beauty (adj.)
- inundation** (12) flood (n.)
- hedonism** (13) pursuit of pleasure, especially the pleasures of the senses (n.)
- epidemiological** (17) concerning the branch of medicine that deals with the study of the causes, distribution, and control of disease in populations (adj.)

1 **W**hen I was organizing lawsuits against the tobacco industry in the 1980s and 1990s, the tobacco companies' favorite spin became like a mantra: "First, they go after cigarettes. Next, it'll be red meat and dairy products!"

2 Recently, a writer for a **libertarian** magazine caustically reminded me my response had always been "No way." Yet here I am, a decade or two later, urging litigation against **purveyors** of meat and dairy (and sugar) products—fast-food and packaged-food companies, in particular.

3 What gives? Well, I had a conversion. It began in April 2002, after New York University nutritionist Marion Nestle wrote a book entitled *Food Politics*, and I was asked to comment on whether her thesis opened the door to obesity litigation.

4 Nestle argues that Americans are getting dangerously fat because we're consuming more food than we did twenty years ago, largely because food companies maximize their profits by maximizing the amount of food their customers eat.

5 The companies accomplish this through a variety of misleading marketing ploys, and by buying off or manipulating those who are supposed to protect us—politicians, dietitians' organizations, and school boards, for instance.

6 I found Nestle's argument plausible and disturbing. What really shocked me was the scope and seriousness of the obesity crisis. In 1978, 15 percent of Americans were obese (meaning, more than thirty pounds above a healthy weight). This was a modest uptick from 13 percent twenty years earlier.

7 But by 2000, the obesity percentage had more than doubled, to 31 percent. An additional 34 percent of the population was overweight (ten to thirty pounds above a healthy weight). In other words, 65 percent of Americans were too heavy. The statistics for children, though lower than those for adults, were escalating even more dramatically.

8 And the problem isn't just an **aesthetic** one: Overweight and obese people are developing diabetes, heart disease, cancer, and other medical conditions in huge numbers. Indeed, in 2000, annual premature deaths related to obesity were estimated at roughly 300,000, approaching the figure for tobacco-related deaths. Perhaps most striking is the epidemic of type 2 diabetes among children and adolescents; until recently, this disease was known as adult-onset diabetes.

9 But questionable behavior that contributes to a public-health crisis doesn't by itself add up to a viable lawsuit. The obvious differences between Big Macs and Marlboros made me question whether my experience with tobacco litigation was applicable to the food industry.

10 There's no such thing as "moderate" smoking, for example. Even a little is bad for you (though a lot is obviously worse). Eating, on the other hand, is a biological requirement; too little food for a sustained period is as bad as too much.

11 And there are other important distinctions. People who eat too much get immediate feedback, in the form of an expanding waistline; smokers can harbor lung cancer or heart disease for years without symptoms. Nicotine is strongly addictive, which explains why people continue to smoke even when they know the dangers. Finally, though cigarettes can injure or kill nonsmokers, there's no such thing as "passive eating."

12 Nonetheless, the more I learned about the food industry's operations—the massive marketing budgets; the deceptive health and low-fat claims; the rush to supersize everything; the **inundation** of soft-drink promotions and machines in schools; the extra sugars and fats added to seemingly healthy potato, chicken, and fish dishes at fast-food restaurants—the more I became convinced that changing the industry's behavior is the key to stopping the obesity epidemic.

13 True, the food industry isn't responsible for many factors that contribute to obesity: "bad" genes, inactivity, conflicting advice from nutrition experts, **hedonism**, lack of willpower.

14 But these factors don't account for our bigger belt sizes. The genetic makeup of a population doesn't change much over a few decades. Weakness of will and hedonistic desires are pretty much what they've always been. Average physical activity may have declined since the late 1970s, but it wasn't very impressive then. What's making us fat has to do with changes in the way we're eating. And the food industry is obviously responsible for a lot of these changes.

15 But where does litigation fit in? Back in 1988, I wrote an article for the *Journal of the National Cancer Institute* in which I described five possible public-health benefits of tobacco-industry litigation.

16 First, that holding tobacco companies financially responsible for even a fraction of the cost of tobacco-related medical care and lost productivity—more than \$100 billion annually—would force them to raise prices, thereby discouraging consumption, particularly among children and adolescents. This has in fact happened: Dramatic price increases prompted by the industry's settlement of lawsuits brought by the states were followed by equally dramatic reductions in smoking among minors.

17 Second, that lawsuits would have an important educational effect, translating **epidemiological** statistics into easily understood cases of real people. This too has happened. Even the industry's "personal responsibility" defense—anyone stupid enough to smoke shouldn't complain about getting lung cancer—helps discourage smoking by underlining a causal link the tobacco companies otherwise used to deny.

18 Third, that the ability of plaintiffs' lawyers to obtain and publicize internal industry records documenting misbehavior would serve to delegitimize the industry, making legislative and regulatory remedies politically practicable. More than thirty million pages of such documents are now available. The shocking behavior they reveal has made "tobacco executive" a term of opprobrium and tobacco money a dangerous commodity for politicians.

19 Fourth, that health insurers would be able to seek industry reimbursement for money spent caring for tobacco victims. To date, tens of billions of reimbursement dollars have been paid to the states.

20 And fifth, that if the tobacco industry responded like other industries confronted with product-liability claims, it would change its behavior: make its products less deadly, for example, or its marketing less deceptive. This alone has not happened, the tobacco industry having apparently concluded that its only future lies on the "dark side."

21 Similar benefits can be anticipated from food litigation, whether it takes the form of product-liability suits on behalf of obese citizens or, more likely, consumer-protection suits on behalf of classes of customers ripped off by unfair or deceptive marketing practices.

22 For instance, there's no reason why the cheapest foods should be the least nutritious. Foods made with added sugars and fats are especially "obesigenic." If, as a result of litigation costs, the most obesigenic foods carry a higher price tag than simpler, more nutritious foods—the kind your parents or grandparents used to cook at home—that would make a big difference to the American waistline.

23 Food litigation has already produced an explosion of media coverage, which has spotlighted the obesity epidemic. Food-industry trade groups

have responded—to the current suit against McDonald’s, in particular—by insisting that everyone knows you shouldn’t eat a steady diet of fast foods, despite the fact that most fast-food business comes from customers who do precisely that.

24 Unearthing documents that show how food companies manipulate and mislead consumers into buying their obesigenic products is likely to anger the public and complicate the benign image of food executives. And if health authorities can establish a causal connection between, for example, soft-drink concessions in schools, obesity, and the resulting health effects and costs, suits to recover these costs might be possible. Finally, if McDonald’s has to pay for the harm caused by its Chicken McNuggets (which a court recently described as “Chicken McFrankenstein”) or Filet-O-Fish, maybe it’ll figure out how to formulate them without all the added fats and starches.

25 After all, food companies don’t have to walk on the dark side. ♦

CONSIDERING THE ISSUES

1. Have you ever been on a diet? If so, what motivated you to go on one in the first place? Do you think the media influences how attractive we believe ourselves to be? If you have never considered your weight to be an issue, write about why it has not been

Essay #2: Proposal Argument: The Obesity Epidemic

Today we have what is commonly called an “obesity epidemic”. According to the Centers for Disease Control and Prevention, about one-third of U.S. adults (33.8 percent) are obese. Approximately 17 percent (or 12.5 million) of children and adolescents aged 2 to 19 are obese. An estimated 300,000 deaths per year may be attributable to obesity (*They Say, I Say* 389-90). There are various perspectives on this epidemic as to who is responsible, what its causes are, and whether and how it should be addressed. Some of these perspectives address societal intervention versus personal responsibility. For example, in his article, “Don’t Blame the Eater”, David Zinczenko blames the fast-food industry and feels that this industry should be regulated by the government. In contrast, Radley Balko in “What You Eat Is Your Business” maintains that what we eat is a matter of personal responsibility.

Assignment: Proposal Argument

Now that you have read a number of articles on the current “obesity epidemic,” write an essay in which you propose a solution for this current problem. Remember, your essay should include first what you believe to be the causes and consequences of the problem followed by the solution(s) that you will propose. Don’t forget that your solution should be feasible and should demonstrate a close relationship to your causes and consequences. Do not forget to include the benefits of the solution and anticipate objections. See the outline below on how to set up this essay.

Requirements:

- ✓ 4-6 pages (no less!) Essays not fulfilling page requirement will receive no less than a “D”
- ✓ MLA format: double-spaced, 12 point font, correct headings, and a title
- ✓ Use at least three outside sources: two articles can be from your textbook or handed out in class, and one article should be from an article found through CSUN’s library resources
- ✓ Works Cited page correctly formatted
- ✓ Your paper should demonstrate knowledge of the writing strategies discussed so far which includes summary, paraphrasing, quoting, thesis statements, paragraph and essay structure, and revision strategies.

Outline for Proposal Arguments:

Introduction: Establishes the context of the proposal by identifying the problem and explaining why it needs to be solved, and identifies the essay’s thesis.

Explain Causes of the Problem

Explain Consequences of the Problem: What are the negative consequences?

Explanation of the solution: Propose a solution and explain how it will solve the problem.

Evidence in support of the solution: Present support for the proposed solution.

Benefits of the solution: Explains the positive results of the proposed course of action.

Refutation of opposing arguments: Addresses objections to the proposal.

Conclusion: Reinforces the main point of the proposal; includes a strong concluding