

The background of the page features silhouettes of several runners in motion against a warm, golden sunset sky. The runners are positioned across the middle ground, with their forms dark against the bright light of the setting sun. The overall mood is one of energy and health.

Improving Health and Avoiding Alarming Trends

seven

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A look at the numbers...

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The World Health Organization **ranked the United States 37th out of 191 countries** for overall health system performance



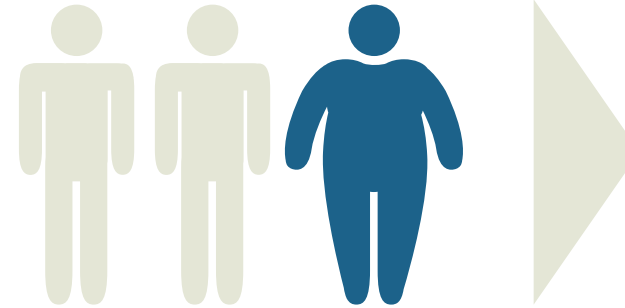
100%

Percentage of French citizens have public health coverage. France is the number-one rated country for healthcare by the World Health Organization.



Cuba ranked just two places behind the United States

1 out of every 3 of our children is now considered overweight or obese.



The American Academy of Pediatrics is now urging doctors to not only screen kids for obesity, but to **write out prescriptions for exercise and healthy eating**. These screenings will be fully covered by insurance.

42

Number of states that have passed regulations that forbid high-calorie and high-sodium items in school vending machines.

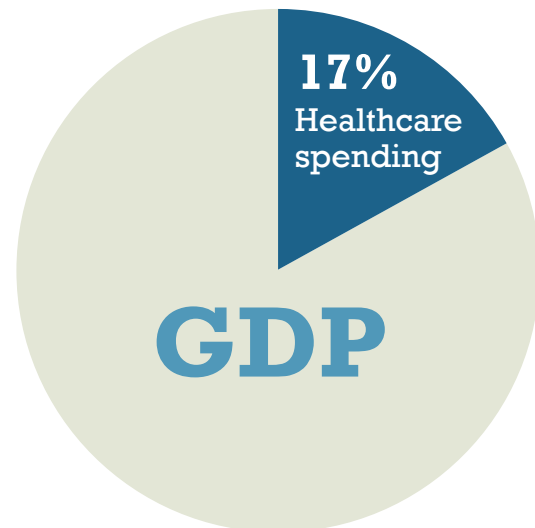
1.5 trillion

Calories that food manufacturers have pledged to cut from their products through a "Healthy Weight Commitment."

500

Number of mayors who signed commitments or legislation to tackle obesity in their communities

Healthcare consumes **17% of our gross national product** in the United States.



\$11.7 billion

Profits of the top five health insurance companies in the United States in 2010, a 51 percent increase from 2008 despite the weak economy.

\$10 million

Average compensation of CEOs at major health insurance companies, the highest CEO pay of any industry in the US.

\$166,700

Salary of the director of Medicare, considerably less when compared to the above CEOs of top insurance companies.

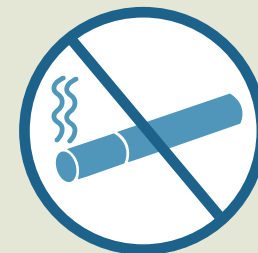
A study showed that 4 healthy habits:



Eating well



Being physically active



Not smoking



Keeping a healthy weight

slashed the risk of **diabetes by 93%**, **heart attack by 81%**, **stroke by 50%** and **cancer of all types by 36%**.

Practicing just one of the healthy behaviors **cut the risk of developing a chronic disease in half**.

1 in 2

Number of American adults who live with at least one chronic illness such as heart disease, stroke, diabetes or cancer. 75% of healthcare costs in the US are due to chronic conditions.



When we set our sights on landing on the moon, we imagined reaching the destination first and then worked backward. From this angle, the over-arching framework of success was what guided action and kept the laser-focus on achieving a monumental task. If we can get to the moon, we can no doubt attain success when it comes to health and wellness in America. Other countries have taken excess profits out of the healthcare equation and are ahead of the game when it comes to preventive medicine and reducing exposure to toxic compounds. If they can do it, so can we.

Getting to the destination will require **new ways of thinking** and **different approaches...**

Valuing healthcare as a **right** instead of a privilege

Personal responsibility and **hitting the mark** when it comes to **food, lifestyle and exercise**

Tackling the elephant in the room—greatly reducing the **excessive profits** in the **healthcare industry**

Learning from other **countries** with universal healthcare, longer life expectancies and affordability

Focusing more on **prevention and wellness**

Making it easier for our **kids to live healthier**

Drastically reducing our exposure to **toxic chemicals** in food and elsewhere





As Michael Pollan, journalist and healthy food advocate, bluntly puts it, “One of the leading products of the American food industry has become patients for the American healthcare industry.”

Key Steps for a Healthy Nation

⋮ Holly G. Atkinson, MD

As Americans, we are accustomed to thinking of our country as the best in many, if not most, endeavors. We take pride in being the wealthiest nation in the world and the most open of civil societies, with the best educational institutions and the greatest military might on the planet. We delight in exporting our culture: our music, films and fashions. However, when it comes to health, our dream is nowhere near realized. We fall far short.

Our biomedical research and technological capabilities are second to none. But we rank dismally low in most meaningful measurements of well being. For example, according to the most recent data, we ranked 31st among 195 nations in average life expectancy at birth and 29th in infant mortality.¹ We have a healthcare system rife with inefficiencies and built on perverse reimbursement incentives, influencing physicians to over-utilize expensive technologies and downplay powerful preventive strategies.

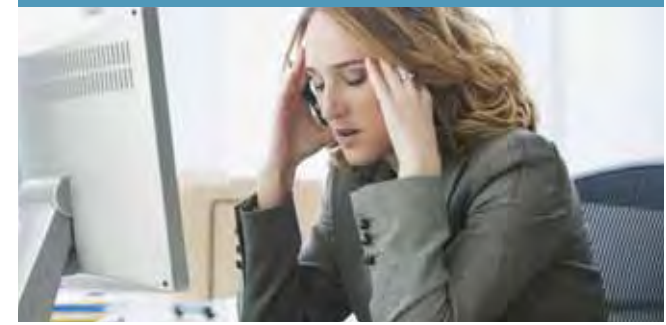
We also live in a social environment that often sabotages health. Tragically, our food industry, a relentless purveyor of cheap junk food, contributes hugely to the diseases we develop. One out of every three of our children is now considered overweight or obese. These children are increasingly at risk of heart disease, diabetes, stroke and other chronic diseases at

The **Western Lifestyle** Associated with:

Lack of physical activity



High stress levels



Smoking



Unhealthy diet



- OBESITY**
- **1 out of 3** children and **2 out of 3** adults are considered overweight or obese.
- CHRONIC DISEASE**
- **7 out of 10** Americans who die each year, die from heart disease, stroke, diabetes or cancer.
- * **These diseases are among the most costly but most PREVENTABLE of all health problems.**

younger and younger ages. As Michael Pollan, journalist and healthy food advocate, bluntly puts it, “One of the leading products of the American food industry has become patients for the American healthcare industry.”² Experts now predict that, if these trends go unchecked, our children’s lifespan will be shorter than our own.

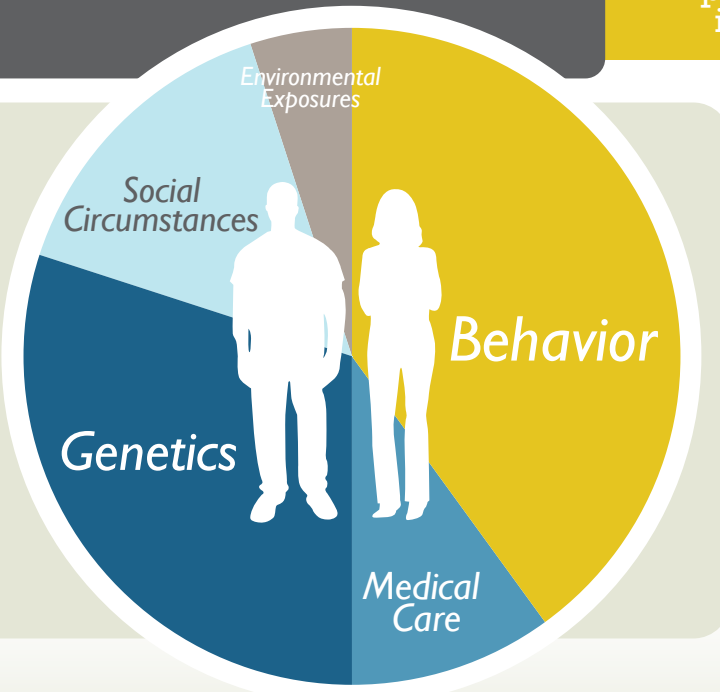
In addition, the gap between rich and poor continues to grow, with disease and early death taking an unfair toll on the disadvantaged and disenfranchised. All this in the wealthiest nation in the world. We need a dream of a truly healthy nation.

Disease and Premature Death in America

According to the federal Centers for Disease Control (CDC), seven of every ten Americans who die each year—that’s more than 1.7 million people—die from a chronic disease such as heart disease, stroke, diabetes or cancer.³ What’s more, says the CDC, three-quarters of our healthcare dollar goes to treat these chronic diseases, which are among the most costly but most preventable of all health problems. *To reiterate, much of this disease is preventable.* All of these killer diseases have been linked to our Western lifestyle—characterized by a lack of physical activity, high stress levels, smoking and a diet of highly processed foods loaded with sugar and saturated fats.



Of these factors, **BEHAVIOR** has the biggest impact on health and well being (or, behavior is the major contributor to an early death).



Premature deaths in the US:

- 40%** due to personal behavioral patterns
- 10%** due to a lack of medical care
- 30%** due to genetic influences
- 15%** due to social circumstances
- 5%** due to environmental exposures

Data comes from S.A. Schroeder, "We Can Do Better: Improving the Health of the American People," New England Journal of Medicine, 2007 adapted from J. Michael McGinnis, et al., "The Case For More Active Policy Attention To Health Promotion," 2002, Health Affairs, 21, no.2, p. 83.

Today, two out of every three American adults are overweight. A 2004 study estimated that almost 30 percent of the increase in healthcare spending from 1987 to 2001 was due to the rise in obesity.⁴ Amazingly, in 1980, obesity wasn't even on the list of sources of health spending growth. Now, the medical consequences of obesity account for almost ten cents of every dollar spent on healthcare.⁵ And because we're seeing a rise of obesity in our children, we can only expect the chronic diseases that are linked to diet and obesity to continue to soar, along with their costs—both in terms of human suffering and in real dollars. The bottom line: Americans are getting sicker, and we're spending more on expensive treatments that aren't the best approach.

The Real Determinants of Our Health

What supports health? Our health is influenced by five major factors: our personal behaviors, our genes,

our social circumstances, our access to good medical care and our environmental exposures. Of these factors, behavior has the biggest impact on health and well-being, or conversely, behavior is the major contributor to an early death. Today, behavioral patterns account for about 40 percent of all premature deaths in the US. Thus, changing our behavior presents the greatest opportunity to reduce chronic disease and prevent an early demise.⁶ Medical care, or more accurately the lack of it, plays a surprisingly small part, contributing only about 10 percent to premature deaths in the US. The remaining half of premature deaths is due to genetic influences (30 percent), social circumstances (15 percent) and environmental exposures (5 percent). Thus, the biggest bang for our buck—both literally and figuratively—comes from the lifestyle choices we make every day.

If you look beyond the chronic diseases that now stalk us to the root causes of those diseases, you'll find just three behaviors that cause the greatest harm: smoking, poor diet and lack of physical exercise. The findings of a more recent study reinforce what we already know about the power of healthy behaviors. Among the 23,000 men and women

Americans are getting sicker, and we're spending more on expensive treatments that aren't the best approach.

who participated, those who practiced four healthy habits—eating well, being physically active, not smoking and keeping a healthy weight—slashed their risk of diabetes by 93 percent, heart attack by 81 percent, stroke by 50 percent and cancer of all types by 36 percent! Practicing just one of the four healthy behaviors cut the risk of developing a chronic disease fully *in half*.⁷

The Need for Health Promotion and Disease Prevention

But we all know that following a healthy lifestyle is easier said than done. Knowledge is not necessarily power. For years, experts have been urging Americans to quit smoking, eat well and get moving. And while we've made some progress on giving up cigarettes,

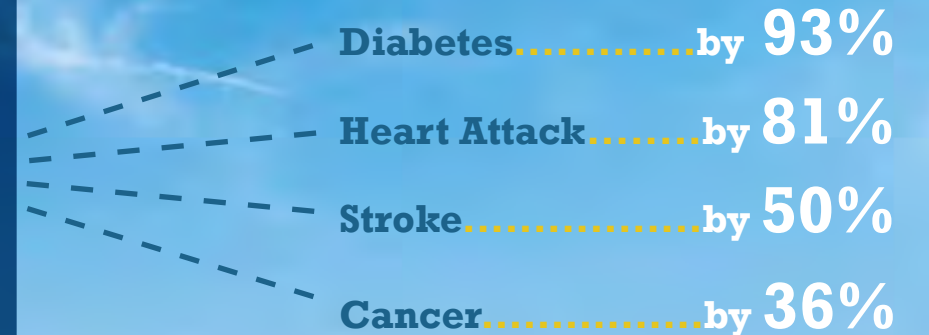
smoking remains the leading preventable cause of death worldwide. Embracing a healthy lifestyle continues to be elusive for the vast majority of us. Why? Change is difficult, to be sure. But we also live in a society where it's very difficult to make healthy choices: nicotine is an addictive drug, and as the former FDA commissioner David Kessler has recently documented, the food industry is tireless in its efforts to make its products virtually addictive as well. It is as if each of us is a salmon swimming alone, struggling against a never-ending toxic tide.

We need a much greater focus not only on helping individuals engage in healthy behaviors, but also on creating social and physical environments that promote good health. This two-pronged effort must occur simultaneously, because, according to Healthy People 2010, "the

The Power of Healthy Behaviors

Among the 23,000 men and women who participated in a recent study, those who practiced **four healthy habits slashed their risk of:**

- 1 Eating well**
- 2 Being physically active**
- 3 Not smoking**
- 4 Keeping a healthy weight**



Advancing the Nation's Perspective on Health and Healing

According to Oprah, Dr. Mehmet Oz is “America’s doctor.” With his own show, Dr. Oz is perhaps the nation’s biggest celebrity doctor but he is also quite influential in encouraging the public to adopt healthier lifestyles. *Time* magazine ranked Oz 44th on its list of the 100 Most Influential People in 2008 and *Esquire* magazine placed him on its list of the 75 Most Influential People of the 21st century.

A proponent of integrative health—the practice of combining alternative therapies with conventional medicine—Dr. Oz addresses topics such as anti-aging, cancer prevention, diabetes, fitness, weight loss and other healthy living topics through his television show and his bestselling medical books.

Dr. Oz is not just a television doctor. He is pioneering new ways of thinking about medical care. In treating patients, Dr. Oz doesn’t shy away from recommending unconventional therapies such as acupuncture, yoga, hypnosis, music, massage, reflexology, aromatherapy and energy healing. He encourages people to be proactive and experts of their own health and healing.

Dr Oz’s Favorite Healthy Foods:¹

- ✓ Almonds
- ✓ Eggs
- ✓ Low-fat Greek Yogurt
- ✓ Dark Chocolate
- ✓ Broccoli
- ✓ Oatmeal
- ✓ Fresh Fruit

“As a child I wanted to be either a pro athlete or a heart surgeon. I failed at the former, so I pursued the latter. In reality, they are scarily similar professions. You have to deliver the goods every day. And no one cares how well you performed yesterday.”²



Stay vital and engaged. If you do not have an important reason to stay healthy, then you will get sick.³



from the editor

health of the individual is almost inseparable from the health of the larger community.”⁸ Over the last several decades, we have accumulated irrefutable evidence that underscores the power of public health measures, yet there’s been a failure to adequately invest in such transformative initiatives.

To be sure, excellent medical care and disease management must remain top priorities, but we need to spend more on prevention and wellness strategies

to save lives and cut costs. For example, we urgently need to reform major aspects of the food industry, including agricultural subsidies and food prices. If we don’t address the American way of eating, it will be impossible to prevent the diseases that are major killers of Americans. We also need to address our ever-increasing toxic environment, as we learn more and more about the enormous toll that toxic chemicals are taking on our health.

The major challenge will be to bring about the large-scale societal changes necessary to fix the environment that so flagrantly fosters obesity and inactivity and so readily contributes to disease.

Preventive measures alone won’t guarantee healthy lives for everyone, but they would be a giant step toward slowing disease and/or catching it early, rather than making it more profitable to prescribe a drug or send a patient to surgery after disease has taken hold.

Looking Toward the Future

While there are barriers to investing in public health initiatives and preventive health strategies, there are reasons to be optimistic. Change is happening apace. First, individuals are seeking assistance in making healthy lifestyle choices. And employers are stepping up to the plate to help: they continue to institute workplace wellness programs, which are increasingly showing a positive return on investment. Helping employees adopt healthier behaviors is paying off in a number of ways: less sickness and absenteeism, lower healthcare costs and ultimately an increased bottom line.

We also need to create healthier communities that provide better options at every turn, whether it’s more nutritious foods in the school cafeteria, neighborhood delis or local restaurants; more sidewalks and parks in our neighborhoods; or more creative local ordinances, such as those that extend smokefree spaces or mandate caloric information on all food items. Pilot projects in schools and communities across the country are showing that changing the environment does make it easier for people to make good choices and avoid bad ones.

Second, physicians, along with other healthcare providers and medical institutions, are beginning to embrace lessons from the field of prevention. For example, since

the widespread coverage of the Institute of Medicine’s 2006 report, *Preventing Medicine Errors*, which found that medication errors alone injure 1.5 million people and cost billions of dollars annually in the US, a series of actions throughout the healthcare arena is being taken to prevent these injuries, extending from the use of electronic prescriptions and drug-interaction software programs to improvements in labeling and packaging of medicines.⁹

Third, the Patient Protection and Affordable Health Care Act of 2010 is a major step forward in embracing health promotion and disease prevention. The Act advances a wide array of new initiatives and funding, including coverage of numerous preventive services with no out-of-pocket cost to the individual; Medicare coverage of an annual wellness visit that includes preventive care; the establishment of a Prevention and Public Health Fund to the tune of up to \$2 billion dollars by 2015; and a new national prevention, health promotion and public health council to address future activities.¹⁰ Nevertheless, we need to press for even more healthcare reform if we are to realize our dream.

We are moving in the right direction; however, much remains to be done. The major challenge will be to bring about the large-scale societal changes necessary to fix the environment that so flagrantly fosters obesity and inactivity and so readily contributes to disease. This will take bold legislation, industry regulation and targeted taxes, among other determined actions. Resistance will be fierce. Much is at stake. But the dream of a healthy nation is clearly within our grasp.

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“Let your food be your medicine and your medicine be your food.”

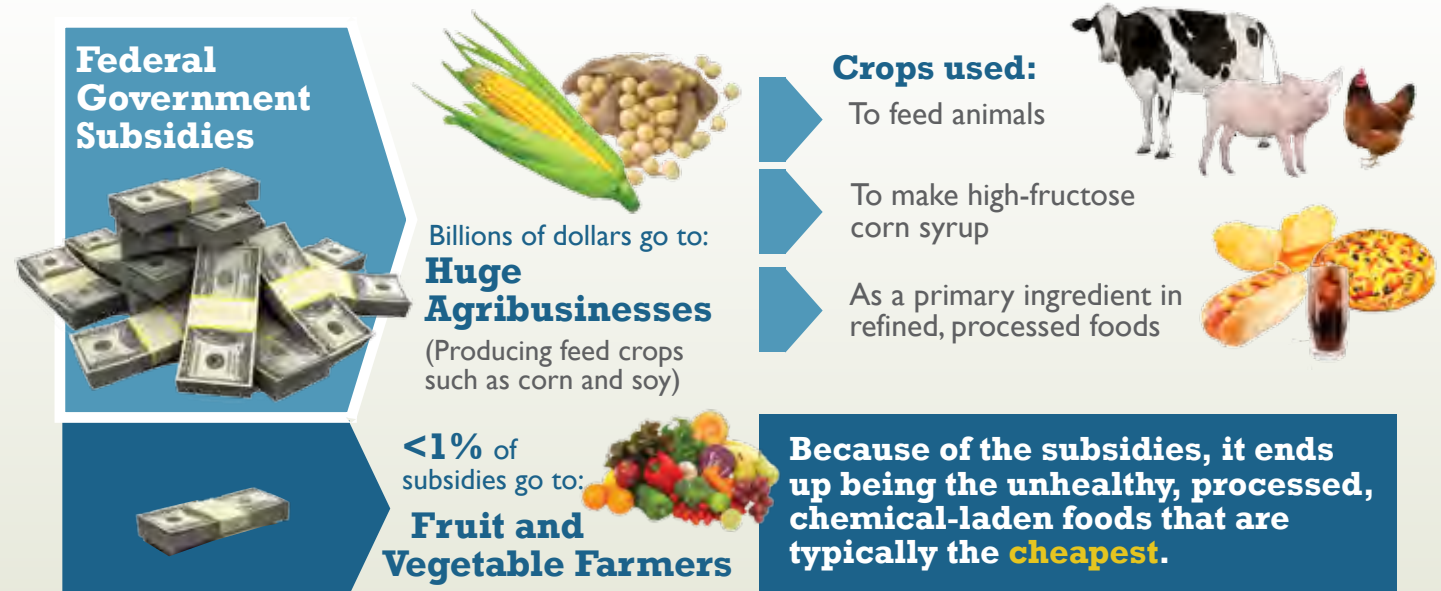
➤ Hippocrates

Strengthening the Food & Health Connection

⋮ Baxter Montgomery, MD
⋮ Montgomery Heart & Wellness

After many years practicing internal medicine, cardiology and cardiac electrophysiology, I have witnessed amazing advances in medical science. Despite these advances, I have seen more young people than ever before plagued by chronic illnesses. I also noticed over time that I was becoming sicker as well. My LDL cholesterol had risen to 138 by the age of 38. (It should have been less than 100.) As a cardiologist with a genetic predisposition to diabetes and heart disease, I knew this was a significant problem.

I began an intense research effort, looking for alternative ways to achieve optimal health and wellness. I discovered a simple but amazing fact—when it comes to disease reversal and prevention, nutritional excellence is everything.



Through this unequal distribution of funds, the government supports the production of the damaging foods that contribute to our growing rates of obesity and chronic disease.

We need a paradigm shift in our approach to healthcare. Our efforts need to start with removing unnatural foods from our diet, and replacing those foods with ones that are “natural,” as a way of reversing illness and facilitating health. This new approach would be a shift away from using medical and surgical interventions as our primary forms of healthcare.

Chronic Disease in America

According to the World Health Organization, the major risk factors influencing mortality today are our patterns of living and consumption. In the United States, chronic diseases—heart disease and stroke, cancer, diabetes, arthritis and obesity—cause seven in ten deaths each year. One in two American adults lives with at least one chronic illness.¹ More than 75 percent of our healthcare costs in this country are due to chronic conditions.²

The irony of chronic diseases is that they are the most common and most costly of all health problems in America, while at the same time being the most preventable. Also, many of the most damaging foods are the least expensive and therefore the most accessible to low-income individuals.

Why Does a Salad Cost More Than a Big Mac?

Even though we have the power to choose the food we eat, fresh, healthy, minimally processed foods can be more expensive than unhealthy, processed, chemical-laden foods. This is because the federal government provides billions of dollars in subsidies to huge agribusinesses producing feed crops, such as corn and soy, which are then fed to animals, used to make high-fructose corn syrup, and are a primary ingredient in refined, processed foods. By funding these crops, the government supports the production of the damaging foods that contribute to our growing rates of obesity and chronic disease.

Despite the federal government’s historic support of unhealthy foods, there are many opportunities for change: farmers markets, community supported agriculture, local grocery co-ops and farm stands. Schools and workplaces have instituted their own policies aimed at bringing fresh, local foods into their cafeterias.

The irony of chronic diseases is that they are the most common and most costly of all health problems in America, while at the same time being the most preventable.

Increasing the price of sugared beverages through taxation would most likely reduce consumption, similar to the reduced usage of tobacco products after the federal government imposed a tax increase.

Developing policies that are more supportive of these initiatives is crucial for truly changing the food system. This is true on all scales, from policies at individual schools and workplaces to city and statewide policies to policies at the national level.

True Health Through Nutrition

Scientific studies have strongly indicated that individuals who live either solely or predominantly on plant-based diets are actually healthier than individuals who live on mostly animal-based diets.³ Also the over-processing of plant-based foods can be related to disease formation, and therefore, the less processing our foods go through the more valuable they are for ensuring good health.

I have, as a result of my own careful research and study, developed and then systemically incorporated food prescriptions into my cardiology practice. The results I have seen first-hand from the experiences of hundreds of patients and clients, across a broad spectrum of health conditions, have been astounding.

A whole-foods, plant-based diet can prevent disease states, such as cancer, heart disease, obesity, diabetes, cataracts, macular degeneration, Alzheimer's, cognitive dysfunction, multiple sclerosis and osteoporosis. Furthermore, a plant-based diet can benefit people regardless of their genes, or personal disposition. This makes consuming whole, plant-based foods a superior diet, compared to consumption of animal-based foods, to support prevention of a majority of diseases.⁴

Data compiled from four unrelated studies showed a 26 percent reduction in heart disease and a 30 percent reduction in incidence of stroke in people who consumed no animal products compared to regular meat eaters.⁵ A later study performed by Dr. Dean Ornish compared individuals on a plant-based diet with less than 10 percent of calories from fat to individuals consuming 30 percent of calories from fat. The study showed an 82 percent regression of heart disease, a 37 percent decrease in cholesterol and a 91 percent decrease in angina of those on the lower-fat diet after one year.⁶

An estimated 18 million Americans have type 2 diabetes, which is caused by a combination of genetics and poor eating and exercise habits. In one study, researchers randomly assigned people with type 2 diabetes to either a low-fat, low-sugar vegan diet or the standard American Diabetes Association diet. After 22 weeks on the diets, 43 percent of those on the vegan diet were either able to stop taking some of their drugs, such as insulin or glucose-control medications, or lower the doses, compared to 26 percent of those on the standard diet. The vegan dieters lost 14 pounds on average, while the Diabetes Association dieters lost 6.8 pounds. LDL or "bad" cholesterol fell by 21 percent in the vegan group and 10 percent in the standard diet group.⁷



Public domain photos courtesy Chuck Kennedy/White House Photographer

Tackling Childhood Obesity

In the US, one in three kids are overweight or obese. One-third of all children born in 2000 or later will suffer from diabetes; many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer and asthma.

First Lady Michelle Obama pledged to end childhood obesity within a generation so that children born today will reach adulthood at a healthy weight. It began with the White House organic garden and evolved into the Let's Move! Campaign, a series of collaborative and community-oriented strategies to address the various factors that lead to childhood obesity.

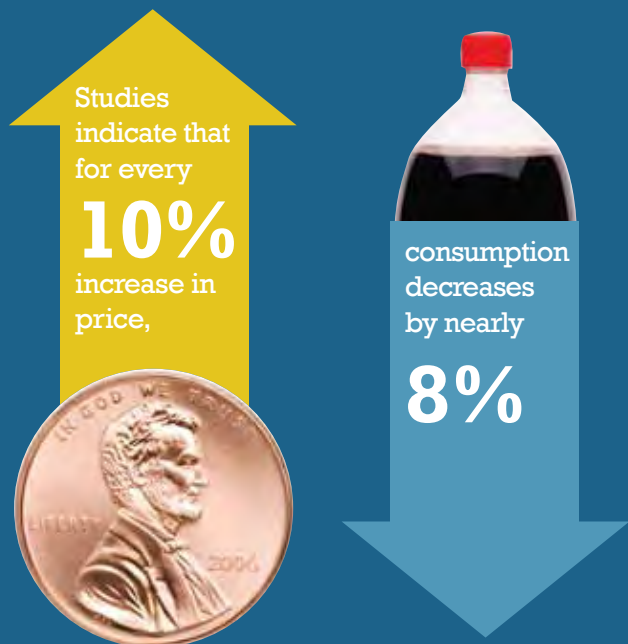
The Let's Move! Campaign focuses on four areas: empowering parents and caregivers; providing healthy food in schools; improving access to healthy, affordable foods and increasing physical activity. Tips, strategies, meal plans and physical activities are suggested on the Campaign's website and an hour per day of physical activity is recommended for all children.¹ Mrs. Obama said the campaign "has never been about the government telling people what do to."²

Launched in tandem with Let's Move!, the new Task Force on Childhood Obesity reviews every program and policy relating to child nutrition and physical activity. The Task Force oversees a national action plan that maximizes federal resources and sets concrete benchmarks toward the First Lady's national goal.

Mrs. Obama also backed the passage of the Healthy, Hunger-Free Kids Act, which aims to improve school lunch nutrition and funding. The bill expands eligibility for school meals programs, establishes nutrition standards for all foods sold in schools and provides a 6-cent increase for each school lunch to help cafeterias serve healthier meals.

Childhood obesity is easier to prevent than to treat and in most cases can be prevented with lifestyle choices. We owe it to future generations to raise healthy kids.

from the editor



Encouraging consumers to switch to more healthful beverages would lead to less caloric intake and reduced weight gain.



from the editor



Photo courtesy Doug Beghini / The Oregonian

The Healthy, Hunger-Free Kids Act aims to improve school lunch nutrition. This elementary school in Portland, Oregon tested a more nutritious lunch program with great success.

Studies show that offering kids healthy foods in school leads to **long-term** healthier eating habits.



Photo courtesy Kristen Boyer Photography

Chef Ann is working to create a sustainable model to replace highly processed foods with highly nourishing, whole foods, that are procured regionally and prepared from scratch.

Chef Ann Cooper: Committed to Making School Lunches Healthy

Chef Ann Cooper, celebrated author, chef and educator, is known as “The Renegade Lunch Lady,” trumpeting the same simple fact as Dr. Montgomery: When it comes to your health, nutritional excellence is everything. Ann shifted her career from cooking in schools to advocating for a healthier food system after determining that our country could no longer ignore the environmental and health problems with our food production. Working in public K–12 school cafeterias across the nation, Chef Ann is leading the way toward a sustainable model that will replace highly processed foods with highly nourishing, whole foods, that are procured regionally and prepared from scratch. Ann founded the Food Family Farming Foundation, and her current project The Lunch Box (www.thelunchbox.org), provides free and easy to use tools, recipes and community connections to support school food reform. Adament that a food revolution is in order, Ann foresees a time when being a chef working to feed children healthy food will no longer be considered “renegade.”

The major benefit of preventing or reversing a chronic illness is the benefit of adding more life to their years, as opposed to more years to their life. Ultimately, the quality of our days is what is most important.

Signs of Progress

As part of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Farmers’ Market Nutrition Program provides fresh, unprepared, locally grown fruits and vegetables to WIC participants. Coupons are used to purchase fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. In 2009, 2.2 million individuals participated in the Farmers’ Market Nutrition Program.⁸

In a recent push toward healthier schools, 42 states have passed regulations forbidding the high-calorie and high-sodium items that were marketed in traditional vending machines.⁹ Recognizing that these junk foods can lead to obesity, diabetes and coronary artery disease, these forward-thinking schools have replaced unhealthy vending machine snacks with healthier options such as water, juice, yogurt, crackers, fruit and granola bars. While eliminating junk food from school vending machines doesn’t guarantee the ideal healthy diet for school-aged kids, it is still progress in the right direction and more schools need to follow suit.

Studies show that offering kids healthy foods in school leads to long-term healthier eating habits. One study showed that fifth graders consumed more fruit and

from the editor

vegetables when their schools restricted fatty and sugary snacks, even outside of school.¹⁰ Teachers at a high school in Los Angeles reported that students behaved better and are focused in class after the school stocked vending machines with water, juices and healthy snacks. The school also reported a 74 percent reduction in violent suspensions and a 24 percent reduction in all suspensions since before the change in school foods and beverages.¹¹

the world. Lifestyle behavior with optimal nutrition will be the central theme. By approaching chronic illness first with nutritional intervention, we will improve overall quality of life for people. We will improve their productivity at work and increase their enjoyment of day-to-day activities. We will help patients avoid costly medications and surgical procedures, allowing them to keep more money in their pockets. All it takes is the realization that true health begins in the produce section of the grocery store, not the pharmacy.

There is a need for revolutionary change in how we address chronic illnesses in this country and around

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Steps to a Healthier You

① Focus meals around minimally processed, plant-based foods.

② Purchase more of your groceries from farmers’ markets, CSAs, local co-ops.

③ Interested in nutrition policy? The Center for Science in the Public Interest is a science-based advocate for nutrition and health, food safety and alcohol policy. www.cspinet.org



Baxter Montgomery, MD, (www.dr Baxtermontgomery.com) is a busy cardiologist in Houston, Texas. As a clinical assistant professor of Medicine in the Division of Cardiology at the University of Texas and a fellow of the American College of Cardiology, he manages heart rhythm problems and coronary disease; performs angiography, heart device implants (defibrillators, pacemakers) and other hospital procedures, and teaches young physicians. Montgomery is also the executive director of the Johnsie and Aubary Montgomery Institute of Medical Education and Research and the author of The Food Prescription for Better Health.



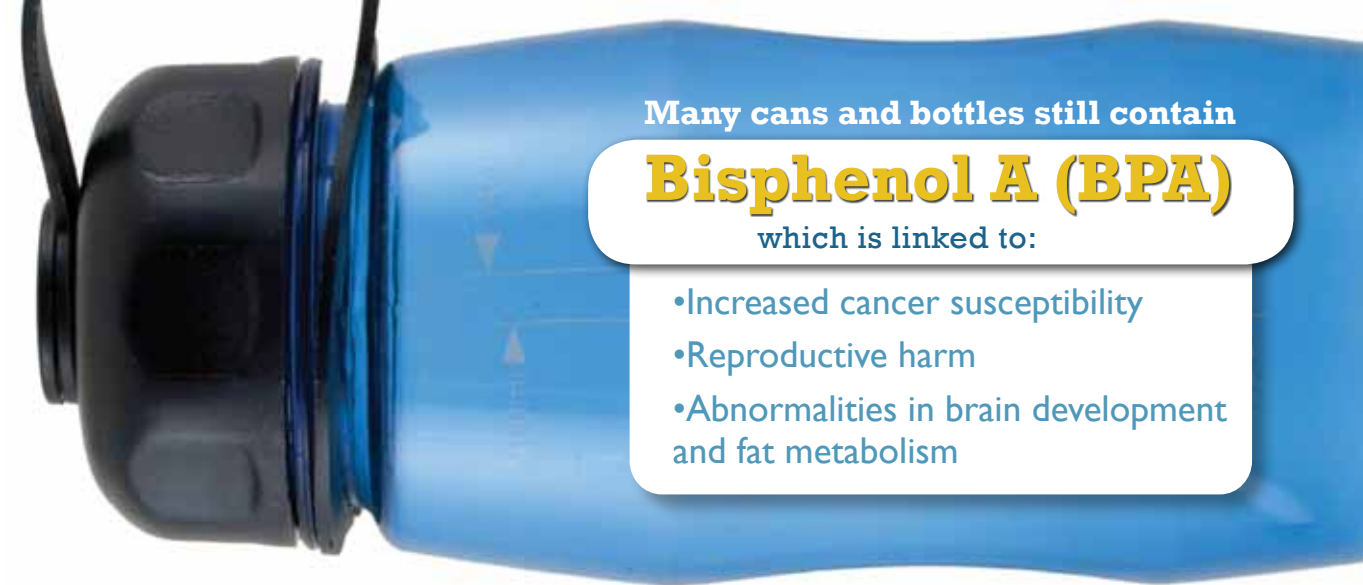
Avoiding the Dangers of Toxic Exposure

While global warming has grabbed the headlines over the last few years, another phenomenon, global poisoning, has also been making a name for itself. Its effects are less apocalyptic but more intimate. Instead of wildfires and floods, it's the kind of thing that creeps into dinner conversation about a child's problems at school or hovers over the doctor's visit where life-altering news is delivered.

Its cause is unregulated chemicals.

It comes as a surprise to most people that the US does not have a functioning system to regulate the chemicals we use in our homes and workplaces, but it's true. The law that was supposed to do this, the Toxic Substances Control Act (TSCA), passed in 1976 but never got off the ground. There are roughly 84,000 chemicals in use in the United States, up from 62,000 when TSCA passed. The US Environmental Protection Agency (EPA) has required health information on just 200 of the original chemicals and has restricted only 5.¹

... Andy Igrejas
... Safer Chemicals, Healthy Families



Many cans and bottles still contain

Bisphenol A (BPA)

which is linked to:

- Increased cancer susceptibility
- Reproductive harm
- Abnormalities in brain development and fat metabolism

Body Pollution, Chemical Toxicity

In the mid-90s, scientists began finding that very low doses of some common chemicals were linked to health effects that were also common in the population. The Centers for Disease Control substantially expanded its work in something called “bio-monitoring”—the science of detecting chemicals in human beings. They've found that hundreds of chemicals—including those toxic at small doses—are being carried in the blood, tissue or urine of every man, woman and child in the United States.² Only a sliver of this work has made its way into the mainstream press, but it's been enough to grab the public's attention.

The specter of homes and workplaces awash in unregulated chemicals that get into our bodies has revealed common interests that have been hiding in plain sight all along. Until recently, middle-class professionals may have cared about people in industrial neighborhoods, but they didn't see themselves as in the same boat. Increasingly, however, they realize that the same chemicals that go into products in some of these neighborhoods come out of products in your living room or office. The flame retardant in your couch gets out of the fabric and into the household dust that you inhale and absorb through your skin,

much the same way that lead gets into your bloodstream from old paint. Suddenly people have found a common way to relate to chemicals across geographic and socio-economic lines. Unfortunately that shared experience is the burden of chronic illness like cancer, infertility and learning disabilities.

The Environmental Working Group found:

287 different chemicals in the umbilical cord of newborns

Of these:

180

cause cancer in humans or animals

217

are toxic to the brain & nervous system

208

cause birth defects or abnormal development in animal tests

Photo: courtesy Environmental Working Group

Out of the 84,000 chemicals in use, the US EPA requires health information on just 200 and restricts only 5. Without fail, each of us is exposed to toxic chemicals every day, chemicals that are linked to serious health problems.



Choices you can make:



+ **Get informed.** Learn how to avoid exposure to toxic chemicals and understand the potential health effects.



+ **Eat organic food,** not just produce but meat as well.



+ **Know which varieties of fish contain high levels of mercury** and replace them with low mercury varieties.



+ **Replace toxic cleaners,** pesticides and cosmetics with natural, chemical free products.



+ **Shop smart:** Do your research to seek out nontoxic alternatives for everything from electronics, cookware and clothing to furniture, carpeting and home improvement products.



+ **Know your plastics.** Be wary of consuming foods or beverage served in polycarbonate plastics. Never heat or microwave food in plastic of any kind. Seek out BPA-free canned foods, sodas and food storage containers.

The punch line of the recent science trends is more chronic disease, earlier in life. More children are getting cancer, younger.³ Learning disabilities and especially autism are skyrocketing.⁴ Fertility problems are on the rise with younger couples.⁵ Male reproductive problems and Parkinson's and Alzheimer's are also on the rise.⁶ One of the most significant conclusions from recently published studies is that very low doses of some chemicals, very early in life—childhood and even earlier, during pregnancy—appear to contribute to increased disease much later in life.⁷

A New Campaign: The Environmental Health Movement

The link with health problems that touch most American families is what gives the relatively new environmental health movement its power. Research has shown that Americans are greatly concerned about chronic disease, are quick to associate its persistent rise with chemicals, strongly favor increased government regulation of chemicals and completely distrust the chemical industry.

The environmental health movement has already galvanized consumers around several chemicals, like the hormone-mimicking BPA found in plastics, receipt paper and other products. Wal-Mart and Target made headlines when they dropped baby bottles made with BPA from their shelves.⁸ Other companies, however, have gone deeper. Healthcare companies like Kaiser Permanente, Catholic Healthcare West and Premier lead the way with comprehensive policies to weed out toxic chemicals from health facilities and the products used in them. The retailer Staples soon followed, as have several manufacturers including Construction Specialties (building materials) and Steelcase (furniture).⁹


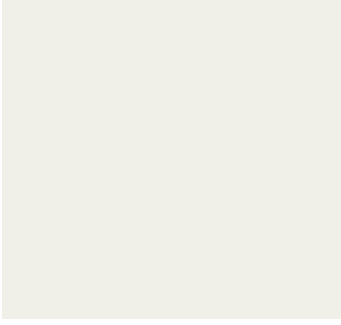

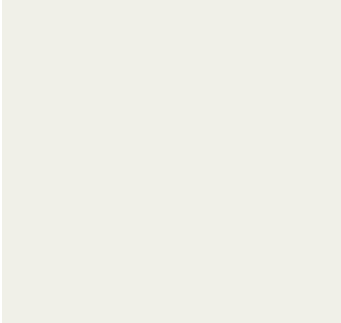

Several states have also worked to fill the void in safeguarding health. Washington State was the first with a

We should address the legacy of inaction on some of the worst chemicals by naming them and requiring that they be reduced and/or eliminated.

The EPA needs explicit authority and a new mandate to ensure chemicals are safe for us and our children.



Go to dreamofanation.org to get the book!

Chemical	Exposure	Health Advisory	
Perfluorinated Compounds (PFCs)	Grease-resistant packaging, pizza boxes, popcorn bags, stain resistant products for carpets and upholstery, non-stick cookware, shampoo, dental floss	Human carcinogen, liver and kidney damage, reproductive problems, lower birth weight	
Toxic Flame Retardants (PBDEs)	Consumer electronic plastics, furniture, mattresses, house dust, indoor air	Deficits in learning and memory, altered thyroid levels	
Heavy Metals (Mercury, Arsenic, Lead and Fluoride)	Fluorescent light bulbs, electrical fixtures, medical equipment, dental amalgam fillings, dyes, metals, drinking water	Learning difficulties; reproductive problems; hypothyroidism, brain damage, lung, bone and skin cancer; and a range of other health problems	
Bisphenol A (BPA)	Baby bottles, sippy cups, food and beverage cans, plastic medical devices, adhesives, paints, cash register receipts, dental sealants and tooth coatings	Earlier onset of puberty increased susceptibility to breast and prostate cancer altered brain development; reproductive problems insulin resistance, diabetes heart disease.	
Pesticides	Fruits, vegetables, lawns, gardens, cotton clothing and bedding, bug repellent	Asthma, birth defects, neurological effects, cancer, hormone disruption	

With smart policy, an informed public along with cooperation between businesses, the healthcare industry and non-profits will go a long way toward protecting families from toxic chemicals.

program to identify and restrict chemicals that persist in the environment and build up in the food chain (called persistent, bio-accumulative toxins or PBTs). Maine adopted a policy to identify the “worst of the worst” chemicals and restrict their use in products to which children can be exposed. California is now implementing a Green Chemistry Initiative that may have far-reaching implications. Minnesota, Connecticut, New York and Maryland have passed laws restricting individual chemicals.¹⁰

One of our largest trading partners, the European Union, is now implementing a relatively new policy called REACH, for Registration, Evaluation and Authorization of Chemicals.¹¹ Chemical makers will have to provide basic health and safety information for their products under the new law and share the information with companies that use the chemicals. The government is also developing a list of chemicals considered “of high concern,” which, once listed, will require authorization before they can be used.

So is all this activity in Europe, several states and some forward-thinking companies enough? No. Most Americans are being exposed to chemicals right now that are having an impact on their health in ways that we are only beginning to understand. While Europe is showing us it can be done, perhaps we can do better,

like back in the days when the United States led the world in protecting public health and set the bar for environmental excellence.

Real reform would restrict the chemicals that are already widely known to be dangerous. It would require the chemical industry to divulge all the health, safety and exposure information it has for chemicals currently on the market—information that is often kept hidden under much-abused loopholes in current law. It would set a new safety standard for chemicals that would protect vulnerable subpopulations and reflect the recent scientific consensus about low doses from certain chemicals and the cumulative effect of multiple exposures.¹²

Most of these ideas were included in legislation introduced in 2011 in the Senate (HR S847). Unfortunately, it has been bottled up under pressure from the American Chemistry Council, the trade association of chemical makers. That leaves plenty of work to implement this vision over the next few years, and plenty of room for this diverse movement—informed by science and committed to reducing the disease burden of our neighbors and loved ones—to grow.

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Andy Igrejas is national campaign director of Safer Chemicals, Healthy Families (www.saferchemicals.org). Before SCHF, Igrejas headed the Environmental Health Program at the National Environmental Trust for seven years, and continued in the position when that organization merged with the Pew Charitable Trusts in 2008. In that role, Igrejas helped put chemical policy reform on the national agenda through work on the Kid-Safe Chemical Act. Igrejas also led NET’s work on chemical security, right-to-know, food safety and California initiatives like the successful campaign for the Safe Cosmetics Act. Igrejas is a native of Bloomfield, NJ and now lives in Washington, D.C.



Tackling the Profit Problem in Healthcare:

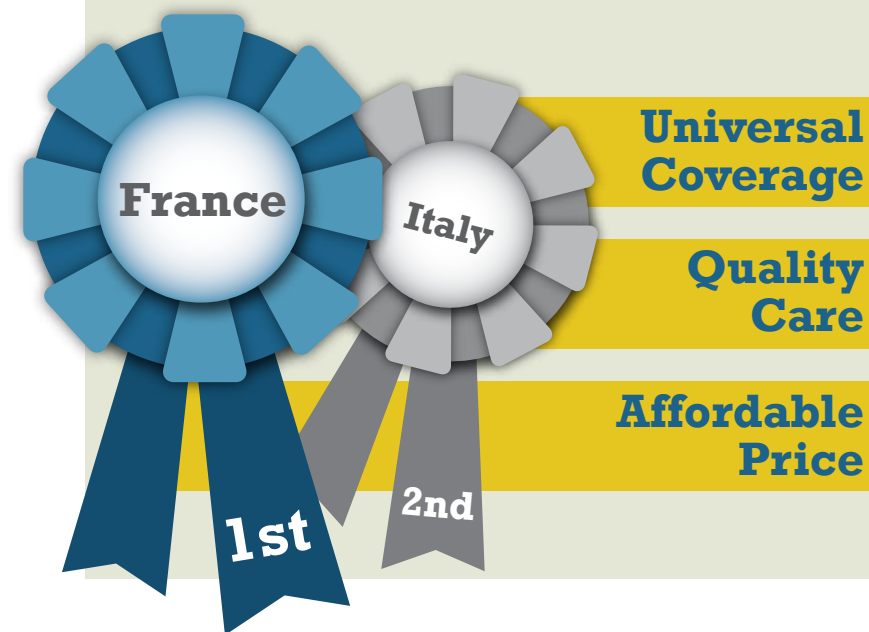
What the US Can Learn From Europe

The United States is facing some daunting economic challenges, not the least of which is our broken healthcare system. The US spends nearly twice as much money per capita on healthcare as other developed nations, yet the metrics show that Americans end up with worse care and poorer health. Moreover, American businesses are spending way more on healthcare than their international rivals, making them less competitive in an increasingly global economy. In truth, our hodgepodge healthcare system is going to bankrupt the nation if we don't figure out a better way.

The Obama healthcare plan was a step in the right direction, but only a minor one. By the time it is fully implemented in 2014, it will have increased access to healthcare for millions (though not all) of Americans. But it will have done little to rein in costs. In theory, cost controls should be a goal that Republicans and Democrats can agree on, yet it will be an even bigger political battle than the previous one over access. That's because to rein in costs it will not be possible to tinker around the edges of a broken system, as the 2010 healthcare reform did. It will be necessary to fundamentally overhaul the system in ways that powerful special interests will fight.

• Steven Hill
• Political Writer

World Rankings for Healthcare



Out of 191 countries, the US ranked:

72nd
for “level of health”

37th
for “overall health system performance”

One reason the US is ranked so low is that nearly 50 million Americans (1/6th of the population) have no health insurance at all. No other developed country leaves so many of its people stranded without basic care.

At the root of the grotesquely expensive and inefficient US healthcare system is the fact that it is a for-profit system where profit-hungry corporations have incentive to charge premiums as high as they can get away with, while at the same time providing as few patient services as possible. That's the basic formula for how any business maximizes profit—charge more and spend less. Yet those incentives result in perverse outcomes when the goal is providing healthcare for all Americans. In short, the US healthcare system prioritizes profits before people, yet to deliver quality, affordable healthcare it is necessary to do just the opposite.

Healthcare for People, Not Profits

Americans could learn a great deal about how to design an efficient, cost-effective and humane healthcare system by looking across the pond. Europe has substantially achieved what America has yet to figure out—how to enact universal coverage and quality care at an affordable price. And surprisingly, many European nations have

accomplished this without using a single-payer system, or “socialized medicine,” as it is sometimes called.

To understand the magnitude of what Europe has accomplished, it is necessary to understand how far behind America is on health and healthcare. France and Italy, which have universal coverage for all their residents—even recent immigrants—were ranked first and second in the world rankings for healthcare published by the United Nations' World Health Organization (WHO). Most other European nations also were ranked near the top. The United States meanwhile is ranked 72nd of 191 countries for “level of health” and 37th for “overall health system performance,” just behind Costa Rica and Dominica and just ahead of Cuba, all countries with a fraction of America's wealth.¹ One reason the US is ranked so low is that nearly 50 million Americans—one-sixth of the population, including millions of children—have no health insurance at all. No other developed country leaves so many of its people stranded without basic care.

In short, the American healthcare system prioritizes profits before people, yet to deliver quality, affordable healthcare it is necessary to do just the opposite.



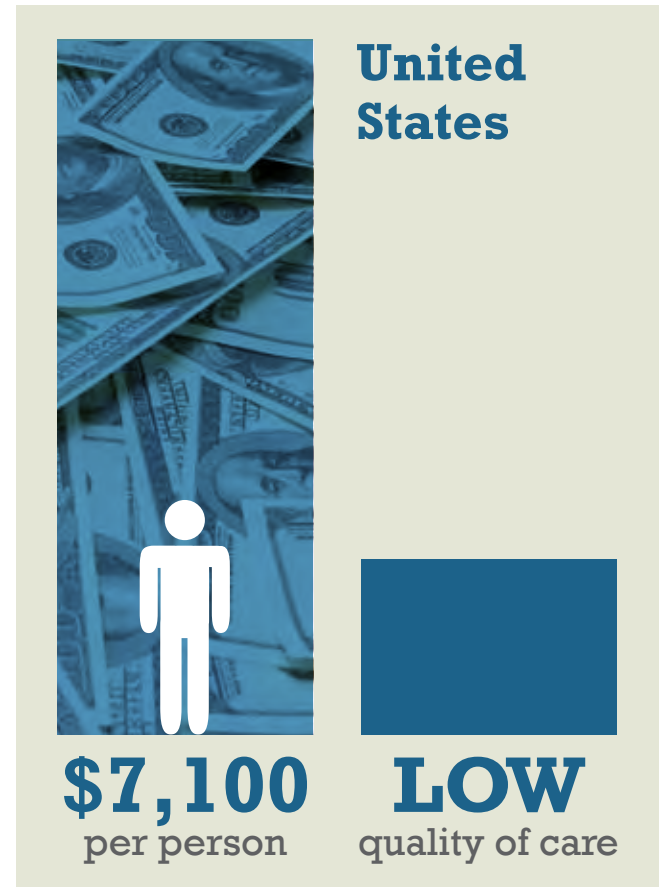
The various European healthcare systems put people and their health before profits—*la santé d’abord*, “health comes first,” as the French are fond of saying.

The US ranks poorly not only on various health indicators but also when it comes to related metrics such as the number of physicians, hospital beds, medical errors, high out-of-pocket expenses, infant mortality, life expectancy and much more.² One commonsense yardstick for measuring the relative merits of different nations’ healthcare systems has been called “the heart attack question”: If you have a heart attack, are your chances of survival better in the United States than in other countries? The answer is a decided “no.” The best place to have a heart attack is Japan if you are a man, France if you are a woman. The United States ranks only twenty-second for men and twenty-third for women among industrialized nations, according to the American Heart Association.³

To some extent the quality of healthcare in the American patchwork system depends on one’s income level and job situation. If you are the president of the United States or a member of Congress—whose European-level benefits far outpace those of most Americans⁴—or if you work for a profitable corporation, you receive a Cadillac healthcare plan, including access to extremely sophisticated medical technology and procedures. But most Americans don’t enjoy such luxurious care, they get the Yugo or jalopy plan, if they have healthcare at all.

Despite the large differences in performance between American and European healthcare systems, somehow Europe manages to spend only a fraction of what the United States spends. According to WHO, the

Healthcare Spending



Residents of Vermont rally to support healthcare reform at the State House in Montpelier.

US spends nearly 17 percent of our gross domestic product on healthcare, about \$7,100 per person, compared to an average 8.6 percent in European countries. France does it for far less, spending just \$3,500 per person, even though it has the top-rated healthcare system in the world.⁵

How do the French, Germans, British and other European countries manage to provide better healthcare than most Americans receive for about half the per capita cost? While there are differences from nation to nation, there also are some broad generalities to point to.

***La Santé D’abord*: “Health Comes First”**

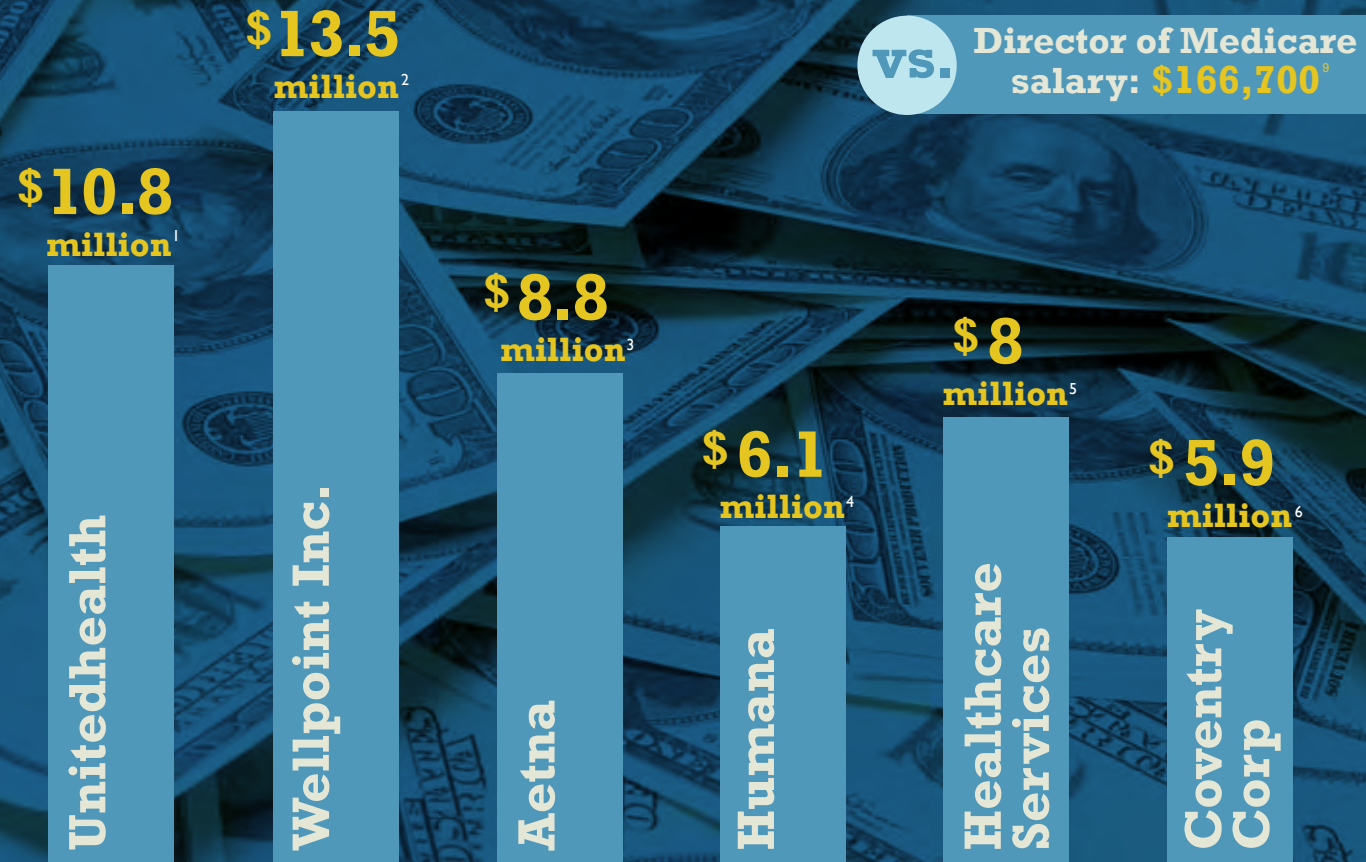
The first overriding difference between American and European healthcare systems is one of philosophy. The various European healthcare systems put people and their health before profits—*la santé d’abord*, “health comes first,” as the French are fond of saying. It’s no coincidence that as America tries to grapple with soaring healthcare costs and lack of universal coverage, the CEO kingpins of the healthcare industry rake in tens of millions of dollars in individual compensation and bonuses.⁶ Healthcare corporations spout platitudes about wanting to provide good service for their customers, but there’s no escaping the bottom line reality that the CEOs of giant health corporations ultimately are accountable to one small group—their stockholders. If nothing else, the US healthcare system provides a valuable fable illustrating that corporate profits and affordable, quality universal healthcare are not a viable mix.

The second major difference between American and European healthcare is in the specific institutions and practices that flow from this philosophy of “health comes first.” Contrary to stereotype, not every country in Europe employs single-payer, or government-run, “socialized medicine.” Unlike single-payer in Britain, Canada or Sweden, other nations like France and Germany have figured out a third way that not only appears to perform better than single-payer, but it also might be a better match for the American culture. This third way is a hybrid that allows private insurance companies and individual choice of doctors (most of whom are in private practice). It is based on the principle of “shared responsibility” between workers, employers and the government, all contributing their fair share to guarantee universal coverage and to hold down costs.

These healthcare plans share some common features with President Obama’s 2010 healthcare reform, but with two essential differences. Like the new healthcare reform, participation for individuals is mandatory, not optional, just like it is mandatory to have a driver’s license to drive an auto. But a key difference is that in France, Germany and elsewhere, the private insurance companies are non-profits instead of for-profits. The backbone of the German healthcare system, for example, is composed of about 200 private but non-profit insurance companies, all of whom compete against each other for patients. Patients have freedom of choice to go to whichever doctor they wish. Doctors, nurses and healthcare professionals are paid decent salaries but



2010 CEO Compensation of Top Health Insurance Companies



It's difficult to fathom why insurance premiums continue to rise and coverage shrinks, while the CEOs take home millions of dollars a year. One glimmer of hope is the announcement by Blue Shield of California, a non-profit and one of the top ten health insurance providers. After public outcries about premiums and executive compensation, the organization promised to refund \$167 million to customers and cap future profits.⁷

Other insurance companies will be required to follow suit. The federal healthcare overhaul requires insurers to spend at least 80 percent of their revenue on medical care, leaving 20 percent for administrative costs, including salaries and profits. Insurers that don't meet that target will be required to issue refunds to policyholders. The law also implements government review of individual and small business policy rate increases of 10 percent or more.⁸

from the editor

I'm still waiting for the day when Americans decide they want to be number one in healthcare. Wouldn't it be grand to beat the French for a change at something that really matters?

not as much as their American counterparts, and you don't have healthcare CEOs making tens of millions of dollars. Nor do you have stockholders demanding the highest return for their investment. Generally speaking, the profit motive has been wrung out of the system.

So the most direct way to reduce costs is to introduce a dominant-sized, non-profit sector into the healthcare market, but that's not sufficient. After all, Kaiser and Blue Cross/Blue Shield are US non-profits, but they rake in huge earnings and pay multimillion-dollar CEO salaries. So that's why France and Germany have deployed a second essential element for cost controls—negotiated fees for service. In these “shared responsibility” systems, fees for every healthcare service and product are negotiated between representatives of the healthcare professions, the government, patient-consumer representatives, and the private non-profit insurance companies. Like in the US system for Medicare, together they establish a national agreement for treatment procedures, fee structures and rate ceilings that prevent healthcare costs from spiraling out of control. Contrary to critics' claims about single-payer systems, this has not led to healthcare rationing or long waiting lists for treatment. And this has been good for businesses because it doesn't expose them to the soaring healthcare costs that have plagued American employers.

As just one example of how this affects costs, look at the difference in prices for medical drugs. Because America has nothing like these sorts of negotiated price controls (outside Medicare), some of Europe's drug companies come to the US where they can sell their prescription drugs for a lot more money than they can in their own

countries. Europe's pharmaceutical businesses make one-third of their profits in the US market because they can charge five times as much in the US for the same pill made in the same factory.

That combination of non-profit insurance companies and negotiated fees for service prevents costs from spiraling out of control. Now you can see why the for-profit healthcare corporations in the United States, and the politicians who do their bidding, will fight tooth and nail against the only types of reforms that have ever proven successful at reducing costs. But US healthcare costs are so high, and so threatening to the nation's future, that eventually the logic of reform will prevail.

A “Third Way” for Healthcare

The verdict is in, and it's clear that non-profit healthcare is superior to for-profit healthcare. It costs less and it delivers better results. The results speak for themselves, showing the difference between healthcare run mostly as a non-profit venture with the goal of keeping families and workers healthy and productive, or running it as a for-profit commercial enterprise.

Americans love to be number one and win the Gold, whether in Olympic track and field, the Tour de France, the World Series or the Super Bowl. But I'm still waiting for the day when Americans decide they want to be number one in healthcare. Wouldn't it be grand to beat the French for a change at something that really matters?

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Steven Hill (www.Steven-Hill.com) is a political writer whose latest books include *Europe's Promise: Why the European Way is the Best Hope in an Insecure Age* (www.EuropesPromise.org) and *10 Steps to Repair American Democracy* (www.10Steps.net). His articles and op-eds have appeared in the *New York Times*, *Washington Post*, *Wall Street Journal*, *International Herald Tribune*, *Financial Times*, *Guardian*, *Los Angeles Times*, *New York Daily News*, *The Nation*, *Washington Monthly*, *Ms.*, *Salon*, *International Politik (Germany)*, *Hürriyet Daily News (Turkey)*, *Courrier Japon*, *India Times*, *Egypt Daily News*, and other leading publications. He is a cofounder of *FairVote* and former political reform director at the *New America Foundation*.

