



## **PUBLIC POLICY**

In most states there exists a welfare system designed to provide assistance to people who fall below specified income thresholds. Different states have different criteria as to who needs what type of assistance and what amount of public dollars are used to elevate their living standards to minimal levels. Most of these criteria are based on a person's income in dollars, or lack thereof, and the number of minor children dependent on them. Very often some type of food stamp or voucher program is in place and these programs have some very common sense guidelines as to what items can be purchased with food stamps. Obviously, alcohol and tobacco are not items to be purchased with food stamps.

There are no states that require BMI calculations to be factored into the determination of who needs more food. Therefore, you end up with the public health disaster of spending tax money to feed fat people who then need tax money to pay for the medical expenses incurred as a result of their obesity. This form of public policy is bad for all involved. The taxpayer is being ripped off twice and the beneficiary is being injured by the delusion that they need help in buying more food and damaging their health in the process. Very often, advocates for increasing benefits, or those fighting a reduction of benefits, use the argument that any such reduction will hurt the children most. Since childhood obesity and juvenile onset diabetes are approaching epidemic proportions in the United States, it is important for everyone to readjust their thinking away from

automatically assuming that poor people need more money for food. It may or may not be the case.

Financially impoverished fat people, as well as society in general, would benefit from a welfare system that has mechanisms and provisions that take obesity into account. When a person applies for food stamps, some scale such as BMI should be applied to beneficiaries. It is unrealistic to expect fat people to be denied any food stamp aid, political realities being what they are. A realistic, beneficial, and good system would provide for healthy restrictions on what types of food such benefits would be allowed to purchase. Fat people can use these benefits to buy lean meats, beans, whole grain breads, fruits and vegetables. Period. No desserts. No frozen lasagna. No fruit loops. Now, some will scream that such restrictions are discriminatory and unfair. They are not. Those beneficiaries still can walk into any store and purchase any food of their choosing. They simply can't use welfare benefits to purchase food that is further injuring their health.

Another area where a change in public policy would benefit society as a whole and fat people in particular would be the development of a public information campaign. This campaign should be based on the model used in the recent past to successfully combat tobacco use. As we have all seen, smokers have been stigmatized to the point of social pariahs, made to feel bad for their habit, restricted as to where they can consume tobacco products. Any parent who placed a lit cigarette in the mouth of a nine-year-old would be roundly condemned and possibly prosecuted by the authorities. That same parent can hand a fat child an ice cream cone or chocolate bar and barely a soul will raise their voice that the parent is predisposing the child to the horrific ravages of juvenile onset diabetes, heart disease, arthritis, and other obesity related diseases. It also deserves a mention that sugar-laden foods aimed at children is the primary cause of dental infection. It is entirely likely that if you see a fat kid, he or she has a mouth full of infected teeth. Left untreated, these dental infections will spread to the underlying supporting bone. Very often these patterns of eating sugar-laden food continue through adolescence when the child's permanent teeth are present in the mouth. Early onset and recurrent decay predisposes the child to a lifetime of expensive and often painful dental treatment. You will often hear parents say, "They are just baby teeth. They are going to fall out anyway." Therefore, they needn't be concerned about cavities in young children.

It is often the less educated or inadequately educated adults in our society who find themselves at the lower end of the economic spectrum. As a result, those people and their children often do without the benefit of having their teeth fixed, cavities filled, infections removed from their mouth until an acute and painful episode drives them to see a dentist. At this point, it is often too late to restore a tooth and it ends up being extracted. The only practical way to avoid this scenario is to raise taxes dramatically on candy. Sugar-based treats are the primary source of dental disease and a major contributor to obesity. Every few years we hear politicians railing about the need to raise “sin taxes” on tobacco and alcohol products. Very often they use children’s health insurance as the rational need for those funds. That is all well and good. The same should be applied to candy. Raise the taxes to the point where parents will really think twice before buying sweets. Unfortunately, many of the sugar substitutes have problems associated with them as well. As a result, you can’t just replace sugar with aspartame and sorbitol. Placing a 100 percent tax on candy will cause the buyer to think twice before purchasing, and to purchase less. **This will work in the same manner that raising sin taxes on tobacco prices some out of a bad habit.** Restrictions on the sale of candy, and all high sugar foods, should include no sale to minors. Again, as with tobacco, it is assumed that children do not possess the cognitive judgment to use these materials wisely. Along with these types of measures, society should raise and apply the same social stigmas to fat people, fat food, and sugar-laden food that it applies to tobacco and its users. Parents of fat kids are usually fat themselves. They should not be given a pass. They should be confronted about the consequences of their behavior and the adverse affects it has on the health of their children. It is the children who will suffer the most, long term, if parents do not control what goes in their kids’ mouths. Making excuses for them will not help.

There is a coalition of organizations led by the American Obesity Association. This coalition consists of The American Dietetic Association, American Society of Bariatric Physicians, American Society for Bariatric Surgeons, American Society for Clinical Nutrition, Council on Size and Weight Discrimination, the National Organization of Social Security Advocates, the Obesity Law and Advocacy Center, and Shape Up America. This coalition has been active in pressuring the Social Security Administration to pay disability benefits to obese

people who suffer the result of diminished capacity due to being fat. In other words, if you can cripple yourself with a knife and fork, you would be entitled to have the government take money from someone else to support your food addiction. No mention is made regarding the responsibility of the person who ate himself into that condition. No mention of whether the fat person is required to make some effort to rectify the problem before asking for Social Security benefits. Social Security is already facing financial crisis as it is without a bunch of irresponsible fat people sucking it dry, or should I say, eating it out of house and home. An analogy would be a drug addict who abuses chemicals until he can no longer function. Most reasonable people would conclude that it is not, and should not, be the burden of the Social Security Administration to support these crippled druggies. They must first stop using whatever drugs crippled them in the first place and then must find and enlist the support of organizations like Alcoholics Anonymous or Narcotics Anonymous.