

**Weight of the Nation:
CDC's Inaugural Conference on Obesity Prevention and Control
July 27-29, 2009**

Senator Tom Harkin

Award Recipient

Excellence in Advocacy Award for USDA Fresh Fruit and Vegetable Program

Well, I want to tell you how grateful I am to be here today among this army of advocates and researchers and policy makers and healthcare providers, grassroots activists all across America, not to mention the CDC itself. Well, anyway, it's CDC that has sounded the alarm about obesity as a national epidemic in urgent need of solutions. And I'm grateful for all your hard work day in and day out in creating healthier individuals, healthier communities, and a healthier America. I hope we -- I think I can say this here to this crowd. I know we all share one goal -- I say one great goal -- recreating our country as a genuine wellness society. A society with a healthcare system that emphasizes wellness and fitness and good nutrition, disease prevention. Keeping people out of the hospital in the first place I've been saying since 1992 as often as I can. When people talk about health reform, health care reform, I say, well, you can't reform something you don't have.

I've said many, many times we don't have a healthcare system in America. We have a sick care system. All of the incentives, almost all of the money, everything is weighted on the side of patching, fixing, mending people after they get sick. Very few incentives on the front end to keep people healthy. So, that's what -- that's as I see our charge. It's not just to -- and then why -- I don't talk about it as healthcare reform. I talk about it as health reform -- health reform. In other words, to reform the way we do medicine. Dr. Hyman once said in front of my committee, HE said, "We've got to rethink not just the way we do medicine, but we must rethink the medicine we do." Rethink the medicine we do. And that's why I say this is our opportunity right now for jump starting this transformation from a sick care to a healthcare society in prevention and wellness because now we're in our crucial stage of getting our health reform bill through the Congress. Now, this is the Weight of the Nation conference, but those of us who are struggling to get this bill through sometimes seem like we're carrying the weight of the world. To put it in stark medical terms, passing health reform is about as easy as passing a kidney stone. It's about as painful too.

But I want you to make no mistake about it. To paraphrase Mark Twain, the reports of the death of health reform legislation are greatly exaggerated. We are going to pass a comprehensive health reform bill this year. You can count on it. And even better news. That bill is going to include a very robust title focusing on wellness, disease prevention, and public health. I'm excited about the things that we included in the Senate health bill. As you know, the bill will do other things. It will have access to affordable quality healthcare for every American. It will have a strong public option and prohibit insurance companies from using pre-existing conditions as an excuse for denying coverage. So, it has a lot of that in it. But the one that I focused on is holding down healthcare costs by creating a sharp new emphasis on disease prevention and public health. And let me just give you a quick rundown on some of the key elements of the prevention and public health title of our bill. First of all, we create a federal level of prevention in public health council, which will improve coordination among federal agencies in incorporating wellness into national policy and will develop a national prevention and public health strategy. And what does all that gobbledy-gook mean? Well, a few years ago in the highway transportation bill, I tried to get an amendment added, an amendment that simply said that if you're a state or a local government and you're getting any of this money from the federal government for highways, roads, bridges, that kind of thing, that you had to incorporate into your

planning bike paths and walking paths. Just simple. I didn't even say you had to build it. I said just put it into your plans. And I lost the amendment. The highway bill is up again next year. I'm not going to lose it this time.

So, the idea -- and as I looked around at all the different agencies, agriculture, which has to do with nutrition, of course, and transportation, energy, all of them, education, we need a Federal council that combines and puts all these people together. And when they think about their programs and what they're doing as it gets out -- down to where it's finally getting down to the local level, what is it in there that you're doing to focus on health and healthy living and prevention and wellness and all kinds of different policies? So, that's one, having this Federal council at the top level. We include a strong prevention and public health investment fund, which will provide for expanded and sustained national investments in prevention and public health programs. And now, again, that sort of waxes and wanes periodically how much we put into wellness programs. There's nothing that's really dedicated. So, I put in here approbation for mandatory, mandatory spending that will go up at -- it will start at two billion, then go to four, six, eight, and ten phased in so that, after five years, we will have a public investment fund of mandatory spending of ten billion dollars a year just to go out for prevention and wellness programs.

Now, I don't know if -- people always say: Well, where are you going to get that money? Well, they're talking about a trillion dollars, aren't they, over ten years? We're talking maybe a little less than 100 of that over 10 years for this. Well, it would be about 50 -- yeah. It would be less than \$100 billion. So, less than 10 percent. Well, I don't think that's too much. I mean, right now, as you know, out of every dollar we spend on healthcare in America, about three cents. About three percent goes for wellness and prevention. It ought to be about 10 times that much. We ought to be putting more emphasis. So, I don't think \$10 billion dollars a year is asking too much. And where we're going to get the money, I -- Dr. Frieden said he mentioned this morning something about a soda tax. Sounds all right to me. I'll tell you that.

Our bill also seeks to give consumers more tools they can use to take control of their own health, well, for example, by requiring chain restaurants to prominently disclose caloric information on their menus and menu boards. Now, here again, Tom Frieden led the way in that. He did that in New York City. And so we have it in our bill now that they have to put it on their menus and menu boards. But they also -- restaurants will be required to have in written form additional information such as sodium, fat, carbohydrates, et cetera, if you request it. You know, like, I'll just use my wife as an example. My wife watches her sugar intake. She is a little bit pre-diabetic, and it's been in her family. So, she's always concerned about her sugar. Well, I'm not so concerned about my sugar, but I sure am my sodium because of borderline high blood pressure. So, I want to know how much sodium is in all this stuff. Boy, have you ever tried to get something with low sodium these days? But that's what I mean. But it's available for you. It will be available for you if you ask for it. But the calorie content will be on the menus and on the boards. At the clinical level, we'll require reimbursement for proven cost-effective preventive services such as cancer screenings, nutrition counseling, and smoking cessation programs. It would be -- it would be -- what the United States Preventive Services Task Force, if they say something falls into the A or B category, that's going to be reimbursed under our bill. All of that. All the A and B programs would be reimbursed, and many of them in terms of the screenings and stuff without co-pays and deductibles so that you can get in and get your screenings without co-pays and deductibles. In addition, we're going to make major new investments in public health and primary care workforce. Here in America, what is it, about 11 percent of U.S. physicians are in general or family practice. It's 50 percent in Canada. About the same in Europe. 67 percent in Australia. So, we need to change the incentives. A friend of mine who is a heart doctor, now semi-retired, we were talking about this once. He said, it's easy. If you want more family practitioners, he says, it's very simple. He said, pay them what you pay me. You know, heart doctors make a lot of money. Well, there's not -- probably not a lot that we can do in that regard in terms of pay, but there is something that we can do.

And we're going to fight like the dickens to get it in this bill as it goes through; and that is, up-front incentives. That's what we can do. We can say to a young person who wants to go to medical school, we'll pay for your tuition. We'll pay for all your way through school if you will return service to America either in the Uniformed Services of the Americas, which I want to boost up and get more people in the Uniformed Services of the Americas.

Or to be a family practice. You have to be in family practice, general practice, for a number of years in an underserved area, and we'll pay your way through school. I keep hearing one of the major reasons that so many young people go into the specialties is because it costs so much to go through medical school. And the only way they can pay it back is by becoming a cardiologist or something, a neurosurgeon or something like that, where they can make more money. Well, if we relieve them of that burden, I think there are a lot of young people who would like to be in general practice and family practice. And so that's also in this bill that we're going to make these new investments. And we're going to encourage employer-sponsored wellness programs. Our bill would allow an employer, for example, to give a 30 percent health insurance premium discount for workers who are involved in a wellness program or smoking cessation program at the workplace. Right now, they can only give 20 percent by law under HIPAA. So, we increased that to 30 percent. But we gave the secretary the power to increase it to 50 percent for certain proven kinds of -- as a reward for appropriate types of activities. I would add that the -- Now, some people are worried about discrimination and that. We put in important provisions to make sure that there wouldn't be discrimination in regards to raising that to 50 percent. In addition, the bill directs the Centers for Disease Control and Prevention to study and evaluate best employer-based wellness programs and to create an educational campaign to promote the benefits of workplace and wellness programs. And I was just talking with Tom Frieden about -- coming down here about the Centers for Disease Control and Prevention. By the way, there was a poll that Janelle was talking to me about just came out today said that -- told there was two things. There was one poll that said that CDC is now the most admired Federal agency. A Gallop poll just came out today, "How do you rate the job being done by certain Federal agencies?" The Centers for Disease Control and Prevention was 61 percent above the FBI and above everything else. The CDC had the most -- the biggest approval rating among the American people. Well, that is good. That is good. But, then, what do we do with it? What do we do with that? So, we've got the Centers for Disease Control and Prevention. By the way, in 1992, I added the word "Prevention" to the title of CDC in 1992.

So, we've got a great agency. We have a wonderful new director who gets it. And now we have this high public approval rating. We have this health reform bill coming through, and I'd like to see the Centers for Disease Control and Prevention step forward in a huge way in promoting wellness and health in this country. Right now -- now these are estimates. I just jotted them down. Right now, the budget of CDC, if you don't take vaccines into account and stuff like that, I said was around \$9 billion dollars. It depends on how you look at it. If you take in all the vaccines, it's around \$12 billion. So, you could use that. About a billion dollars goes for health promotion. Thirty percent of that \$1 billion dollars goes for cancer prevention and control, about ten percent for tobacco-related programs. But the category, the category called nutrition, physical activity, and obesity gets about \$40 million dollars, less than one half of one percent of the entire CDC budget. On the other hand, terrorism -- terrorism gets \$1.6 billion dollars a year. In other words, we spend 40 times more on the health risks of terrorism than the health risks of obesity, and yet obesity is killing hundreds of thousands of Americans every single year. So, I say this in all candor that we've got to start getting the Centers for Disease Control and Prevention with our great new leader, Tom Frieden, out there on the front lines promoting health, promoting wellness, getting information out, and taking from all of you your ideas and your suggestions on the best way to do that. I don't have all those answers. I'd be the first to admit it to you. I don't. But there are certain proven things that work, and there are some things out there that maybe you know about in your local areas that you're doing that have been successful. We need to hear those both at the Centers for Disease of Control and in my capacity as the chairman of the Appropriations Committee that funds the CDC so that we can start to get these implemented. Because I

really believe, if we get this health reform bill through, we've just got to focus on this, on prevention and wellness. I was struck by something that Dr. Andrew Weil said at one of our health committees last year. He said, quote, "The default status of the human body is to be healthy." The human body, our DNA, it wants to be healthy. That's the default status of the human body. And our bodies have tremendous powers of healing. The problem is that the default status of our society and our culture is to sabotage our natural instincts for health. Just look at the multi-front assault on our children's health. As I mentioned, we build subdivisions without sidewalks for walking. We build schools without playgrounds. We've all but eliminated recess and health education. A few years ago a superintendent of schools in Atlanta explained his policy of building a new elementary school without a playground. He told the New York Times, quote, "We are intent on improving academic performance. You don't do that by having kids hanging on monkey bars," end quote. Meanwhile -- meanwhile our schools have been inundated by vending machines selling sugary sodas and candy and junk food. Think about a child purchasing a 20-ounce Coke. That's standard. I don't mean to pick on Coke. It could be Pepsi too. I don't care. A 20-ounce Coke during the school day. That's the equivalent of 15 teaspoons of sugar. I always use that example, say, when I speak to parents -- audiences of parents. Just think about how many parents would, when their child goes off to school in the morning, sit down with a little baggie and take the sugar bowl and measure out 15 teaspoons of sugar and say, here, you can have this for a snack.

You're right. It's ludicrous. And yet they've got the vending machines in the schools. And they put the vending machines in there, and they get the same thing. So, we allow all of the things that undermine our children's natural default status to be healthy. We take away the playgrounds. We take away their physical exercise. We take away health education. And then we put vending machines that are stocked with unhealthy products. And then like clueless dodos, we're shocked. We're shocked that America has a twin epidemic of childhood obesity and childhood diabetes and early signs of many young people of coronary artery disease. Well, this catastrophic status quo really raises the stakes now for another hat I wear, and that's the chairman of the Senate Agricultural Committee. Later this year, we have to reauthorize the Federal Child Nutrition programs, the school lunch, school breakfast, summer feeding programs, and adult and childcare feeding programs. Now, to their credit, many communities and some states are already acting to get junk food out of their schools. Some school districts are way ahead of us on this. Many of you probably have been involved in some of these efforts. So, our aim is to build on this good work. Senator Murkowski and I have reintroduced the Child Nutrition Promotion and School Lunch Protection Act. What this means is our bill would require the Secretary of Agriculture to establish school nutrition standards for all of the food sold on school grounds during the school day, including vending machines, snack bars, and ala carte lines. Now a lot of people really don't understand this. I think you do, but right now the Secretary of Agriculture can set the nutrition standards for the lunchroom. But then a kid can walk out of the lunchroom and walk down the hall and buy whatever they want in the vending machines. So, we try to get healthy food in schools, and then we undermine it by allowing the vending machines. Now, I will tell you this that in 1996 on that farm bill -- I was the chairman then -- but I introduced an amendment for the first time to get vending machines taken out of public schools. Well, as you can see, I was a spectacular failure at that one.

And, you know, for the life of me, it just -- it occurred to me back in the mid '90s, early '90s, I was going through a high school one day, and all of a sudden, I saw all these vending machines, brightly lit up vending machines. And I stopped, and I thought, wait a minute. They didn't have vending machines when I was in high school. I mean, they had vending machines. They just weren't in high school. I mean, I'm not that old. We didn't have vending machines in high schools. And I thought to myself, when did this happen? How did this happen? All of a sudden we've got vending machines. And then we have these so-called contracts that are exclusive contracts, and all that, with the school districts. Well, anyway, I finally probably came to the realization that we can't get the vending machines out of the schools. But I tell you one thing we can do, we can change what goes into those vending machines. That's what we can do. And we can make

sure that there are no more soft drinks in there. We can make sure that there aren't anymore high-calorie foods, junk foods, and potato chips and things like that. We can put healthy snacks in there for kids in school. So, I changed my thrust. I'm not trying to get rid of vending machines. I just want to get better stuff in the vending machines. Because one superintendent told me one time testifying about this, she said, you know, we tried this in our school district. And what we did is we got the school board to agree that we were just going to put bottled water, 100 percent juice, small amounts, no added sugars, and we put some healthy snacks in a few vending machines. And she said, you know, kids are funny. Kids are funny. They love putting money in machines. They don't much care what comes out. They just like to put money in machines. And so they found that they really didn't lose any money, which was the big deal in 1996. You know, PTAs and others get money from this. I always said it was kind of the devil's deal, the devil's contract, you know. Well, yeah, we'll get your kid a band uniform or a trumpet to play, but they might get diabetes, become obese. And I always said that is not a good deal. So, anyway, we're going to get that done in the child nutrition bill. We also need to do a much better job of insuring that we're doing a better job in our lunch program and our breakfast programs. I've been through a lot of lunch lines. And I don't mean to pick on anybody or any specific group or anything like that, but sometimes I wonder what it is I'm getting on my plate. I began to look into this, and I found an interesting thing before the last farm bill. I found that there was a prohibition in legislation against schools buying food locally, a prohibition against that. So, that means that all the schools buy a lot of processed foods, processed meats, and processed this and processed that. So, we changed that. In the last farm bill we just passed last year, we removed that prohibition, and now we allow schools and school districts to contract locally for fresh fruits and fresh vegetables and fresh meats and things like that.

I hope by doing that that we will begin kind of a -- kind of a building across America of more and more local farmers thinking, well, gee, if I can make a contract with a school district for five years to provide lean meats, fresh meats, or organic milk that's non-fat or fruits or vegetables, then I can afford to do that, see. And so I'm hoping that this will build over the next several years so that we can get better school lunches and school breakfasts. The Institute of Medicine will soon be providing the Department of Agriculture with recommendations for healthier meals provided by the school lunch and school breakfast programs. I can't -- I don't know what their specific recommendations will be, but I can bet you this. And I heard President Obama speak about this too, as he and I have talked about. By the way, he was on our health committee, by the way, for three years before he "went downtown" as we say. So, he gets this stuff. If we're going to have better food for our kids in schools, it's going to require some additional money. At least up front, it's going to require some additional funds. Fresh fruits, fresh vegetables, and fresh lean meats and things like that will probably cost a little bit more money. So, I'm hopeful that Congress will provide this additional funding as part of the reauthorization process. But we must also look beyond school settings to all places where children learn and eat. I mentioned after-school programs, summer programs, childcare facilities, all of these, present opportunities to improve not just the quality of the meals provided, but to create healthy environments and recognition of the obvious fact that the cognitive development and the physical well-being of our children are one in the same, which is what that superintendent from Atlanta missed. They are one in the same. They are one in the same. I also hoped to use the reauthorization to do more to encourage breast-feeding, one of the most proven means by which to promote health and prevent disease in America.

Serving nearly half of all infants born in the United States, the WIC program, the Women, Infants and Children supplemental feeding program, is an obvious place to get a stronger emphasis on breast feeding and not just giving out all kinds of infant formula. And we need to encourage work places. And as a matter of fact, in our health bill that we just passed, Senator Merkley from Oregon offered an amendment that any work place over 50 people must provide space and time for mothers for pumping or for breast feeding if they supply that kind of -- if they provide a child care facility. But they must provide the space and

the time for new mothers to do that. And we accepted the amendment, and I hope to keep that as we go through the process also. Well, let me just conclude this afternoon by, again, thanking all of you for the good work that you are doing in your local communities. With comprehensive health reform, with the reauthorization of the child nutrition programs, we have an opportunity to support your work in very powerful ways. I'm optimistic that with your strong support, if you keep the heat on your representatives and your senators, we will succeed in getting a health reform bill through that will address a lot of the issues of coverage and nondiscrimination. But to my way of thinking, to put a major, major new focus, a paradigm shift, as I call it, it won't happen overnight. I know that. A lot of things take a little bit of time. But after a few years, you see the fruits of your labor. Tom mentioned when he introduced me about the Americans with Disabilities Act, my bill. It's got my name on it. We worked for years to get this passed. It was signed into law July the 26th, 1990, by President Bush. And now when I get people in the Capitol and stuff, talk to anybody, you see all the curb cuts in America. You see all the ramps. You see the widened doors. You see the bathrooms that are accessible. You see work places in which are now accessible for people with disabilities, and we kind of take it for granted, don't we? It's like it's always been there. It didn't happen until after 1990. I see the same thing here in terms of wellness and health prevention and health promotion, I should say, health promotion and prevention of diseases. We can start now. And over the next course or the next few years, 10 years from now, we can look around, and we can see a healthier America, a leaner America, people who have taken charge of their own health, not just relying upon drugs. We can see a whole new paradigm now of people asking the essential question, how do I stay healthy? Not just how do I get well, but how do I stay healthy? And I hope that 10 years from now, it will be kind of the same as with the Americans with Disabilities Act. We'll say, wasn't it always that way? Thank you very much.