

Changing the Food Environment: Making it Happen

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Keynote Address

Vice Admiral Regina M. Benjamin, MD, MBA

U.S. Surgeon General

U.S. Department of Health and Human Services

The United States Public Health Service, which originated as a service to provide health care to the merchant marines, was created in response to a deadly outbreak of yellow fever that devastated Philadelphia in 1793. The merchant sailors unknowingly brought it into the city. President, John Adams, signed into law a bill that created a national system of public health hospitals to treat the merchant marines. And so today, our commission core officers are 6,500 strong, and we administer health programs throughout the country and abroad. And we also provide health care to people in health clinics, Indian reservations and federal penitentiaries. And we've often -- also had officers in disasters, such as Haiti. And there are many milestones that the public health has done, including development of vaccines that help people -- irradiate small pox and polio vaccine in the 1950's, pasteurization of products like milk, orange juice, and beer, and cheese that make them free of germs and other disease causing organisms. And we fluorinated the water, developed seat belts, and, you know, air bags and things. And so, I always like to give attention to our public health officers, you'll see us in some uniforms around working in your agencies. And they're all committed to -- to the public's health.

I was asked to tell you a little bit about how I got started in organized medicine. When I was an intern, I attended the Medical Association of Georgia's Annual Meeting. And one of the intense issues that was being debated was that sexually transmitted diseases needed to be taught in medical school. Well, I stood up in a room with, maybe 20 people or so, and I told them I had never seen certain diseases except in a textbook. And mind you, I had just finished medical school because I was an intern. The resolution passed and the Georgia Delegation sent that resolution to the AMA; and they also sent me to the AMA to speak to the same issue. And the resolution passed the AMA. And within six months, every medical school in this country was encouraged to include sexually transmitted diseases as part of their core curriculum. I learned that one person can make a difference, whether it's in medical policy or in medical practice. And I learned that I could make a difference in medical practice when a National Health Service course sent me to Bayou La Batre. It's a pretty place, but it's a poor place. I found a community of working poor. Too poor to afford medical care, but too rich to qualify for Medicaid. I like the people. I like the community, and I wanted to practice medicine there. But I quickly learned that practicing medicine wasn't just sewing up the shark bites. I had to deal with the land sharks; the regulators, some of us; the reviewers, the red tape dispensers, and what I jokingly call the hammerheads, the lawyers. But I decided to stay involved, in every organization I could, because that was the way to get services to the community. Staying involved with the AMA, the medical societies, the United Way, Red Cross, Girl Scouts, hospitals, every committee on the hospital, the Chamber of Commerce. But I also learned that my prescription pad wasn't always enough. I had patients that had issues and things that the prescription pad, by itself, would not cure.

For example, I had a patient, Donna who was in her early 20's, had seizures and which were under control. But then, at one point, she came in the office, and she started having seizures again. I said Donna, what's different? What's happened? Did you miss your medicines? And she says no, I haven't missed any medicines. And I have my patients write me notes because I don't want them to forget because we'll talk about everything and they'll forget. So she had drawn for me her pills. One was stripped, one was solid.

And, at that moment, I realized Donna couldn't read. 20 something years old, in today's world, and can't read.

Another patient was named Willie. Donna is a young white girl and Willie is almost 40-year-old white male. But he had a speech impediment. He didn't really go to school. But you ask him to do anything, like cut out the cholesterol, he'd cut out the grease, and he would follow your instructions. But he worked around the town as a handy man, and he cut his hand, and he went to the hospital because it got infected. And as he was ready to be discharged, the social worker happened to be a Catholic nun, because it was a Catholic hospital. And she was saying well, you have home health. We have your medicine set up. Is there anything else you need? And Willie looked at her and says, can you teach me to read? And I knew that no matter how many prescriptions I wrote, we had to get some literacy, adult literacy, to that community. And it's people like Donna and Willie, that when we expect them to read the nutrition labels on the boxes when they can't take their medicine, we have to make sure that those labels are clear enough for people like Willie and Donna to understand. And it's not that they're not willing, because they are.

Another patient, Ms. Smith, she is about a 40 year old, African American woman, really short and overweight, very -- she's actually obese. And the thing with her is she had a ruptured disk. She called me on a Saturday and she told me about the fact that her back was hurting, and she says, Dr. Benjamin -- I could hear the pain in her voice. And she says, Dr. Benjamin, I'm in -- you know, the -- my back is really hurting. I went to that specialist you told me about, but he told me I needed to lose weight. I'm really trying. I really am. I'm working on it. I'm trying. But my back is really hurting. And so, this Ibuprofen is not holding, and can you call me something in stronger? I said, sure, I can call you in something stronger, but, you know, today is Saturday. You got to come in and see me on Monday or Tuesday. She said, sure, I'll be there. And sure enough, I walk in the office, in the exam room on Tuesday, and she's there. She's leaning over the exam table in so much pain that she can't sit down. And I say, well, Ms. Smith, did the medicine I called you in help at all? She says, well, I didn't get it, Dr. Benjamin. I said, what do you mean you didn't get it? She replied, I didn't have the money. I said, but you work at the school, okay? The elementary school, you work at, you're in the custodial department. You have Blue Cross. She says, I know, but I didn't have the co-pay. But I get paid on Friday and I promise you, I'll get it. And so, at that point, I stepped out of the room and got my nurse to go across the street to get her medicine. And I gave the medicine to her and said, you know, you're in a whole lot of pain. You know, I thought I was doing something good. I said, you really need to take your medicine. And, at that point, her eyes swelled up with tears. She says, oh, Dr. Benjamin, I'm so embarrassed. I'm so embarrassed. I didn't want you to do that. And I realized, at that moment, I had made a major mistake by taking her dignity from her. And we talk about cultural confidence all the time, but it has nothing to do with the color of her skin, because it's the same as mine. It had to do with the fact that we took -- I took her dignity from her at that moment. And that's really what cultural confidence is about. So I figured out how to get out of that one and I decided -- I had to think a little bit. And I said, well, you know, we've gone through a lot of hurricanes and problems, and people send us money to have a small pot of money just for times like this, for people who can't buy their medicines. And that's the money we used to buy this. And you can pay it back on Friday when you get paid, if you want to, but you really don't have to. And so she was okay with that. But as I was leaving the exam room after we were finished, she says, Dr. Benjamin, by the way, she says, can I get a work excuse? I said, sure, you can get a work excuse. Today is Tuesday, you start taking your medicine. You want to go back on Thursday or Friday? She says, oh, no. I have to go back tonight. We have to strip those floors. Here is a woman who is willing to strip the floors so that our elementary kids can go to school in a clean environment, and she can't even sit down because she's in so much pain. One of the things about her is that her obesity caused a lot of her back pain. And we tend not to relate some of the things that we do with our everyday lives, and that was one of her disabilities. But as you can see, I really care a lot for our patients, and so it was with mixed feelings that I left Bayou La Batre after

23 years. You know, the patients are very, very important to me, and I really miss them and I hope they miss me a little bit.

However, I often say that I've now opened my new practice here in Washington DC, and I've gained 300,000,000 Americans as my new patients. And as America's doctor, I want to bring some clarity and understanding to this overwhelmingly confusing conversation about health and health care. And one of the things is the foundation - prevention is the foundation of public health system in this country. And so prevention is also the foundation of my work as surgeon general. And as surgeon general, my priorities focus on wellness and prevention. And in January, I released my first paper, *The Surgeon General's Vision For A Healthy And Fit Nation*. And we released it at a press conference with -- at the YMCA over in Alexandria, and I was joined by Secretary Sebelius and First Lady, Michelle Obama. And, as you know, the most serious challenge to the nation's health and well-being is obesity. And since 1980, obesity rates have doubled in adults and tripled in children. And the problem is even worse among black, Hispanic and Native American children. And needless to say, we've been working on this issue for some time. In fact, in 2001, Former Surgeon General Dr. David Satcher released his paper, which was a call to action to prevent disease in overweight and obesity. And in his paper, he warned us about the negative effects that weight gain and unhealthy lifestyles were having on America's health and on the well-being of Americans. And so, now I decided to focus my first paper as a follow-up report to his. And in my paper, I lay out ways to respond to the public health issues that were raised nine years ago. And, although, we've made some strides since the 2001 report, the number of Americans who are struggling with their weight, and the number of the health conditions related to their weight, still remain much, much too high.

And most of you know the often repeated statistic that today in America, more than two-thirds of adults and one-third of children are overweight or obese. And we see the sovereign affects that these numbers are having at the high rates of chronic diseases, like diabetes and heart disease and other chronic illnesses, that's starting to affect our children more and more. Just a few weeks ago, a study, from the University of North Carolina School of Medicine, reported that obese children, as young as age three, show signs of an inflammatory response that is linked to heart disease later in life. So I was really pleased to join the First Lady in her launch of the Let's Move Initiative - to solve the problem of childhood obesity within one generation. And both, my vision for a healthy and fit nation and the First Lady's Let's Move Campaign, really take a comprehensive approach that engages families and communities, as well as the public and the private sectors. You know, for years we've encouraged Americans to eat more nutritiously, exercise regularly and maintain healthy lifestyles. But in order for them to do that, and for that to happen, Americans need to live and they need to work in environments that support their efforts. There is a growing consensus that we, as a nation, need to recreate our communities and our environments where the healthy choices are the easy choices and the affordable choices. And so my vision for a healthy and fit nation is an attempt to change that national conversation from a negative one, about being obese and overweight, to a positive conversation, about being healthy and being fit. We need to stop telling Americans what they can't do and what they can't have and what they can't eat, and what bad things will happen to them in 10 years. Those things are all true, but they've heard that. And we know that they've heard it, because you look at the number of dollars that are spent on health: weight loss products, exercise places and equipment. We need to begin to talk about what they can do to become healthy and be fit. We need to make exercise activities fun, something people enjoy, something they want to be doing; such as, playing sports, swimming, dancing.

And, you know, well, those my age, when you went to a disco, you didn't go to the disco because you wanted to do an hour work out. You went because you had fun, and you enjoyed it, and you thought you looked good. You know, kids used to play in the streets. You'd see them playing hop scotch and jump rope, double Dutch, and you don't see any of that anymore. We need to get people outside, start doing things, if it's just simply taking a walk. We need to reach out to parents and teachers, as well as, mobilize

action across the federal government. And we have to partner with the governors, the mayors, the tribal leaders, the medical community, all our foundations, sports and business communities. Because we need everybody's help to support common sense innovative tools and solutions. For example, healthy food should be affordable and accessible in all diverse communities. And we need to have accessible places for good food. Children need to spend less time in front of the TV. Because research has shown the relationship between time watching TV and weight gain. And children should be having fun, playing in safe neighborhoods that provide parks, recreational facilities and community centers, and walking and bike paths that are safe. They can't play if the park is filled with drug paraphernalia. They have to be safe places. We need those paths and things. There are a number of neighborhoods who don't have sidewalks or walking paths. Schools need to serve healthy foods and set higher nutrition standards. And schools -- schools should also require physical education classes and recess, because it's been shown that kids need to have unstructured time to play. Hospitals and work sites, communities should make it easy for mothers to initiate and to sustain breast feeding, if they'd like to. And employers should implement these wellness programs that we've seen that promote healthy eating, particularly in their cafeterias, encourage physical activities, through group classes, and create incentives for people to participate. And I think the secretary probably told you about the Fed's Drive and some things that we're doing throughout government. But we need to do it throughout business. It's really my hope that communities, across the country, will use my vision for a healthy and fit nation as a blueprint, a blueprint for action, a blueprint to share the resources and to develop these partnerships and use innovation -- innovative solutions for change.

And as Surgeon General, I really want America to be a healthy and fit nation. And to do this, we must remember that Americans are more likely to change their behavior if they have a meaningful reward, something that's more than just achieving a certain weight or a certain dress size. The reward has to be something real, something that people can feel, something they can enjoy and they can celebrate. The real reward is an invigorating, energizing and joyous health; that is, a level of health that allows people to embrace each day and live their lives to the fullest, without disease, without disability, and without loss of productivity. And so today we're at a crossroad, whereas, the old normal will stress the importance of obtaining recommended numbers and weights and BMIs. And, although, these things are real important measures, particularly of disability and disease, the total picture is much, much bigger. It involves a creation of a new normal with an emphasis on achieving an optimal level of health and well-being. People want to live long and to live well, and they're making their voices heard across the nation. And today's obesity epidemic calls for a committed, compassionate citizenship and that will mobilize and demand health and well-being they so richly deserve. I've heard their call. I know that you've heard their call. And with your help, I want to do whatever we can to help Americans live long and live well and to be a healthy and fit nation.

Before I close, I want to just remind you, all of you, one thing, and that is to take care of yourself, because we often take care of lots of other people. I'm on a plane a lot these days so the -- the steward and stewardess will come over the microphone and they'll give you the safety talk. And in it, they say put your own face mask on before attempting to help others. You need to put your face mask on too. You need to rest, exercise, eat well yourselves and take time to have fun. Because we often feel guilty if we do that, but you really shouldn't. You really should be having fun, taking care of yourselves, because you're not any good to anybody when you're grouchy, you're angry, you're tired, and certainly not when you've had a heart attack and died. So I'm going to end with a story: There was a young girl who was jogging along the beach one morning, early one morning, before the sun came up. And there was an older gentleman who was throwing -- tossing these starfish in the water. And she ran along the beach and she would see him. He was tossing these starfish. And finally, when she finished her run, she couldn't take it anymore. She just went up to him and said, you know, why are you bothering to toss those starfish in the water? There are hundreds and hundreds of starfish along the beach. And as soon as the sun comes up, it's going to dry them all off

and they're all going to die anyway. It's not going to make a difference. Why do you bother? He looked at her, reached down, picked up a starfish, tossed it in the water and said, because it'll make a difference to this starfish. I hope that as you continue your work that you start with yourselves and then find your own starfish and continue to make a difference one starfish at a time. Thank you.