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OBESITY: A SUPER-SIZE PROBLEM

By Kamsi Iloeje '19

Obesity is a prevalent societal issue, affecting all ages, races, and socioeconomic groups. It increases people's chances of suffering from various diseases, such as cancer or diabetes. The World Health Organization spearheaded numerous public awareness campaigns in the 1990s, identifying obesity as a "social and environmental disease."[1] In 2001, Dr. David Satcher issued a report titled: "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity." This report utilized the term "epidemic" to describe body mass data trends. The following year, more than 1,200 newspaper articles referred to obesity as an epidemic.[2] However, not everyone is convinced that "epidemic" is an appropriate term to describe obesity. This disagreement has sparked numerous discussions on this topic, forcing individuals to ask themselves a common question: is there really an obesity epidemic?

For many, the answer is a definite yes. Obesity is a huge public health concern in the U.S. According to a study conducted by Dr. Cynthia Ogden, 31% of adults are obese.[3] Non-hispanic black, Hispanic, and Mexican-American adults report even higher rates of obesity than white adults.[4] Additionally, one in six children between the ages of two and 19 are obese. These statistics alone make it easy for many to label obesity as an epidemic. James O. Hill, director of the Center for Human Nutrition at the University of Colorado Health Sciences Center, says that obesity related diabetes "will break the bank of our healthcare system." The specific cause of the epidemic, however, is not agreed upon. Some blame a genetic predisposition towards a specific figure or body type. The increase in weight with each generation indicates that our environment plays a significant role. Hill blames lack of physical activity, claiming that shifts in daily routines do not allow for as much exercise as previous generations. Dr. Marion Nestle, New York University chair of the Department of Nutrition and Food Studies, blames worsening eating habits. These habits include increasing portions at fast food eateries and widespread advertisements for junk food.[3]

For others, labeling obesity an epidemic is an irresponsible crusade to brand certain individuals as "unacceptable." In an interview for the *Independent*, Professor Patrick Basham, founding director of the Democracy Institute, stated that claims concerning the obesity epidemic are manipulated to benefit various groups and parties, including public health bureaucrats and the pharmaceutical industry. He believes that obesity studies are inconsistent, claiming that a 2002 cross-cultural review of obe-

sity in the U.S., France, Australia, Britain, and Spain produced little evidence supporting the idea that obese and overweight children consume more calories. In fact, another study reports overweight children to have consumed fewer calories than their peers.[5] Some people simply believe that the word "epidemic" is inappropriate for the issue at hand. Jacob Sullum, columnist and senior editor of Reason Magazine, spoke at the Wisconsin School of Medicine and Public Health Symposium. He highlighted multiple issues including drugs, obesity, and video games. He observed that they have all been labeled "public health crises" despite the fact that they lack concrete similarities. Sullum said, "This tendency to call every perceived problem that affects more than two people an epidemic obscures some important distinctions when you think about the classic targets of public health."[2]

In recent years, the federal government has taken a bigger role in the fight against obesity. Michelle Obama's 2010 "Let's Move" campaign and the U.S Department of Agriculture's "Team Nutrition Program" are a few examples of prevention programs. The role of the government in combating the obesity epidemic is often disputed. Some people believe that the best approach is changing policies and enforcing bills and taxes. According to Dr. Peter Ubel, a Duke public policy and medical professor, "The simplest thing the government can do is inform us about our eating choices more, so we can decide what we want to eat."[2] Whatever their role, it is generally agreed upon that government action is essential in order to inspire healthy food habits and combat obesity, epidemic or not.

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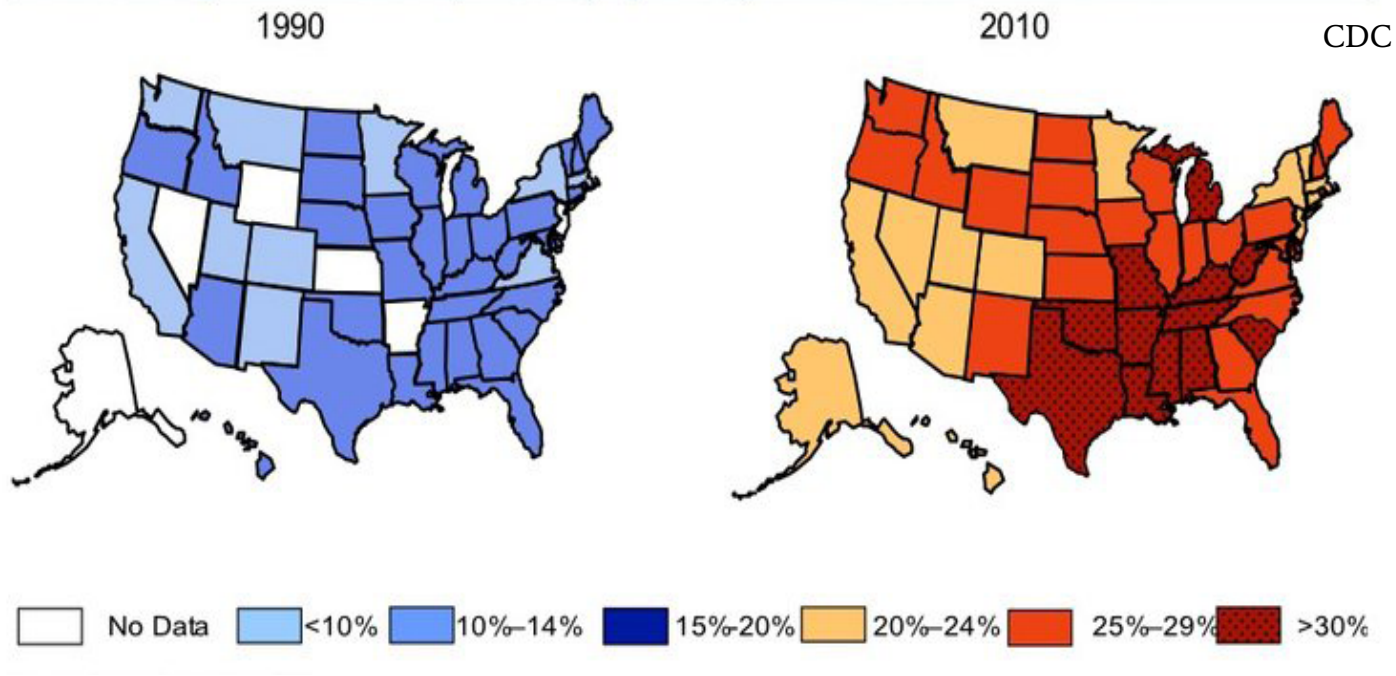

THE EVOLUTION OF U.S. HEA

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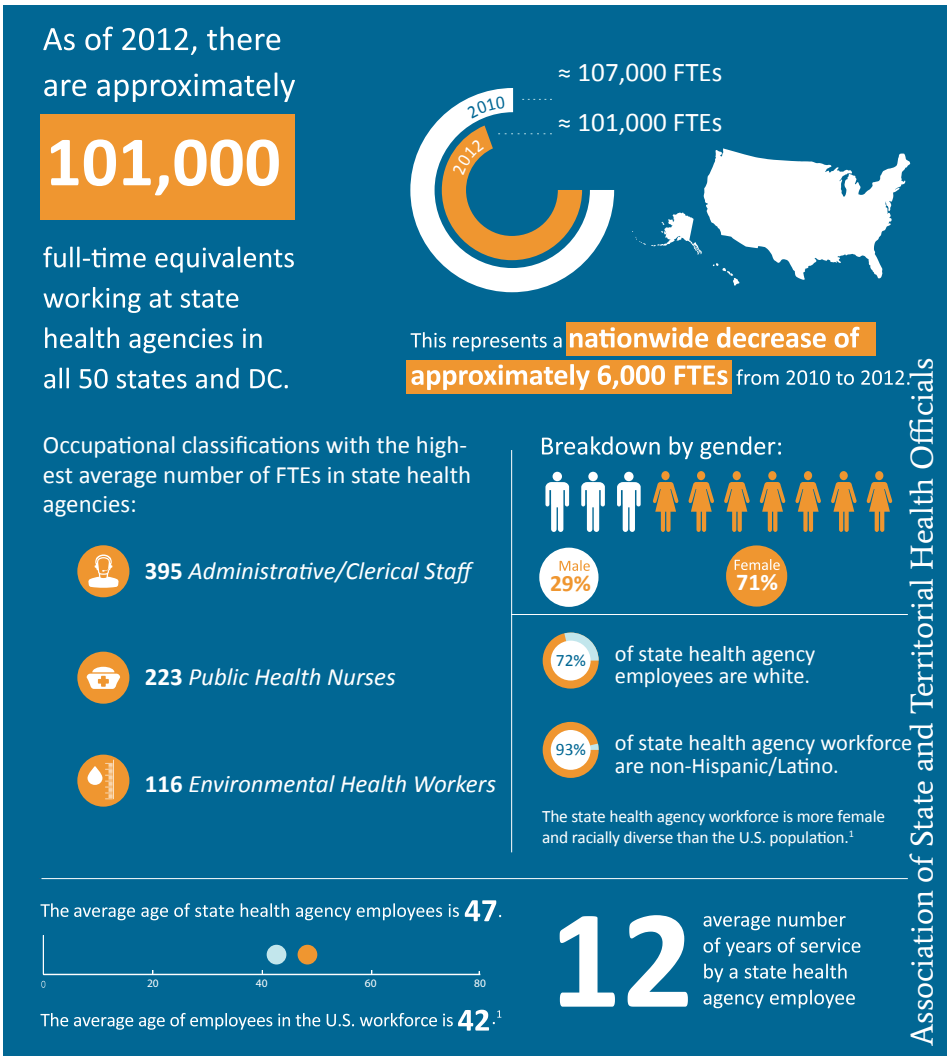
By Victoria Es

The foundation of health care in the United States was initiated in 1945 when President Harry Truman envisioned a universal plan that would pay medical expenses for all citizens, including dental and nursing care. This innovative idea that would later find success when Lyndon B. Johnson, the 36th president, was able to start health care plans known as Medicare and Medicaid.[1]

Medicare was passed in 1965 as an amendment to the Social Security Act of 1935. The program's goal was to provide hospital insurance (Part A) and medical insurance (Part B) for Americans of the age 65 or older. Part A covers inpatient hospital care or hospice care while Part B covers physicians' services and outpatient hospital services at a monthly premium. Medicare is funded by the federal government and partly paid for by payroll taxes.[2] In the year it went into effect, about 19 million people enrolled in Medicare. Although originally started for seniors, the program later became available for Americans under 65 with disabilities or end-stage renal disease.[3] In 2003, President George W. Bush signed the Medicare Modernization Act, allowing for outpatient prescription drugs to be covered by Medicare. The update relieved patients of some financial burdens that came with the price of prescription drugs and especially helped low-income seniors.



Unfortunately, the program did come with problems that currently affects the citizens of the United States. The relentless growth of Medicare spending threatens both seniors and taxpayers. The Congressional Budget Office (CBO) predicts that Medicare spending will double in the next decade to over $1.5 trillion annually. The Medicare Trustees note that the spending will grow faster than workers' wages, the

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economy, and other health spending. The trustees report bad news for working families and young people as Medicare services will consume 25% of all personal and corporate federal income taxes and Medicare's unfunded obligations will reach more than twice the size of today's national debt.[4]

Medicaid, a state and federally funded program that offers health coverage to low-income individuals including children, adult caretakers, seniors, and the disabled, was also signed into law by President Johnson as an amendment to the Social Security Act. The main distinction between Medicaid and Medicare is that the first is an insurance program while the latter is an assistance program. Medicaid covers an array of health services and limits enrollee out-of-pocket expenses for Americans who meet the eligibility requirements. It is administered differently in each state, but all must cover mandatory services like physician and nurse services, hospital services, and laboratory services.[5]

Another aspect of Medicaid came with President Barack Obama's initiation of the Affordable Care Act (ACA), or Obamacare, in 2010. The goal was to expand the Medicaid program to make affordable health insurance more available by providing consumers with subsidies, and to support innovative medical care to lower the costs of health care.[6] In terms of Medicaid expansion, individuals could qualify based on income alone in states with expanded coverage. In all states, income, household size, disability, and family status can be considered. With the expansion, if someone's household income is 138% below the federal poverty level, they are eligible.[7]

Medicare and Medicaid both have the intention of making health care and insurance available for Americans. With the Trump administration, however, a promise of affordable and accessible health care and insurance seems to be put into jeopardy. One of President Trump's main promises was to repeal Obamacare. So far, he has not been successful, but he has weakened the program. According to The Balance, President Trump's further actions to repeal the program could lower costs for healthy individuals because they no longer have to pay a penalty under the new tax plan. These individuals could purchase a short-term plan at a lower cost that does not offer all of the ACA benefits. If an individual has a chronic illness, however, costs will rise. These individuals will need to rely on ACA plans, and as healthy consumers leave those plans, companies will raise prices to gain profit.[8]

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HOW THE ANTI-VACCINE MO
TURNED INTO A
DEADLY OUTBREAK

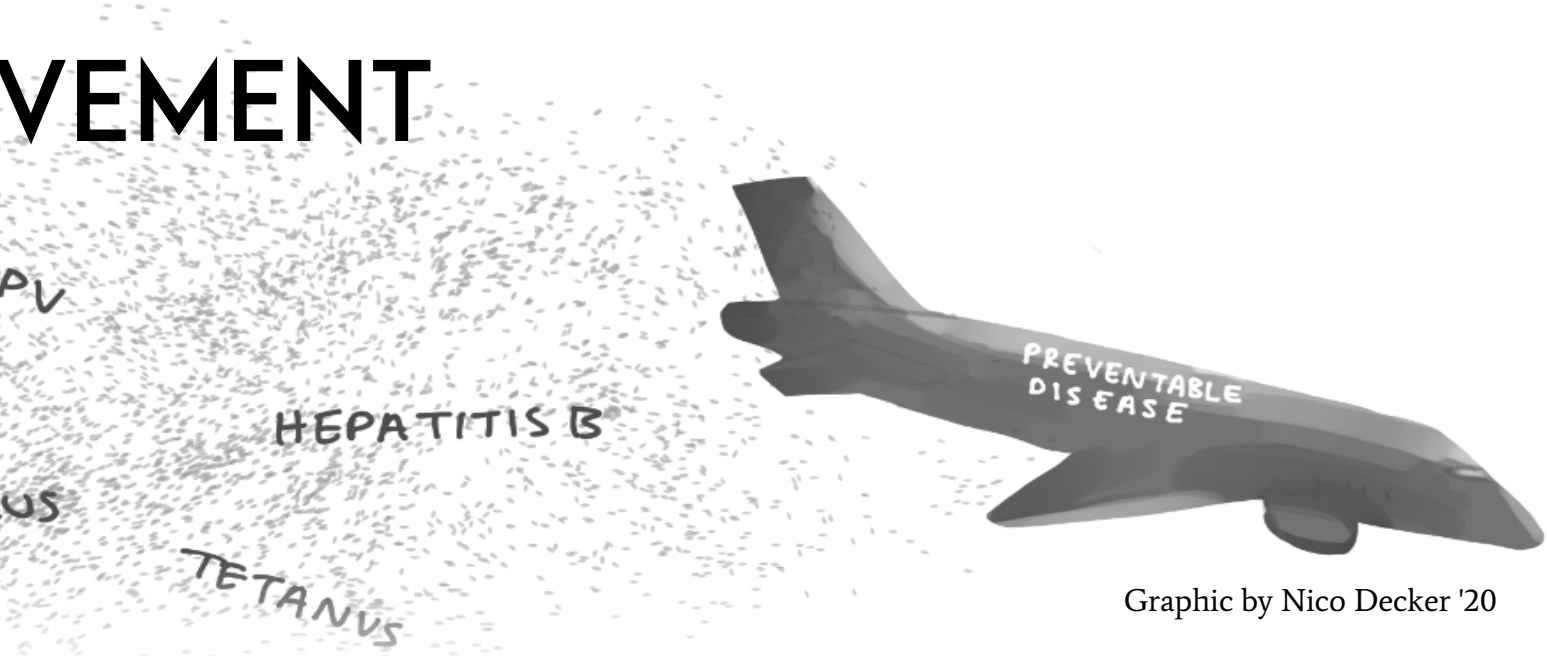
By Amanda Li '21

In the decade following the complete eradication of measles from the U.S. in 2000, an average of only 60 cases of measles were reported each year, the majority of which originated from overseas infection.[1] But recently, the number of reported measles cases has risen significantly, with the Centers for Disease Control and Prevention (CDC) reporting 372 cases in 2018 compared to just 86 in 2016. In the first three months of 2019 alone, there have already been reports of patient numbers anywhere from 228 to over 350.[2] This increase has been attributed to the growing number of "anti-vaxxers," or people who are opposed to vaccination due to religious, philosophical, or personal reasons, leading to unvaccinated communities that are much more susceptible to measles and other vaccine preventable diseases.

Measles is a viral disease that mostly affects young children and can be fatal. Prior to the widespread introduction of the MMR vaccine in the 1970s, around three to four million people were infected annually in the US alone.[3] The MMR vaccine is given in two doses, once between the ages of two to 15 months, and again between ages four to six. This vaccine is highly effective, with 93% of vaccinated patients becoming immune after the first dose, and 97% after the second.[4] But because measles is so contagious, over 95% of the population needs to be vaccinated in order to achieve "herd immunity," the protection of a group of people from a disease, even when some members may not have been vaccinated.[3] In a recent outbreak in Rockland County NY, out of 144 reported cases, 118 of the patients were completely unvaccinated.[5] Similarly, the majority of the entire population of Clark County, WA is not immunized and was the site of another outbreak of 70 reported cases as of Early March.[5]

Another contributing factor to this problem is the lack of enforcement in state laws regarding vaccination. Only three states, California, West Virginia, and Mississippi, allow only medical exemptions for vaccination while 17 states allow for not only religious but also philosophical exemptions based on personal or moral beliefs.[3] As an example of how effective strengthening these regulations would be, California just recently removed the allowance of personal exemptions, increasing the percentage of fully vaccinated kindergarteners from 90.4% to 95.1%, and thus achieving herd immunity.[6]

The anti-vaccination movement is spurred on by the vast amount of misinformation about vaccination available online. Many parents turn to social media sites like Facebook and Youtube where misleading and false information is often found, leading them to believe that vaccines are unhelpful or even detrimental to their children's health. On



Graphic by Nico Decker '20

Facebook, just seven anti-vax pages were responsible for 20% of vaccine-related content in the past few years.[7] Whether it's because they believe vaccines cause adverse effects upon entering the body, have no beneficial effect, or are inferior to natural immunization, parents are becoming more wary of vaccinations. Vaccine hesitancy is also promoted through other sources, from anti-vaccine celebrities like Jenny McCarthy to books such as Vaccines: A Reappraisal. In 2015, a documentary tilted Vaxxed accused the CDC of covering up evidence that showed a link between the MMR vaccine and autism, despite scientific studies that disputed this theory.

The sudden escalation of this situation has brought it to the forefront of current public health issues. In an effort to prevent the continuous rise of measles outbreaks, social media sites are changing their regulations to block out anti-vaccine content. Facebook, Pinterest, and Youtube have stopped the promotion of anti-vaccine media.[8] States have also been pressured to change their laws to enforce a more effective vaccination program and many vaccine advocacy groups have formed to further push for higher vaccination percentages, especially for the MMR vaccine. As of right now, however, outbreaks are still occuring, with more reported cases of measles outbreaks each month. If vaccination rates continue to drop, we will be facing the threat of a measles epidemic that will be disastrous to the future of our generation.

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LSD, HEROIN, AND WEED: THE LEGALIZATION OF A MISCLASSIFIED SCHEDULE I DRUG

By Anya Misovsky '20

In the United States, the recreational use of marijuana has long been restricted by the federal government. But in 2012, Washington and Colorado became the first two states to legalize marijuana. Throughout the past six years, many other states have followed suit. Public support has grown considerably, too: 64% of Americans are in favor of legalization, a majority reflected across party lines.[1]

However, the issue is still a contentious one, and opponents have voiced their concerns. Marijuana, like all drugs, alters the body's chemistry. Normally, the body can recover, but continual use — especially in the adolescent years — can lead to negative long-term health effects. These include the reduction of the brain's grey matter, a lower IQ, and a greater risk of bronchitis, lung cancer and schizophrenia. As a Washington Times article summarizes: "A scientific consensus exists that marijuana has serious health implications — even for casual users."[2]

While legalization advocates recognize that marijuana is harmful, they often compare the substance to other, more deadly drugs. Currently, marijuana is classified by the federal government as a Schedule I drug — the most dangerous class of substances with "no currently accepted medical use and a high potential for abuse" — alongside heroin, LSD, and ecstasy.[3] Though marijuana does have damaging effects, scientists say this is a misclassification. Heroin and ecstasy are significantly more harmful and addictive than marijuana, yet the federal government presents them all on the same echelon. This means the federal government is wasting resources deterring marijuana dealers and sellers — time better spent fighting the abuse of more deadly drugs like heroin.

Moreover, marijuana is likely less dangerous than smoking or even alcohol consumption, neither of which are classified as Schedule I drugs. Alcohol plays a role in one out of every ten American adult deaths and the inhalation of first and second-hand smoke has put millions at risk of lung cancer.[4] However, an overdose on marijuana has yet to be documented. In fact, according to a conservative estimate by the American Addiction Centers, one would have to smoke at least 238 joints a day to overdose on marijuana.[5]

Marijuana was first introduced to America by Mexican immigrants in the early 20th century.[6] In the 1970s, President Richard Nixon declared his "War on Drug Abuse," designed to curtail the usage of substances such as marijuana, cocaine, and heroin. Similar campaigns were also launched by Presidents Ronald Reagan and George Bush. But a recent

NBC poll found that 52% of Americans over 18 admit to having tried the drug at least once, despite aggressive tactics such as the "three strike policy" that punish the possession of marijuana with harsh sentences.[7]

Furthermore, these laws have unfairly impacted the African-American community — blacks are four times more likely than whites to be arrested for smoking marijuana, even though the two groups consume the substance at a similar rate. Punishment is not administered fairly, with some Americans spending years in jail for a crime others feel comfortable joking about on national television. To advocates, this alone warrants grounds for the immediate decriminalization, if not legalization, of marijuana.[1]

Additionally, legalizing marijuana allows state governments to collect a tax, using the revenue to further regulate the substance. States that have already passed legalization laws collect millions of dollars each year from marijuana taxes; the money then funds education or drug abuse prevention programs. According to the Drug Policy Alliance, between 2015 and 2017, Colorado was able to set aside over $230 million to give to its Department of Education. State governments are also able to set legal standards, mandating tests for mold, bacteria, and other fungi before sellers are allowed to distribute their products.[1]

These efforts are already making an impact. In fact, states where marijuana is legal have actually seen a decline in teenage smoking, with about 1.1% fewer teens using the substance compared to the national rate.[8] And contrary to the popular argument that marijuana is a "gateway drug," these states have also since seen a 23% decline in overdose deaths related to heroin or other opioids.[1]

While both sides are well-intentioned, the true solution likely lies somewhere in the middle. But as more and more states pass their own forms of legalization bills, state governments will need to find a way to curtail marijuana abuse without resorting to drastic punitive measures.

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Graphic by Jacqueline Zou '20

SAFE INJECTION PR
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By Noah Tru

As drug-related deaths rise to record numbers, newly passed legislation is beginning to attack the opioid epidemic from a different approach: supervised injection sites. Although there are no safe injection programs in the United States currently, over 100 supervised spaces operate worldwide — typically in Canada and across Europe.[1] In these safe spaces, illicit drug users can inject heroin and other illegal drugs under the supervision of medical professionals. Staff members do not assist or distribute the illegal substances; however, they can provide aid and comfort to users. These actions can range from providing sterile needles and first aid to referring patients to rehab and support programs.[2] Participants in any given program will typically bring in their own drugs, but they are provided with the overdose antidote in emergent cases.

As with any legislation, critics have voiced many concerns. One vocal opponent of supervised consumption, the U.S. Department of Justice, argues that injection sites "would violate federal law," particularly the federal crack house statute.[3] This law states that it is a felony to knowingly facilitate spaces that are intended to manufacture or distribute illegal substances. The Department further claimed, "It is a crime, not only to use illicit narcotics, but to manage and maintain sites on which such drugs are used and distributed." The Justice Department recently took harsh legal action by filing a civil lawsuit against a nonprofit called Safehouse based in Philadelphia that was attempting to open a safe injection site. Safehouse responded that they are simply helping those with addictions overcome their disorder.

Despite criticism regarding legality or the encouragement of drug use, recent studies have proven the positive impacts of supervised consumption. Firstly, safe injection sites have increased involvement in substance abuse treatments. Sites often educate drug users on the benefits of rehab programs, and thus increase the number of willing participants. Additionally, safe injection reduces the risk of diseases such as human immunodeficiency virus (HIV) and Hepatitis C. This risk reduction is a direct result of the sterility of both the syringes used and the injection site entirely, which prevents the transmission of life-threatening diseases. Lastly, supervised con-

Graphic by Elaine Zhang '21

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sumption is economically beneficial in the long run. Since there is a reduction in disease, overdose-related deaths, and need for medical services, both drug users and medical facilities have noticed savings in the overall cost.

Some criticism stems from the fear that these sites work in other countries, but not in the continental United States. In September 2014, a harm reduction group worked to prove these assumptions wrong. The group secretly opened a supervised consumption site in the U.S. and invited researchers to observe the outcomes. The organization realized that if they waited for the government to sanction and advocate for the injection site, "all their people would be dead." Peter Davidson, an invited researcher from the University of California in San Diego, confirmed, "The big takeaway from this research and all the data we have so far is that these kinds of facilities have a similar effect here in the United States as they do elsewhere: they reduce harm associated with drug use and they reduce social nuisance associated with drug use in the same way they do elsewhere".[4]

In light of these findings, major cities across the United States are considering opening supervised consumption sites, from New York City to Denver to San Francisco. While these cities are attempting to gain legislative permission to open sites, users have set up makeshift sites in areas of concentrated drug use. Despite good intentions, these unsanctioned consumption areas have faced public opposition. This dismissal often stems from a not-in-my-backyard sentiment associated with safe injection programs. Essentially, American citizens are concerned that if a consumption site operated in their neighborhood, it would attract drug users along with any associated illegal substance crimes and general social disorder. Advocates of safe injection insist that these sites do not encourage or embrace drug use, but rather that they attempt to minimize harm and reduce medical complications.

In an ideal world, people would not abuse drugs, and those that fall prey to addiction would utilize the many available rehab programs. In reality, however, many drug users are not easily willing to give up using illicit drugs. By supervising drug consumption, facilities and medical professionals can monitor the health of users and potentially save lives.

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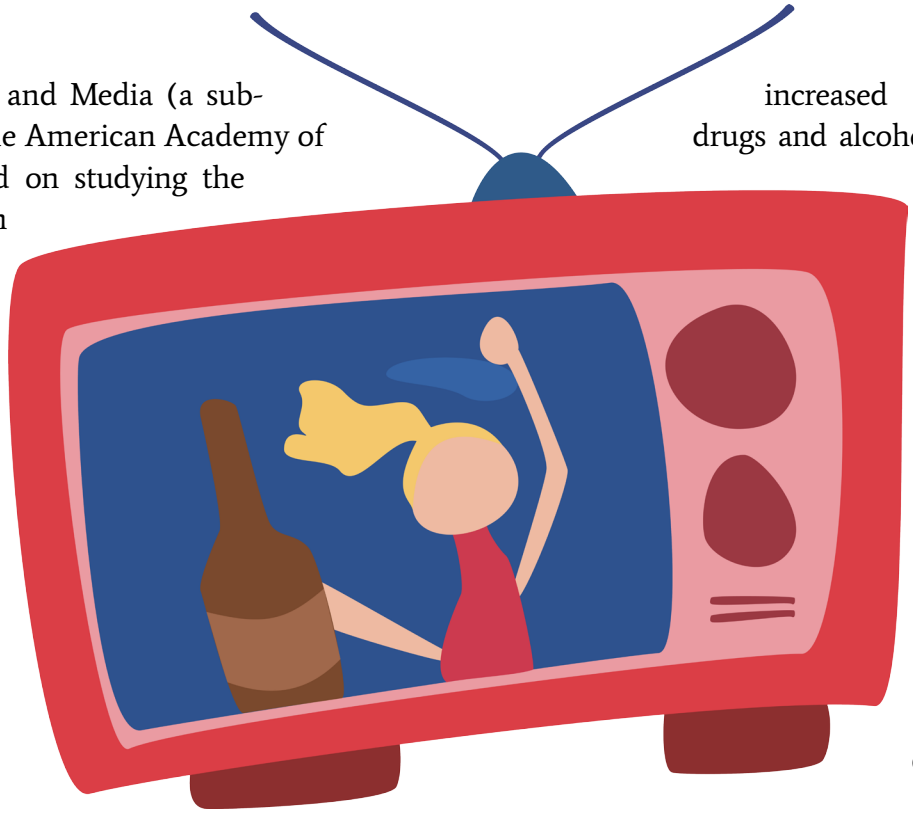
THE MEDIA'S LOVE AFFAIR WITH SUBSTANCE ABUSE

By Ayşe Lara Selçuker '21

Every year, more than $25 billion is spent on advertising for tobacco, alcohol, and prescription drugs. While this advertising is certainly effective, the true selling point for many of these products is the extensive space they occupy in our cultural zeitgeist. Movies, television, and social media all play a large role in portraying substance use and abuse as a commonplace and an essential part of teen life.[1]

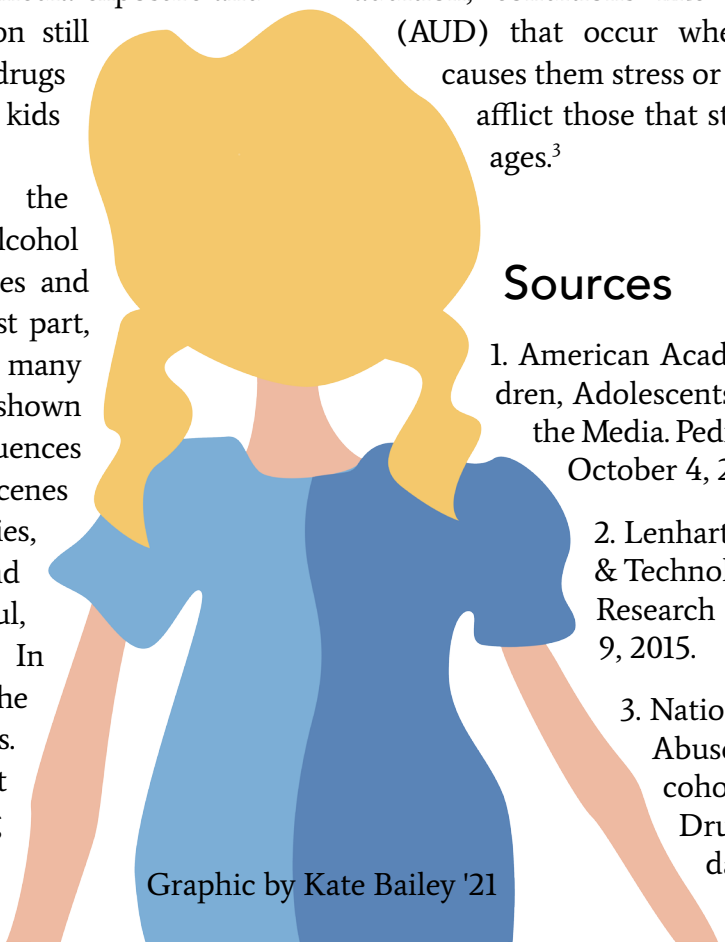
The issue begins with more children beginning to use the internet at younger ages, usually unsupervised and unregulated. One study from the Pew Research Center reported that 92% of teens go online daily, with 24% saying they were online almost constantly. This is a sharp upward trend from the reported number of 73% of teens online daily in 2000.[2] While teens are online, they are exposed to a series of so-called "super peers:" music, television, and social media. These super peers can have the same influence on a child's actions as a friend or a family member through a similar method of peer pressure. Sometimes, this can be a positive influence, such as in the case of many activist movements that gain momentum through social media platforms. However, the content that children and teens are exposed to through super peers can also have negative effects, as with the popularization and normalization of substance use.[2]

Media itself does not have defined adverse effects on the health of children and teens; it is unfounded to simply label "The Media" as a common enemy when targeting issues of teenage substance abuse. However, the presentation of drugs and alcohol on the internet, as well as in television shows and movies, has been shown to increase use and abuse among teenagers. Of the movies teenagers tend to watch online, 93% portray alcohol use and 22% mention illicit drugs. In more traditional media, alcohol is present in 77% of television show episodes, according to the Office of National Drug Control Policy. This widespread presentation of drugs and alcohol in the media has adverse effects on the health of children and teens. As reported in a 2010 study by the Council on



Communications and Media (a sub-organization of the American Academy of Pediatrics focused on studying the impact of media on children), 21% of elementary school students and 51% of high school seniors had tried alcohol. Another 20% of eighth graders had previously tried tobacco. When testing the dose-response relationship between increased media exposure and substance use, researchers discovered that one additional hour a day of television correlated to a 9% average increased risk of drinking alcohol in the next 18 months. These findings show a clear relationship between media exposure and substance use, but a question still stands: why? What makes drugs and alcohol so attractive to kids and teenagers?

To many researchers, the answer lies in how drugs and alcohol are presented in many movies and television shows. For the most part, alcohol is normalized in many teen movies, and is rarely shown to have any negative consequences attached to it. Of drinking scenes in television shows and movies, about 33% are funny and include charming, successful, or influential characters. In contrast, a mere 23% show the actual negative consequences. This theme applies to most other substances, including marijuana. Because of this increased romanticization of drugs and alcohol in common media, many teenagers believe that they, too, can have fun and become like their celebrity idols by taking a shot or two. After all, it never hurt the characters on TV, so it can't hurt them either. The problem is, that's just wrong.[1] Alcohol is the leading cause of death for adolescents, playing a role in the deaths of over 4,000 teenagers every year. Underage drinking as it is presented in many television shows can also impact people's lives well into the future. When people start young, they are more likely to maintain addictions for the rest of their lives. In addition, conditions like Alcohol Use Disorder (AUD) that occur when someone's drinking causes them stress or harm, are more likely to afflict those that start drinking at younger ages.[3]



Graphic by Kate Bailey '21

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