A Healthy Biosphere Means Healthier Humans

By David Suzuki

JEAN LAKOSNYK/UNSPLASH.COM

Our health is tied to air, water, and food from the soil.

Imagine if scientists came up with an inexpensive, easily administered way to decrease the risk of cancer, diabetes, heart disease, stroke, and obesity by 25 percent to 35 percent. It would create a sensation and, if patented, would be worth billions. But there's already a free and simple way to achieve this: exercise.

The human body evolved over millions of years, long before cars, escalators, laptops, and remote controls. It's built to expend effort. Gas-powered vehicles enabled us to move over long distances or get somewhere quickly, but they're bad medicine when they're used to go two or three blocks. Our lives are easier but not necessarily healthier. It's time we put more thought into keeping our bodies active and well, minimizing sickness.

Fitness increases your chances of staying well, but it's not a guarantee. We still have much to learn about the ways in which genetics and environmental conditions affect health. After the first human genome survey was completed in 2003, we thought DNA sequences would reveal the secrets of disease and speed development of treatments. But despite trillions of dollars spent on research, many cancers are still unsolved and we've learned that only a few diseases—such as cystic fibrosis, Huntington's chorea, and sickle cell anemia—are the result of only one gene.

Most conditions result from the interplay of heredity and environment. And because many genes each add a small bit to defects like cancer, heart disease, and dementia, magic bullet cures are elusive. Meanwhile, health-care costs show little sign of stabilizing, and increasing obesity and an aging population will drive them higher.

Health is about risk management. We can't choose our parents, so there's little we can do about the hereditary component of disease unless you subscribe to the promise of technological engineering like gene splicing and editing. But we can influence external factors, like diet, exercise, habits, and environment.

Consider air, water, and food.

We need air every minute of our lives to ignite the fuel in our body to give us energy. We suck two to three quarts deep into the warm, moist recesses of our lungs. Our alveoli are smeared with surfactants that reduce surface tension and enable air to stick so oxygen and whatever else is in that breath can enter our bloodstream. Carbon dioxide leaves our body when we exhale. Lungs filter whatever's in the air. Deprived of air for three minutes, we die. Forced to live in polluted air, we sicken.

We are 60 percent to 70 percent water by weight. Every cell in our body is inflated by water. Water allows metabolic reactions to occur and enables molecules to move within and between cells and, when we drink it, we also take in whatever's in it, from molecules like DDT and PCBs to viruses, bacteria, and parasites.

All the cells and structures of our body are molecules assembled from the debris of plants and animals we consume. If we spray or inject food plants and animals with toxic chemicals, and then consume them, we incorporate those chemicals into our very being, sometimes passing them on to our offspring before they're even born.

We put effort and money into searching for disease causes. But screening toxic effects of thousands of new molecules every year is painstaking and expensive, so most are never tested. Often, mirroring genetic effects, different molecules, each harmless on its own, may collectively create a problem. Research is beginning to show that even diseases with genetic components, like Alzheimer's and Parkinson's, can be triggered by pesticide exposure. When we consider the vast array of chemicals spewed into air, water, and soil, predicting those that may interact with each other and our genetic makeup to create health problems is difficult if not impossible.

Our health is tied to air, water, and food from the soil. That means we should keep them clean and stop dumping toxic wastes into them. Our health is also improved by exercise, which should be part of the way we live. Outdoor exercise is especially good. Connecting with nature is beneficial for physical and mental health. Caring for ourselves and the biosphere would pay many times over in improved health and happiness.

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Is Your Overeating a Psychiatric Disorder? Big Pharma Hopes So

By Martha Rosenberg

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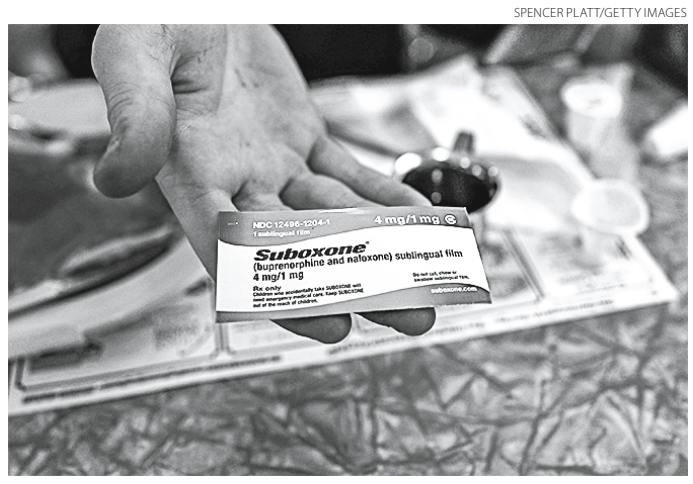

Tyler, who recently got out of a rehab program for heroin addiction, shows his prescription for Suboxone, a maintenance treatment for opioid dependence, in Burlington, Vt., on Feb. 5, 2014.

More than two-thirds of U.S. adults are now overweight and it is fair to say that almost all of them overeat. Now pharma marketers have made overeating a real disease that can be treated with a real medicine.

Binge Eating Disorder, for which the FDA recently approved the drug Vyvanse, now appears in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

The problem is that over half of the authors who write the DSM have financial links to pharma and new "diseases" tend to appear at the exact point that pharma can make money.

Pharma marketers also recently "upgraded" the definition of alcohol abuse from how it appeared in the DSM-4 to the way it appears in the current DSM-5 which has had the effect of widening the net of those suffering from the condition.

You no longer have to have lost a job or crashed a car to have an Alcohol Use Disorder—you might have it if you just "crave" alcohol.

Alcoholism and drug addiction is a new profit center for Big Pharma thanks to the booming specialty of addiction psychiatry, which has taken over standard rehabilitation.

Traditionally, "rehab" relied on anonymous self-help, supportive free programs to get alcoholics and addicts clean and sober. Now, instead of needing counseling and peer support, the pharma driven psychiatric establishment says food, drug, or alcohol addiction can be treated by a pill.

"The insurance companies told the rehabs they would no longer pay for inpatient rehab for heroin, cocaine, or alcohol unless there was also another Axis 1 psychiatric disorder like bipolar disorder or major depression," psychiatrist Phil Sinaikin, author of Psychiatryland told me.

"I was working in a drug treatment facility when the change happened. Since addicts typically complain of anxiety and depression, a completely understandable emotional response to their toxic lifestyles, it was no problem to add a new label and throw a few psychiatric drugs at their now relabeled 'dual diagnosis.'"

While the FDA has approved three drugs for treating alcoholics—naltrexone, acamprosate, and disulfram—the approval of buprenorpine, marketed as Suboxone, for opioid addiction is more concerning. Pharma makes money on Suboxone but the "cure" is as bad as the illness—it is reportedly almost as difficult to quit as opioids themselves and carries its own "high." Thanks for nothing, pharma.

There is even a pharma lobbying group whose entire purpose is buprenorphine/Suboxone promotion.

The National Alliance of Advocates for Buprenorphine Treatment (NAABT), which admits it has "received donations from pharmaceutical companies," says its mission is to:

"Educate the public about the disease of opioid addiction and the buprenorphine treatment option; help reduce the stigma and discrimination associated with patients with addiction disorders; and serve as a conduit connecting patients in need of treatment to buprenorphine treatment providers."

It is not too difficult to overeat when advertising for food and snacks is everywhere—as are the products themselves. Why are snacks sold, for example, in the hardware store, office supply store, car wash, and even in hospitals?

But people overate (and drank too much and took too many drugs) long before pharma called them "diseases" and tried to cash in. Drug, food, and alcohol abuse are painful addictions but not psychiatric disorders requiring expensive pills.

Martha Rosenberg is author of the award-cited food exposé "Born With a Junk Food Deficiency," distributed by Random House. A nationally known muckraker, she has lectured at the university and medical school level and appeared on radio and television.

America Marches Blindly Toward Single-Payer

By Sally C. Pipes

AP PHOTO/JACQUELYN MARTIN

A sign supporting Medicare on Capitol Hill on July 30, 2015.

Hillary Clinton just dipped her toe a little bit further into the waters of single-payer health care, prodded by her competitor for the Democratic presidential nomination, Bernie Sanders.

She recently called for allowing more people to join Medicare—the government-run health care program for seniors—by allowing those "55 or 50 and up" to buy into it. Sanders can no doubt take credit for pulling her further left—his proposal to expand Medicare to all Americans has evinced cheers from his partisans.

But the record of other single-payer systems should silence those cheers. Single-payer would destroy health care quality and rob patients blind in the process.

Sanders has been agitating for single-payer for decades. The supposed price tag of his latest proposal for "Medicare-for-All?" About $14 trillion over 10 years, he's claimed.

But according to studies from the Urban Institute and the Tax Policy Center, the real cost would be about $33 trillion. Even after accounting for the revenue that Sanders's plethora of new taxes would take in, the government would still need $16 trillion.

> Single-payer would destroy health care quality and rob patients blind in the process.

Nevertheless, Sanders's focus on single-payer has attracted attention. A recent survey found that 63 percent of people had a positive reaction to the term "Medicare for all." Meanwhile, thousands of doctors recently signed on to a plan similar to Sanders's.

Some states could even greenlight single-payer in the coming months. This November, Colorado voters will decide whether to create a state-level single-payer system. The initiative would cost $38 billion annually and require billions in new taxes.

Coloradans should take note of another state that tried to implement a single-payer system and failed—Sanders's home state of Vermont.

The state's attempt at single-payer in 2014 was projected to cost $4.3 billion—almost equivalent to the state's entire $4.9 billion budget. To fund the program, Vermont would have needed an extra $2 billion in revenue—plus new taxes on businesses and residents. Officials abandoned the idea because it would have collapsed the state's economy.

The recent history of single-payer systems sponsored by the federal government isn't much more encouraging.

Take the Veterans Health Administration, which continues to subject beneficiaries to lengthy waits for care. In March, the Government Accountability Office tracked the experience of 180 newly enrolled vets and found that 60 waited as many as 71 days to see a primary care doctor. Sixty more never even managed to get an appointment.

Patients haven't fared much better under single-payer systems abroad.

Horror stories from Britain's National Health Service (NHS) emerge almost daily. Recently, a government investigation found that hospitals are discharging elderly patients without ensuring that they're fit to go home.

This spring, thousands of junior doctors went on strike. Patients had no choice but to wait for the walkout to end, as hospitals postponed more than 112,000 appointments and 12,700 operations in response.

Canada, my native land, has similar issues. Canadians must wait an average of 18.3 weeks to see a specialist after getting a referral. That wait time is 97 percent longer than it was in 1993. Almost 900,000 Canadians are waiting for treatment.

The promise of single-payer—high-quality, universally accessible, free—is nothing like the reality of such a system. Taxpayers pay dearly for the promise of such care.

This fall, voters must not allow themselves to fall prey to the siren song of single-payer.

Sally C. Pipes is president, CEO, and Thomas W. Smith fellow in health care policy at the Pacific Research Institute. Among her books are "The Cure for Obamacare" and "The Way Out of Obamacare."