

**Opening Statement
Chairman Dan Burton
Subcommittee on Human Rights & Wellness
“Conquering Obesity:
The U.S. Approach to Combat this National Health Crisis”
September 15, 2004**

The Subcommittee is convening today to discuss an ever-increasing health care concern in the United States: obesity. This disease has become one of the most prevalent chronic health crises in the United States, and the problem has only continued to grow exponentially over the last several decades.

Obesity is a complex and multilateral chronic disease that develops from an interaction of genotype and the environment. While the current understanding of how and why obesity develops is incomplete at this time, it is assumed to involve the integration of social, behavioral, cultural, physiological, metabolic, and genetic factors.

Obesity is defined as an excessively high amount of body fat in relation to lean body mass. In the United States, this is categorized as having a Body Mass Index of 30 or greater. The Body Mass Index, or BMI, is a mathematical formula in which an individual’s body weight in kilograms is divided by the square of their height in meters.

According to the National Health and Nutrition Examination Survey conducted in 1999 by the Department of Health and Human Services (HHS), it is estimated that 31 percent of adults over the age of 20 in the United States are obese. In addition, data also showed that over 65% of adults in the United States were considered to be overweight, which is considered having a BMI of more than 25, or worse. According to the most

recent figures from the Centers for Disease Control (CDC), this constitutes an estimated 129.6 million adults who are currently living at unhealthy weight levels in the United States – increasing over 54.9 percent in the last decade.

This is not only a phenomenon effecting adults, but also our Nation’s children. As the survey also indicated that roughly 15% of children and adolescents are now regarded as overweight or obese. Levels of childhood overweight have nearly tripled since 1970. Left unabated, the escalating rates of obesity in the U.S. population will place a severe burden on America’s healthcare system.

The National Institutes of Health (NIH) “*Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*”, states that all adults aged eighteen or older who have a BMI of 25 or greater are considered at risk for premature death and disability as a consequence of their fat to lean muscle mass ratio.

Some of the many other health concerns related to obesity are: high blood pressure, high cholesterol levels, diabetes, heart disease, increased probability of having a stroke, and even certain types of cancer such as breast, colon, and prostate cancers, establishing a great need for research and prevention strategies to curb this health epidemic.

Presently, the United States Department of Health and Human Services, under the guidance of Secretary Tommy Thompson, has begun to deal with this national health

crisis head on. Not only is the Federal Government now classifying obesity as a disease rather than a behavioral problem, but HHS is also conducting in-depth research into the underlying causation of obesity - not discounting a genetic or predetermined basis for the disease.

Currently, the Federal Government has invested over \$400 million in Fiscal Year 2004 on obesity research, and is projected to support further scientific research by increasing appropriations by over 10% in Fiscal Year 2005 to \$440.3 million – all in an effort to better understand this disease.

Not only are there detrimental health impacts associated with obesity, but also great economic consequences on the United States taxpayer and our health care system overall as well.

A study of the national costs attributed to both overweight and obesity related services specify that medical expenses accounted for 9.1% of the total U.S. medical expenditures in 1998 – that reached a total dollar amount of roughly \$78.5 billion at that time, which would equate to over \$92.6 billion in 2002 dollars. Approximately half of these costs were compensated for by funds allocated to Medicare and Medicaid services.

Medical costs associated with obesity may involve both direct costs, which include the preventative, diagnostic, and treatment services related to the disease, as well as indirect costs, which consist of morbidity and mortality costs. Morbidity costs are defined as the value of income lost from decreased productivity, restricted activity,

absenteeism, and bed delays. Mortality costs are the value of future income lost by premature death.

Obesity cannot be ignored. This is especially apparent in my home state of Indiana. According to information released by the Behavioral Risk Factors Surveillance System at CDC, over \$1.6 billion is spent annually by the hardworking taxpayers of Indiana due to the health implications linked directly to obesity. Even more harrowing, in California - the home of my esteemed colleague and Ranking Member Congresswoman Diane Watson - approximately \$7.7 billion dollars are spent annually – over 10% of the total expenses in the United States!

Fortunately, the Federal Government and private organizations have created several programs to combat and bring awareness to obesity. The Division of Nutrition and Physical Activity at the CDC has developed a program designed to help states improve their efforts to prevent obesity by promoting good nutrition and more physical activity.

Currently, 20 states are enrolled in the FY 2004 activities of this program, which include providing state residents with the knowledge and skills they need to develop stronger intentions about weight loss and greater self-efficacy. These initiatives also address the need for supportive environments that further allow for healthy eating and more physical activity to be incorporated into people's lives. To speak on these and other CDC initiatives to prevent and combat obesity, the Subcommittee will hear testimony from Dr. Ed Thompson, Chief of Public Health Practice at CDC.

Complimenting the Federal government work on obesity, there are many organizations that are working diligently to identify the cause of obesity and strive to put a stop to these skyrocketing rates. To explain their work on the subject, the Subcommittee will be hearing testimony from Morgan Downey, the Executive Director of the American Obesity Association; Dr. Daniel Spratt, Director of Reproductive Endocrinology at the Maine Medical Center and Representative of the Endocrine Society; as well as Dr. Thomas Wadden, Vice-President of the North American Association for the Study of Obesity.

As the Federal Agency charged with ensuring the safe production of food and the management of the Federal food assistance programs, the United States Department of Agriculture (USDA) is particularly concerned with the alarming rates of obesity in the United States. The Subcommittee has the distinct pleasure of receiving testimony today from the Honorable Eric Bost, the Under Secretary for Food, Nutrition, and Consumer Services at the USDA. Under Secretary Bost will be testifying about the current USDA outreach programs to further curb the incidences of obesity in our country.

In addition to all of their current activities, I am delighted to report that the Department of Agriculture will also be hosting a National Obesity Prevention Conference in late October to focus on learning from past and current research, and the need for further scientific research to avert future trends of this disease.

The food industry has been put under fire for producing the food products that individuals consume in mass quantities, and thus leading to obesity. While the safety and nutritional contents are ensured and disclosed by these manufacturers, many individual companies and trade associations have gone the extra mile in providing initiatives geared on proper nutrition for the public to help do their part in fighting the obesity war.

To better explain these community-based programs, Alison Kretser, the Director of Scientific Nutrition Policy with the Grocery Manufacturers of America and Hunt Shipman, the Executive Vice-President of Governmental Affairs and Communications with the National Food Processors Association will be sharing testimony on their work on this most important issue.

It is imperative for the health and financial well-being of Americans that we find an effective weigh to reign-in this healthcare epidemic. Our National health agencies and non-governmental organizations are doing their part to find means of comprehending the basis of this disease, and combat the current and future implications of obesity.

I would like to thank all of our witnesses for being with us today, and I look forward to hearing their testimony.