What You Eat Is Your Business

by Radley Balko

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This June, Time magazine and ABC News will host a three-day summit on obesity. ABC News anchor Peter Jennings, who last December anchored the prime-time special “How to Get Fat Without Really Trying,” will host. Judging by the scheduled program, the summit promises to be a pep rally for media, nutrition activists, and policy makers—all agitating for a panoply of government anti-obesity initiatives, including prohibiting junk food in school vending machines, federal funding for new bike trails and sidewalks, more demanding labels on food stuffs, restrictive food marketing to children, and prodding the food industry into more “responsible” behavior. In other words, bringing government between you and your waistline.

Politicians have already climbed aboard. President Bush earmarked $200 million in his budget for anti-obesity measures. State legislatures and school boards across the country have begun banning snacks and soda from school campuses and vending machines. Senator Joe Lieberman and Oakland Mayor Jerry Brown, among others, have called for a “fat tax” on high calorie foods. Congress is now considering menu-labeling legislation, which would force restaurants to send every menu item to the laboratory for nutritional testing.

This is the wrong way to fight obesity. Instead of manipulating or intervening in the array of food options available to American consumers, our government ought to be working to foster a sense of responsibility in and ownership of our own health and well-being. But we’re doing just the opposite.

For decades now, America’s health care system has been migrating toward socialism. Your well-being, shape, and condition have increasingly been deemed matters of “public health,” instead of matters of personal responsibility. Our law-makers just enacted a huge entitlement that requires some people to pay for other people’s medicine.
Senator Hillary Clinton just penned a lengthy article in the New York Times Magazine calling for yet more federal control of health care. All of the Democratic candidates for president boasted plans to push health care further into the public sector. More and more, states are preventing private health insurers from charging overweight and obese clients higher premiums, which effectively removes any financial incentive for maintaining a healthy lifestyle.

We’re becoming less responsible for our own health, and more responsible for everyone else’s. Your heart attack drives up the cost of my premiums and office visits. And if the government is paying for my anti-cholesterol medication, what incentive is there for me to put down the cheeseburger?

This collective ownership of private health then paves the way for even more federal restrictions on consumer choice and civil liberties. A society where everyone is responsible for everyone else’s well-being is a society more apt to accept government restrictions, for example—on what McDonald’s can put on its menu, what Safeway or Kroger can put on grocery shelves, or holding food companies responsible for the bad habits of unhealthy consumers.

A growing army of nutritionist activists and food industry foes are egging the process on. Margo Wootan of the Center for Science in the Public Interest has said, “We’ve got to move beyond ‘personal responsibility.’” The largest organization of trial lawyers now encourages its members to weed jury pools of candidates who show “personal responsibility bias.” The title of Jenning’s special from last December—“How to Get Fat Without Really Trying”—reveals his intent, which is to relieve viewers of responsibility for their own condition. Indeed, Jennings ended the program with an impassioned plea for government intervention to fight obesity.

The best way to alleviate the obesity “public health” crisis is to remove obesity from the realm of public health. It doesn’t belong there anyway. It’s difficult to think of anything more private and of less public concern than what we choose to put into our bodies. It only becomes a public matter when we force the public to pay for the consequences of those choices. If policy makers want to fight obesity, they’ll halt the creeping socialization of medicine, and move to return individual Americans’ ownership of their own health and well-being back to individual Americans.

That means freeing insurance companies to reward healthy lifestyles, and penalize poor ones. It means halting plans to further socialize medicine and health care. Congress should also increase access to medical and health savings accounts, which give consumers the option of rolling money reserved for health care into a retirement account. These accounts introduce accountability into the health care system, and encourage caution with one’s health care dollar. When money we spend on health care doesn’t belong to our employer or the government, but is money we could devote to our own retirement, we’re less likely to run to the doctor at the first sign of a cold.

We’ll all make better choices about diet, exercise, and personal health when someone else isn’t paying for the consequences of those choices.