Viewpoint: Weighing the costs of relying on government-reimbursements to address America's ballooning fat problem

We're fat and getting fatter (have fatness?). Three out of every four adults are overweight or obese. Today, we are caught somewhere between fat acceptance and drug cures. The drugs are likely to be helpful but, if they become nationalized medical treatment, it will inordinately expensive.

There are many hypothesized causes of being obese but there are also some pretty stark facts as well.

We are eating more, that is, too much and too much of the wrong things. In 1961, the average American consumed 2,880 calories daily. By 2017, that number had increased to 3,600 calories, an increase of 24%. In 1960, the average weight for men was 166 pounds, for women 140 pounds. Today, for men the average is 200 pounds, for women it is 171 pounds. That's a 20% increase for men and an 18% gain for women. In addition, in 1960, we consumed an average of 75 pounds of sugar per year; today it is about 100 pounds.

We also work more in sedentary jobs now, decreasing energy expenditures by more than 100 calories a day. One particularly nasty effect of these trends has been that. between 2001 and 2017, childhood diabetes increased 45%, which will eventually result in increases in hypertension, stroke, and cancers.

In 2001, the Surgeon General set an objective "to promote the recognition of overweight and obesity as a major public health problem" in the United States. Nevertheless, one Harvard Medical School researcher says that "Doctors do not understand obesity."

Perhaps many don't understand obesity, but they are going to be the ones to prescribe the new drugs called GLP-1 (semaglutide). These include Ozempic, Wegovy, Mounjaro and Zepbound. They are meant to be taken forever as, once people stop taking the drug, most regain much of their original weight quickly. Ozempic and Wegovy costs around $12,000 per year with Zepbound and Mounjaro near $13,000.

The push has already started to have the federal government (taxpayers) cover the drugs because:

> The personal-responsibility framework reflected in (the old) approach places blame on individual patients without considering important biopsychosocial aspects of obesity. These factors can include challenges related to the food environment and the effects of other social determinants of health and a lack of access to the full spectrum of effective obesity treatments"… and…"Obesity is a complex medical condition.

If you "have" obesity, and it is a complex disease, then it must need a pill to cure it. But a pill is unlikely to

be sufficient. As Sima Sistani of WeightWatchers noted in The Washington Post, taking the drugs must be accompanied by behavioral change, like diet and exercise.

I think that there are many people that will find a way to use these drugs sparingly to lose weight and get healthier but, as noted above, because we are eating more and exercising less, diet and exercise still has to be part of the equation. Both will help people feel better, which is an excellent incentive to continue and will help to reduce weight and the incidence of chronic diseases. Here are two potential starting places:

- Don't go to all-you-can-eat places or eat all-you-are-served. For one week, eat half of what you are served, wherever it is, and throw your napkin on your food and toss it. Enough about the starving kids in Asia. After a week if starving, you should want less, order less, and eat less.
- The average two way commute time is 56 minutes. If you are working from home more, use that time to exercise.

But what happens if we just rely on the medication?

With 3/4ths of the adult population being overweight or obese, approximately 194 million people would be eligible for one of the new drugs. At an average cost of $12,500 per person per year, that would total an annual expenditure of $2.4 trillion. The federal government collects approximately $5 trillion per year in revenue but spent $6.13 trillion in 2023. Giving everyone that is overweight or obese access to one of these drugs would increase deficit spending from 26% to 48%. When we already have a bloated debt that includes all of our unfunded promises at $165 trillion, we are not in a position to deficit feed our bloated government.

Richard Williams is a 27-year veteran of the Food and Drug Administration who specializes in economic and risk analyses in food safety and nutrition. He believes in one thing: Public health without politics. Follow him at his website.

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