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**The Challenge of Obesity for Policy Makers:  
Recommendations for the Next Administration  
Obesity Society  
September 2, 2008**

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**FORMER GOV. TOMMY THOMPSON (R-WIS.):** -the health dollars of America. So how do we do it? What do we do? Well first off, we should do something in our schools. Only 25-percent of our schools have mandatory physical education. That was the only course I ever got an A in. I want to get children back. Twenty-five to 30-percent of our children are overweight or obese and yet we don't require them to have physical education. Does that make any sense? It doesn't to me.

First thing we should do is get into our children and then collocate into them the idea about good nutrition and good food. The second thing we need to do, we need to talk to our doctors. Do you know that young medical students come out of medical school may have three or four hours on nutrition?

When you look at the cost of medical dollars, which I just had pointed out, \$2.4 trillion, 75-percent is in chronic illnesses and a lot of that is food and nutrition and a doctor coming out of medical school, he has three hours on food and nutrition. Does that make any sense at all?

Number three, I tell my corporate clients you got to use some kind of financial stimulus sometimes to encourage people to do the right thing. I said go into your cafeteria and in your cafeteria, put in two lines, on the fruits and the vegetables and the juices, either give it away or subsidize it

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and only charge a buck. Then the high fats and the carbs, put in the second line, charge \$5 for a hamburger, \$10 for a cheeseburger, and \$0.20 per French fry. You know something? You change human nature and you're able then to start making a difference.

The fourth thing is we got to go into the medical establishments. Have you been to a hospital recently? What's the biggest seller in the hospital cafeteria? It's pizza in a hospital. Doctors and hospitals and medical institutions, health clinics have got to reach out. So tremendous opportunity for medical facilities, medical institutions to do a job of educating and teaching just like Leslie Stahl is doing. It's education at the medical school, at the hospital, the grade school, and so on.

We also have to do policies in the Department of Agriculture and the Department of Health and Human Services. We have to get more information out especially to minorities. Diabetes, which is a direct correlation to eating and obesity, it's an epidemic with Native Americans, Latinos, and Blacks. If you want to change health care, which I do and which John McCain does, you've got to put the emphasis on prevention and wellness and education. That's what the next administration is going to have to do.

I hope that John McCain, I know John McCain is very

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interested, and I know Barack Obama is, because in the last session of the Congress, there were three things that both political parties talked about in health care. One was wellness and prevention, the second one was information technology and the third one was fixing Medicare. There is bipartisan support, difference how they're going to fix Medicare but at least bipartisan support.

So on the answer to the question that Leslie just asked me, and I'm sorry I went on so long but I wanted to get it out and set the stage, is is that you have to get the government involved education, you have to get the Department of Agriculture and Department of HHS, you have to make sure that medical schools are starting teaching about nutrition, you have to get our schools and hospitals and medical facilities.

It's not heavy-handed but the more we do it, the better chance we have of educating America and doing the job necessary to turn around the big consumption of health care dollars and get Americans healthier than ever before.

**LESLEY STAHL:** I have a fast follow-up before I allow other people to ask you some questions, but I was intrigued with what you said about the corporations subsidizing fresh fruit and vegetables and charging more for the fatty foods, the fructose and the fries and all of that. Do you see, as a Republican and as someone representing the McCain campaign,

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that a Republican administration would advocate such a thing as government policy, subsidizing fresh fruits and vegetables and putting a tax, the ugly word, find another word for it, a surcharge. What did Reagan used to say, a fee on fatty foods, the foods we know are contributing to the problem.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Well Lesley, you know me. I'm a consumer, a fiscally conservative Republican, and taxes and increased fees; I have never considered it a panacea and I don't think so in the food consumption. I think what you have to do is you have to invite in the food companies and the restaurant association, which I did when I was secretary and talked to them about putting on their menus and so on and telling them how important it is. I think you can accomplish the same thing through persuasion and through education.

The second thing, I'm on the board of directors at Centene, which is a health insurance company in St. Louis and I told them, as a board member, that I wanted them to try my theory on the two lines. You go into the cafeteria in Centene and you will see two lines. We subsidized one and the other one we charge. You make a profit out of it. We charge some and then add and you will see, in the Centene food lines, that we are seeing definitely a decrease of consumption of carbs and high fat.

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**LESLEY STAHL:** You wouldn't mandate such a thing?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** I would not  
mandate it.

**LESLEY STAHL:** You know the persuasion argument.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Yes. Go ahead.

**LESLEY STAHL:** Because I did a story on calorie counts  
when you put the calories on the menus. There was all kinds of  
pressure on these restaurants to do that and none of them  
would. Not until, for instance, New York City and some places  
in California, not until a law was passed did it get done. They  
don't want to do it. They know that people won't buy as much  
when they see those calories up there.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** But I think a  
better way is to have the insurance companies charge more. I  
would advocate very strongly that corporations in America and  
businesses would put in good health policies and then negotiate  
with the insurance company and show quantitatively how their  
costs of reimbursement from the insurance company goes down and  
when employees were doing that at a company that I'm the  
President of up in La Crosse, LHI and we have an opportunity  
and the insurance company charges more for smokers and we're  
going to go into the same thing on food.

**LESLEY STAHL:** What? You charge more? Explain how that  
would be, go. I mean how do you know what people eat?

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**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Well you ask people if they're a smoker and they put down and you can pretty much tell. We charge an extra \$25, 30 for their monthly premiums for smokers.

**LESLEY STAHL:** So you say if you drink a lot of coke-

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** But then we go, Lesley, one step further in my business. We go and tell those individuals that are smokers and we set up smoking cessation classes like we're doing in food and nutrition. We go to those and we invite not only themselves the individual but their loved ones, their family and to take the courses and we pay for that. We give them a reimbursement of all their money that they paid in plus a bonus if they will take the course on smoking. We're doing that on food and nutrition.

I think that the company that I'm the President of in La Crosse, Wisconsin is going to be a shining example of what other corporations can do in the future along this line. So what I'm trying to do is start a movement of good corporate behavior because what is the number one asset any corporation has is their employees.

There have been many studies out. I think there's been some studies here on productivity and absenteeism. People that are not healthy are not as productive and they are not as punctual or their attendance is not as great as somebody that

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is healthier. It is proven.

So you can show to a corporation and this is starting to permeate throughout America and I really think once businesses get involved in doing this and rewarding good behavior, this is going to be the best way to transform health care in chronic illnesses and wellness and prevention in America in corporations and insurance companies. Go to the insurance companies and say if we put these policies in, it's going to inure to your benefit because you're going to pay out less in medical claims. Therefore, you should lower our premiums for our good behavior as a corporation. That's where I think the big bang on prevention and wellness is going to be in the next several years.

**LESLEY STAHL:** Questions? Because I have some more if you don't.

**MALE SPEAKER:** Well what about the whole \$1 for the good food, \$5 for the bad food in schools with the investment that government's already making in school meals and in the commodity diversions that happen there? There's a lot of infrastructure already in place to build effect some of what's being served in schools.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** I don't know if you can charge extra for good foods in a school setting. You can do it in a business setting and rightly so. I think, in a

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school setting, I think you just got to go to the school boards and to the administration and serve better foods. I mean there's nothing wrong with serving good, healthy foods in your lunch counters.

**LESLEY STAHL:** It's much more expensive.

**MALE SPEAKER:** Except for it costs more.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** What?

**MALE SPEAKER:** Except for it costs more.

**LESLEY STAHL:** It's much more expensive.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** It's much more expensive, but the return pays for it. All you have to look is 25 to 30-percent of your children in your high school and grade school that are fat and obese. It's money well spent. It is money as well spent as anything else in the classroom.

**LESLEY STAHL:** Would a McCain administration subsidize, add money to the school lunch program to—

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** I would be for that Lesley. I don't know if John McCain would be and the budgets are tough, but we've got to get a handle on this obesity and what's wrong with subsidizing? We give out food stamps, let's give out food stamps not to buy tobacco but let's give food stamps out for more people to buy good foods. We've got a lot of surplus. Let's get that surplus out. Let's subsidize in good nutrition. But you've got to start at the

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grade school but this goes all the way up to medical schools.

**LESLEY STAHL:** What about government banning the selling of soda in schools?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Every time you ban it, it's just used more. I've never seen-

**LESLEY STAHL:** Forbidden fruit kind of thing?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Yes.

**LESLEY STAHL:** But in the school itself?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Starting that way and I think you should encourage. I just don't think a federal law mandating it is the way to go but I would put as much pressure as I possibly could as a citizen in that school to ban it and I would also put a lot of pressure on Coca-Cola and Pepsi to, if they're going to have soda pop in their school, they have to at least have a three-to-one or four-to-one or whatever it is, fruit juices and good nutritional food in their vending machines.

That's the way I think you can get out of- you ban something, kids are smart. Every time you ban something, somehow the money goes up. It costs more and you just go down the block somehow and somebody smuggles it in and uses it. I think you've got to educate and teach people the value of fruit juices and whole grain breads, and these kinds of things that are going to have an impact on children. Yes ma'am?

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**FORMER GOV. TOMMY THOMPSON (R-WIS.):** As an ex-obese person, one of the things that I found in the course of losing weight more than anything was trying to get in appropriate nutrition from foods. When you get to looking at some of the fruits and vegetables, the fruit juices and such, if you're trying to keep your sugar levels down, eating a lot of fruit is the worst thing that you can do as far as your metabolism is concerned.

So as you're trying to count calories, keep sugar levels down, getting good fruits and vegetables without messing up your metabolism can be an issue. I really think better education, not just with us laypeople but also our physicians, would help in understanding and helping us to know more of what happens when one puts food in their mouth and how our bodies will react to it.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** You're absolutely correct. I couldn't have said it as well. I mean doctors are wonderful people but they know so little about nutrition and foods. We should have a mandatory course in every medical school in America to do that. We should do a lot of that nutrition. I talked to my business clients; I encourage them to bring a nutritionist on and talk to the people and employees and really put on courses. We do that in some of my businesses. I also started, I wouldn't say I was obese but I'm chunky. I

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come from Wisconsin where every meal is better with beer, brats, cheese, and cream and it's usually lots of brats and lots of beer, but I started the Tommy Thompson Diet and you don't have to pay for it.

You've heard of all the Mediterranean diet and all the other South Beach diets and so on. The Tommy Thompson diet, you know that when you were growing up your mother and father and your grandpa, grandmother always told you you've got to clean your plate? It made you feel guilty if you didn't eat everything on your plate. Anyway, that's the way I was brought up.

So I decided that there are no food police in this country. There's no legislature, no Congress that has passed a law saying you've got to eat everything on your plate. So I'd tell people use the Tommy Thompson diet. Take whatever you want on your plate but only eat 50-percent.

**LESLEY STAHL:** What about teaching this in school?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Fifty-percent and I lost 15 pounds on my diet. I know it hasn't improved my looks at all but I am healthier and better. Just try it. For the next three weeks, take whatever you want but only eat 50-percent. Nobody is going to arrest you. There are no food police. You'll feel better and you'll lose weight.

**LESLEY STAHL:** What about not just medical schools, what

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about teaching it in school?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Why not?

**LESLEY STAHL:** Yes. Why not?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Why not teach nutrition in grade school and in middle school and high school. What could be better? Your body is the most important thing you have and one of the biggest, are you cutting me off?

**LESLEY STAHL:** No, please finish. I've got a cue. You wrap up and then, you wrap up. Can you sum up?

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** One question. One final question, this lady.

**LESLEY STAHL:** Final question

**FEMALE SPEAKER:** Thank you. I've been, throughout this morning hearing that there are few [inaudible] and I've been working in schools for about 20 years in trying to get kids to eat better and be more physically active.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Good for you.

**FEMALE SPEAKER:** What I consistently hear from schools is that they have few resources so that therefore they need to cut PE and one of the reasons that they need to bring junk food into the schools is to make up for income so that they can subsidize everything from paper and pencils to bus trips for kids.

So it would seem to me that an administration that puts

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more income into education that allows schools to open up PE again and to not need to subsidize would have a tremendous impact on childhood obesity as well as on the health and wellness of our kids.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** I disagree with you because I was Governor and every time I put more money into school budgets, it didn't get to physical education and nutrition. I like to have it more specific. I like what Lesley says. Let's subsidize, I'm all for that, foods into the schools and let's teach nutrition. Let's start changing the educational establishment and I think the federal government, state government should teach and subsidize a course on nutrition in every school in America. Thank you. You've been a wonderful audience.

**LESLEY STAHL:** Thank you.

**FORMER GOV. TOMMY THOMPSON (R-WIS.):** Let me finish with the Irish prayer. May the road always rise to meet you. May the wind be always at your back. May the sun shine warm upon your forehead and may the rain fall softly upon your fields. Until we meet again, may God hold you in the palm of His hand. Thank you very much and [inaudible].

**LESLEY STAHL:** Governor Thompson, you were fantastic [applause]. Thank you so, so, so much [applause]. Thank you. Now is Senator Clegg next? Yes? Morgan? Yes? Okay. Our next

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panelist is Senator Bob Clegg from New Hampshire. He did something extraordinary in the state of New Hampshire as a Republican. He got a law passed to force insurance companies to help pay for bariatric surgery. So I'm going to introduce Senator Clegg and ask him to tell the story, first of all, of his own bariatric surgery and then about the law that he got passed in the state.

**STATE SENATOR BOB CLEGG (R-N.H.):** Thank you very much for having me come out tonight. I have to tell you that sitting here, I've learned an awful lot and I also want to argue with a lot of people. So let me start with what happened to me. I've been a legislator for 14 years. So for me, my battle became very personal. I always carry this with me because I like people to understand exactly what it was that I was going through.

When we talk about obesity-related diseases, let me read you some doctors' notes. The notes on my file said that I was an older gentleman, I can argue with that, with a longstanding history of morbid obesity referred for bariatric surgery. I had a number of co-morbid conditions including severe gastro-esophageal reflux.

Now that ended up being Barrett's Esophagus, ended up being severe dysplasia and, more than once, the biopsies would come out to be low-grade cancer. So and it was totally the

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cause of my obesity. I had a Nissen fundoplication, that's where they wrap the stomach around the esophagus to attempt to stop the reflux from happening.

I can tell you that, from a cost perspective, it's \$1,500 every time I went in for an endo and I would go in every three to four months because when they find anything that's close to cancer, they want to keep an eye on it because the cost of cancer is very expensive. When you take a look at all the cancers, right now we know that 30 to 35-percent of the cancers that are going to be reported are going to be based on an obesity-related factor. Some breast cancers, some colorectal cancers are all related to the obesity factor. So what is it actually costing us?

When we think that we don't have the information, there was a test done in Canada where we actually found out that they compared 1,000 bariatric patients to obese patients who had bariatric surgery to 1,000 who didn't and 80-percent of those who had bariatric surgery didn't come down with the same obesity-related cancers. So we know that there's an awful lot of things that we can actually do.

In my case, I was a BMI of 51, which was the first time I didn't like them using the word super when they referred to me. I was super obese. I just thought I was superman. I'm the guy that used to be in the gym. For two years, I had a personal

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trainer six days a week. Sometimes twice a day I would be in that gym with my trainer. It didn't work.

I had sleep apnea so bad that my CPAP machine no longer was going to work. I had a doctor said tracheotomy is the only thing we can do but don't worry, we do it a lot. That wasn't an answer for me. I actually had a friend who's a marathon runner who said I will spend as much time as it takes.

Now this is a female who hates to get up early in the morning, who every morning would meet me in the gym at 6:00, work out with me, eat breakfast, meet me at noon time, eat lunch, and then meet me after the day to eat my dinner to make sure that I was doing everything I was supposed to do. It didn't work. I was getting heavier. I was maxing out every machine in the gym. I was strong as an ox and I was the size of one. My metabolic rate was nothing.

So I went to a friend who sent me to a guy in Brigham Women's Hospital in Boston, Dr. Lutz [misspelled?] who said to me I can fix you. Now, it's not easy to get bariatric surgery, as most of you know. You have to go through six months of clinical trials to make sure you can lose weight. You have to go through psychological assessment. I passed everything and I went in. I've lost almost 140 pounds today.

Now when we talk about the cost savings, I don't go every three to four months anymore for my esophagus. I don't

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have the esophageal reflux. I don't have a tracheotomy. In fact, I like to wear loose shirts to show I didn't get it. I don't have the joint pain I used to have, osteoarthritis. They don't give me Percocets 100 at a time now to say take these and believe me, being a legislator, I wouldn't take them. I would wait until Saturday night knowing Sunday morning is my day and I would take one Saturday night so I'd get some sleep. That's how bad my pain was.

So I was a huge burden to the system. It doesn't show up because I would go to my doctor once every ten days and pay my \$10 co-pay, just look like anybody going in. Nothing says on the medical record that goes back to the insurer obesity-related, obesity-related, obesity-related because they don't know but it was.

The nice thing about my doc, he's a friend too, my primary care physician, he now calls me every once in a while. I had forgotten that we used to see each other about every ten days. After the surgery, he called me up. He said hey you still alive? I hadn't been there. I didn't have any problems. I don't have any problems today.

Today, the pills I take, I used to take about ten pills a day. I take a vitamin. By the way, it's chewable. I count it as a meal. No, I'm only kidding [laughter]. My biggest problem today is making sure I eat enough. I eat enough protein.

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So what happened to me? My insurance company had snuck in a provision that said we no longer cover obesity-related diseases or treatments. We don't cover ailments. So when I looked at that, I said okay. I'm fortunate enough I could pay for my bariatric surgery but I took a good look at what was happening and I said whoa, wait a minute. Diabetes is obesity-related, heart attacks, kidney, cancers, I've already mentioned. Some arthritis can be directly linked. So all of a sudden, the insurance companies in the state of New Hampshire are saying we're not going to cover any of that.

So as a state Senator and I used to be the majority leader, I went to them and said who exactly do you think is going to pay for that? They said ah, Medicaid, which as last I knew, Medicaid was my tax dollars from the state level and from the federal level but it's still my tax dollars.

So they were going to dump all of the big problems that society is facing because we are an aging population and we are an aging obese population. they were going to dump it on the taxpayer. I didn't like it.

So I took my story to the legislator and I said not only is it not correct but it's socially immoral to suddenly decide that anybody who had a disease related to obesity was no longer going to be covered by insurance. We regulate everything in this country. We regulate how you build a house, how they

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build cars, but for some reason when we look at health care, we say oops, can't have a mandate there. It's going to raise costs. Well guess what? It raises costs when you allow insurance companies to say no to sick people. Obesity is a disease we clearly know that it is a disease.

I have a friend in the legislature, two tours in Vietnam. He's about five-foot-five and he weighs about 325 pounds today. He's a diabetic. His diabetes costs \$15,000 a year to treat. Bariatric surgery would cost 20. The insurance company says we're not paying for it. Everyone knows that if you have diabetes, chances are you're going to either have a heart attack or a stroke. He got lucky and had the heart attack.

A heart attack costs \$37,000. So when you think the \$37,000 and the \$15,000 already we've spent more money than we would have had we given him the bariatric surgery. He's now a burden on the system. By the way, he just had another heart attack. His doctors say if we can cure your diabetes, we can make sure you don't have any more problems. Insurance company says not worth our while.

I put that bill in. I fought it to the House and the Senate. In fact, in the Senate, we had 24 members in the Senate in the state of New Hampshire. We had a 23 to one vote. In the House, the insurance companies came out and they fought and

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they said that it would raise everybody's rates tremendously. Of course they didn't explain to us that in the last four years, this one particular company had an increase of 348-percent in their profit margin.

So they're telling me we're going to raise the rates by three-percent and yet they've just had a 348-percent increase and oh by the way, that increase in their profits was when they still did cover bariatric surgery.

So we fought them. We fought them in the House of Representatives where the committee that oversaw this piece of legislation said we don't think it's time. We think maybe we should wait and let's study it over the summer. In the state of New Hampshire, you study something over the summer especially an election year, that's the end of it. So we fought them on the Floor.

Now one insurer's doctor had an excuse and said bariatric surgery is an unknown. We haven't done it long enough to actually know what the long-term effects are. I'm a wise guy and I said thank God you weren't in charge of the polio vaccine because we'd still have iron lungs today with that kind of an attitude. That's exactly the attitude that the rest of my committee decided to take. We were going to go fight this because if you say no to the treatments you know work today then people suffer for an awful long time. When is there enough

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evidence?

So we took the bill to the floor of the House. I'm not allowed to speak on the House. The committee report was don't let it go. Along came the gentleman I just told you about and he stood up there and he said we need to fix this. This can't go to summer study. we have to have it. I'm a perfect example.

Unbeknownst to us, along came someone else and she stood up and said I had bariatric surgery too but until Senator Clegg came out, I was embarrassed to admit it. She said my medications used to be \$70,000 a month. She says I'm now only costing the system \$20,000. Bariatric surgery actually saved that much money. It didn't cure her entirely but it brought the cost to the system drastically down to where she actually made a difference.

So on the House floor they overturned the committee report. That's next to impossible. Now for those of you who are here for politics, I'm a Republican, the majority in the House and the Senate in New Hampshire this term was Democrat. So it's not about whether you're a Republican or Democrat who thinks we should have [inaudible], it's about people and their real stories. The next thing we knew, somebody else got up and they talked about it.

So immediately the committee chairwoman came up and made a motion on the floor, let's kill this bill. They lost

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again and along came that little guy and he stood up and he said [inaudible] pass and we won on a roll call vote. Everybody was willing to stand up, not only overturn the committee, but leadership positions were lost because the Speaker of the House did not want that bill to go through, but people knew it was the right thing to do.

Now it went to the Governor in our state. Once it hits the Governor's desk, he can either sign it, veto it, or let it go into law without a signature. Now the fun part of this is our Governor, his wife is a doctor so she understood fully that we needed insurance companies to continue to be responsible members of the business community. So every time I saw her, she would say Senator, you look great. What can I do for you and I'd say get him to sign the bill. She would hit him in the arm and say will you just sign his bill and he would look at me and said thanks a lot.

Well he didn't sign the bill. He let it go without his signature. We had long, long, long discussions and he said I just can't be responsible for an increase in the insurance premium to businesses.

So what happened is two weeks later I saw him and what he said to me was had I known then what I know today, I would have signed that bill. What he found out was the insurance companies came to him and said we played the game. You won but

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the reality is there is no bariatric case that doesn't have a payback within 20 months. So we did the right thing in the state of New Hampshire and we're looking to help anybody else who wants to do the right thing. I know Mike Huckabee, my good friend, is on a tight schedule so I'm going to shut up now and move on. Thank you very much.

**LESLEY STAHL:** Let me ask you a yes or no Fasty. What you did, should it be national policy? Should the federal government try to pass such a law?

**STATE SENATOR BOB CLEGG (R-N.H.):** I absolutely think that the federal government ought to say that there are certain things we ought to cover including obesity-related diseases and obesity as a disease itself.

**LESLEY STAHL:** Thank you so much [applause]. Thank you [applause]. By the way, you look great. How much did you weigh?

**STATE SENATOR BOB CLEGG (R-N.H.):** I weighed 380 pounds when I started.

**LESLEY STAHL:** Whoa. He said he didn't fit in an airline seat. So is Governor Huckabee here? Oh there you are. Come on up. Come on up. Everybody, Governor Huckabee [applause] of Arkansas, Mr. Slim [applause]. We all know candidate for President. So nice to meet you.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** How are you? Good to see you Lesley. It's a pleasure to be here.

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**LESLEY STAHL:** I'm great. It's great to see you. Look at you. Well you didn't have bariatric surgery but you lost almost the same amount of weight.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** A hundred and ten pounds total.

**LESLEY STAHL:** Okay.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Yes.

**LESLEY STAHL:** Well what we'd like to know from you, because this is really a policy discussion, is what do you think the federal government should do about this obesity epidemic? Do you think that it's right for government to get involved, to have regulation, taxation policy? Tell us what you think.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Okay. It's a pleasure to be here and I want to say what a beautiful facility this is, just delightful. I got to hear a little bit of Tommy Thompson and of course, my friend Bob Clegg, who I just came to truly adore as a wonderful friend in New Hampshire and watched this amazing process that he's been through and so he and I both had a similar experience of dealing with some severe health problems and then finding them totally turned around by taking charge of our health.

Now we approached the issue of obesity a little differently in terms of the procedure. I did a process where I

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went to an endocrinologist at our local medical school and went through a long process of basically learning how to eat right and starting exercise and building upon that.

I never had been an exerciser and eventually got to the place where I've now completed four marathons and I'm an avid runner, something I never thought I would do because I thought that was crazy to run. That's why God gave us cars. It seems logical to me [laughter] but the one thing that is evident, obviously we have a serious obesity problem and by way of introduction, I want to get to Lesley's question but I want to frame it a little bit.

There are people who still deny that this is an issue. When I hear that, I want to say you've got to be kidding me. Tell me that you really don't see this as a national epidemic. It is. When people doubt it, I always give them this test and I've never had anyone who did this little simple exercise that didn't come back and say you were right.

Here it is. Go back through your files or closets or attic or wherever you keep old photos of you and your classmates when you were in the third grade and pull out a photo, that class photo that everybody had made when you were in elementary school, third grade picture of you and your classmates, the 20-30 of you that were all there photographed together.

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Take a look at that picture. Just look at it and the next day, go to any school in America, I don't care if it's public or private. I don't care what part of the country it is in. Go to that school and walk in to a third grade classroom and just put your head in the door and look at that class. Tell me if you notice anything different about just the appearance of the class from your third grade picture. I promise you if you do that, you will never again question whether or not we have a severe obesity epidemic in this country because that will settle.

What has happened, obesity has happened to us over an incremental timeframe and the result is that we sort of been like the frog in the kettle. We have been boiled slowly and didn't realize it but when you compare us it's a start. March of 2005 there was a ferryboat that sank off the coast of Baltimore. Nobody could figure out why. It had been recently tested for seaworthiness. It had been found in good shape. Everything seemed to be in working order. Nobody could figure out exactly why this boat had gone down.

They continued to try to figure it out and it was within its passenger limits according to the Coast Guard standards. Then someone had the, I guess maybe, good sense to just do a little research and here's what they found out, that the Coast Guard craft limits were based on the average adult

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American in 1962 when the average adult American weighed approximately 142 pounds. By 2005, the average adult American weighed 183 pounds, which is substantially different when you add quite a few people.

The truth was while the Coast Guard standards hadn't been updated, people's bodies were significantly larger and by weight, the boat was grossly overweight even though by number of passengers, it has not been. Architects now have to go back in and redesign the egress patterns of buildings because people are in such poor shape, they can't get out of a building in the same amount of time that it originally was designed to be done.

So it is a huge problem. I faced it personally. I face it as a Governor of my state. As a Southern state, we are one of those that have a huge problem of not just obesity in adults but childhood obesity, which is the most frightening of all because what we're seeing is type II diabetes showing up in kids as young as seven and eight years old didn't exist 15 years ago.

That was the diagnosis that you couldn't find on a pediatric hospital floor 15, 20 years ago. You had type I diabetes. You had type II. Type I was called juvenile, type II called adult onset because it was all based on the chronology of a person's life. Only kids got type I. Only adults got type II, real simple. That age started dropping.

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Now kids as young as seven and eight years old, pre-teens, getting type II diabetes as a result, in many cases, of obesity and the genetic factor that's being passed down. We don't fully understand how much impact this is going to have genetically as generations now will have children but estimates are that in another generation, kids as young as 16, 17 will drop dead at their school desk in high school from heart attacks, the result of this health crisis that we're in.

The real frightening thing is a child diagnosed with type II diabetes as a pre-teen will have serious vision problems in his 20s, will have a heart attack before he's 30. He will be in full, complete renal failure by the time he's 40 and on kidney dialysis, he will never see a 50<sup>th</sup> birthday. The startling fact, for the first time in American history in 232 years since 1776, a child born in America today is going to live a shorter life expectancy than his parents or grandparents. That has never happened in the history of America. This is the first generation of young Americans being born for whom that is true. It is a crisis. It's real and we've got to address it.

The question is so how do we do it? Do we start telling people what size cheeseburger they can have? Probably won't work because Americans love one thing even more than they love their capacity to go to the all-you-can-eat buffet, they love

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their personal liberties and their freedoms and they don't want anyone telling them what to do.

What I like to do is to say that, as a Governor, when we focused on how to make this change, we recognize it's a cultural shift. It's not a programmatic shift. It's cultural. Secondly, it's not going to happen over an election cycle. Let me tell you the dirty little secret of politics. The reason that most people in politics don't take on something like this is because those of us in politics like to take on challenges of things that can be accomplished within an election cycle so we can run for re-election on it, just a simple, hard fact.

This requires some political leadership outside the normal paradigm of politics because you're going to plant seeds that will not necessarily bear their most important fruit in your cycle even in your career. We're talking about some things that are policy changes and literally cultural changes that will be a generation away from fully coming into fruition. That's why it is just not an urgent thing.

In the course of dealing with this issue, one of the questions I had for insurance companies and Bob, I found your presentation very interesting because I sat down with CEOs of major insurance companies and say why don't you guys cover things like preventive health, weight loss, bariatric surgery? The answer was interesting, surprisingly simple. Because the

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model of health insurance in this country is still a post-World War II employer-based, medical insurance model, which means that people get their insurance largely from their employers.

Now in the post-World War II era, that made sense because you went to work for the factory. You worked there for 40 years. You got your gold watch. You were insured by the same company because you were employed with the same company. The average American changes entire careers every seven years now. We are very mobile society. We do not stay employed by the same employer.

Let me just ask how many of you here have been employed by more than one entity in the last 20 years? How many of you have been employed only by one entity over the last 20 years? One, two, three, four. Okay. So Lesley-

**LESLEY STAHL:** Five [laughter].

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Well Lesley, you are one of the rare exceptions but I mean, as you can see [laughter], obviously CBS is a good gig [laughter]. Maybe we should all get on board with CBS [laughter]. I'll give you my resume later if you want [laughter]. My point here is that we are a microcosm of the country and if we did the same study nationally, we'd find that that's the truth. Here's the problem.

When you talk to an insurance executive, here's what he

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will tell you if he will break down to be honest with you. In a private moment, he will. He just doesn't want to be quoted on the record. An insurance company knows that the real cost savings for preventive health care and particularly dealing with things like obesity and bariatric surgery, are not in the first or second or third year.

There are some immediate savings as Bob pointed out, as I could point out in my own personal experience, of the medications I don't have to take, of the doctor visits I don't have to have, or the fact that I'm in incredibly good health compared to what I was even though I'm older than what I was but here's what they'll tell you. They know that the real savings are in the outlier years. They also know that there's a good likelihood that you're going to be insured by somebody else in those outlier years. They are frankly not interested in saving money for their competitor.

If that insurance policy was going to still be yours in five, ten, 15 years, they'd have a vested financial interest in trying to make sure that they did everything possible so that ten and 15 years from now, you're not costing them the amount of money you're going to cost them because of obesity-related illnesses. So we have to change the model and that's one thing that has to happen or we're never going to fix this.

Look, it's easy to bash the insurance companies. I'll

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join with the course of that on any given day but the fact is they're a business. They are in the business to make money and profits and if they become unprofitable because they cover things that don't have a return, it's real simple. There will be no insurance except the government. The government, quite frankly, cannot afford the growing cost of health care in this country because we don't have a health care crisis. We have a health crisis.

The real issue is not that we have a health care crisis. It's not the lack of coverage. If all we did was to provide universal coverage, we would just accelerate the bankruptcy in which the country will eventually find itself if we don't change the basic model that we're dealing with, which is that we don't prevent disease. We treat disease after it's out of control and has become catastrophic.

So the policies are important but more than the policies, we have to step back and change the paradigm, change the philosophy, change the culture. If we don't do that then all of these programmatic things we do will not fix the problem. It will only exacerbate it and economically, it will crash us.

So I would begin there by saying that there are larger issues than just saying what are we going to make the doctors do, make the hospitals do, make the insurance companies do,

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make the government do. It's what are we going to do collectively as society to change our overall approach to what health means and how we get there.

**LESLEY STAHL:** So how does government affect that or does it? Are you saying government has to stand back or—

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** No.

**LESLEY STAHL:** —Government has to jump in?

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Government has a role but let me give you four examples of ways in which we have seen cultural shifts in my lifetime and government had a role in all of them. I'll try to be very, very brief with this as much as possible but four cultural shifts. One was in the area of litter. A second one was in the use of seatbelts. A third was in the realm of smoking, and a fourth is the issue of drunk driving.

Now all of these are my own lifetime. So I can speak to them personally. I remember when people, even well educated, sophisticated people threw a bag of trash out the car window because that's just what people did. Do you remember in the 60s when Lady Bird Johnson came along and told us that that really wasn't very acceptable and we needed to beautify America? So we started the Keep America Beautiful Campaign and the Indian cried and we all said gee, we've got to do better.

So that was one of the first cultural shifts that we

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saw. Now, most state laws including mine, our states have laws that say that if you throw a cigarette butt out the window, that's litter and we can fine you up to \$1,000 for a single cigarette butt. You could never have advocated doing that in 1962 or three or four.

Second, smoking or second, let me use seat belts. You remember when seat belts were an after-market device in the car? Nobody had seat belts, nobody. If you wanted a seat belt, you had to go to the local mechanic and ask him to put it in. in my part of the world, if you went down South and said to a mechanic, I'd like for you to install seat belts, he would have looked at you and said you want to do what [laughter]? You want to put a strap in your car to hold yourself in [laughter]? Have you lost your mind?

Ralph Nader told us we needed to be wearing seat belts. He wasn't very convincing, but Congress eventually put them in. They forced us to have them. They just didn't force us to wear them. The crash dummies came along and they showed us what happens when we don't have them and now, every state but Bob Clegg's [laughter], New Hampshire, has a primary seat belt law that says the police can stop you for not wearing a seat belt. They don't have to have another reason. By the way, New Hampshire's motto is live free or die [laughter]. So there you go [laughter].

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Smoking, a generation ago if we'd had this meeting in 1978, think about this, in 1978, if this meeting had been held in this library, there would have been ashtrays and half of this room, if the library would have allowed it and probably would have in 1978, half of this room on a health conference would have lit up cigarettes and puffed away as some of us would have died a miserable death because of the smoke. If we had said excuse me could you put that out, we would have been considered the people extraordinarily rude for asking that, not the people who were blowing smoke in our faces.

Now most states are smoke-free. I remember one of the proudest moments I had as a Governor was signing a statewide Clean Air Act that banned smoking in every business in the entire state, not just restaurants and bars, every business. people said that couldn't be done in a Southern state like Arkansas but it was because the culture has shifted.

Drunk driving, remember when Foster Brooks and Dean Martin told us that it was just so funny to be driving drunk, falling down drunk? Mothers Against Drunk Driving came along and said it's not very funny. Now nobody makes fun of people driving drunk.

Now final thing, there were three major things that happened in each of those cultural shifts. Here they were. First, awareness, we changed the way we thought about it by

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education and advertising and awareness. The second thing was the atmosphere. We changed how we approached them. We put litter baskets out and no litter signs. We changed the way we were confronted in the atmosphere.

The third thing was action. Once the culture shifted, government then codified into law what had become the new behavioral norm. Now if government tries to codify into law a behavior that is not a new norm, what you will find is outright resistance if not utter rebellion.

So the government's role is not to first pass the law and then try to change people into liking it. It's to change people's minds, attitudes, and mindsets so that then the law can be changed without an absolute revolution taking place over it. Try a no-smoking law 15 years ago or, in fact, ten years ago, five years ago in my state and I'd have gone up in smoke but I had found that there was a point at which the tipping point had happened and then we could pass that law.

So the question is how do we get there? What we do is we do it like we've always dealt with cultural changes. We're going to have to engage in an extraordinary level of education, awareness, advertising, and a complete rethinking of this issue. Then we're going to have change the atmosphere.

President Clinton and I worked together in a bipartisan way during my last year as Governor and as Chairman of the

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National Governor's Association in the partnership with the American Heart Association removing all soft drinks, all sugared soft drinks out of every school in America with a voluntary cooperation of PepsiCo, Coca-Cola, and Cadbury-Schweppes. It was a historic agreement. I cannot begin to tell you how delicate the negotiations for that became because this was a big movement.

I know it's easy to bash the soft drink companies but to their credit, they came to the table and they voluntarily pulled every sugary soft drink out of every school in this country and replaced them with fruit juices, waters, and sports drinks, and other things. You can argue well they didn't go far enough but they went a lot further than they had to go. Nobody forced them, but they saw the handwriting on the wall. My point is that there are ways that we can start getting there.

**LESLEY STAHL:** That was really smart what you just said [applause], really smart [applause], that whole thing [applause]. Now I want to do a 60 Minutes story and you're going to help me figure out how to do something.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Usually that's dangerous when 60 Minutes shows up on your doorstep—

**LESLEY STAHL:** I know.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** It's not good.

**LESLEY STAHL:** But think about [laughter] the reach.

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Think about the other side of it.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Yes.

**LESLEY STAHL:** We have to think of something because I think the—

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** If I see Mike Wallace chasing me down the alley, I'm out of here okay [laughter], I'm telling you.

**LESLEY STAHL:** Yes but I've got high heels on. I can't run—

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Okay.

**LESLEY STAHL:** —as fast as you. Alright. I think that you've really set the table and I think you have an incredibly well educated group of people here who, I know, want to ask you some questions. So let's open it right up because the table has been set beautifully. The woman back there.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** And the table's been set but it's not an all-you-can-eat buffet [laughter], by the way so.

**FEMALE SPEAKER:** Thank you Governor. I'm from the great state of Pennsylvania as a delegate and I would love to hear, at the convention, this sort of statement about the McCain policies. When you were speaking, the first thing I thought of was John F. Kennedy's movement to have the children be healthy. Remember, we were trying to, I forget exactly how he was

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approaching it but that was the earliest time and then, of course, the crying Indian. I think that's an excellent idea that the Presidency can be used as a bully pulpit for healthy change. Thank you very much.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** I totally agree with you but let me tell you I had a section in the speech that I'm to give and I'm not sure when I'm going to give it. It was supposed to be tonight. Now it is Thursday. Then I was told Wednesday, I don't know, I may not be speaking at all. But the section on that was excised out because I only have 1,252 words and so the speech gurus said why don't you take this out. Let's keep this in and so I started out with a speech twice as long as what I'm going to end up being able to give.

My point being is that I wish I could get some attention for this. I tried on the campaign trail. I desperately tried. As a candidate, I focused on this. I put it in every speech. I went out there and you know what? In the first nine debates that we had, do you know how many health care questions we had, for Republicans in the first nine debates, one, one. Tommy Thompson got the question. I was up there begging please give me a shot at this. This is something I understand, something I've been dealing with, one question. By the way, do you know how many questions on education in the first nine debates? Zero.

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Now every kitchen table, people sit around talking about health. They talk about education. They talk about things that affect their families. We never got those questions. So part of my problem, with all due respect Lesley, some of the members for the state who never ask us the substantive questions in the debates and brought those topics out.

We ended up saying the same things about Iraq and the same things about the same topics. Like about Iraq, there were 12 Republicans starting out. Only one differed from the rest of us and we could have given him two minutes and let him riff away on what he thought about Iraq and the rest of us could have just said ditto on our part and be done with it and talk about these other issues.

**LESLEY STAHL:** I'm giving you a great opportunity. We're going to do a story together, okay?

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Good. I'm so glad you are because we need to.

**LESLEY STAHL:** Let me ask you one issue. What?

**MALE SPEAKER:** If I could just interject a point here because it's relevant to what you just said but the Republican party platform, which I'm not sure the convention has finished adopting yet or not but it does, for the first time and the Democrats did it last week in Denver, this is the first time that either, now both national parties have even recognized

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obesity in their party platform and the RNC platform does call for a national campaign on obesity, grassroots campaign particularly targeted at children.

So we applaud the effort. We know it's hard to break through but we are making a lot of progress on that. I know someone who's been involved in platform activities in the past. You recognize that's a significant step.

**LESLEY STAHL:** Along those lines and particularly bouncing off what you've talked about, public awareness, across the country, I'm now told kids in school are spending less and less and less time in gym. The gym has been cut back to put in other activities. How do you reverse that? That's astonishing because the obesity problem has been with us now for at least, I mean in public awareness, at least five years and over those five years, gym keeps going down.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** But just traditional gym classes are probably not going to be very helpful because traditional gym classes still end up becoming showcase of competitive sports where a few kids play and the rest sit on the sidelines and watch.

**LESLEY STAHL:** Good point.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Dodge ball, look when I was in junior high, do you know what I learned to do? I knew when we played dodge ball, it was about all our gym class

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was. It was some disgruntled football coach who was forced to deal with us in PE [laughter] and we'd play dodge ball.

I learned very quickly that if I'd run out there and stand and get hit by the first ball, I could go sit up and read and be prepared for the test and there were only a handful of kids that were really interested in sweating that hard in second period and stinking the rest of the day [laughter]. So you had a few kids that didn't need the exercise who were getting it and those of us who did who weren't. Traditional gym classes are not the answer. What we need is to develop activity.

Now there's a wonderful program that Dr. Kenneth Cooper, the founder of aerobics, has developed for schools that's called fitness gram. It's an online computer-based really individualized program where a student develops an activity program. It's not so much about competitive sports in a gym environment as it is developing an activity program that fits that particular student's profile and then helps that student to follow the profile.

I would urge you to go to Dr. Cooper's website, get some information if you're really interested in what I think is working and I've seen this work in some schools in Iowa where I went and visited with Governor Vilsack when we were both Governors. I've seen it in Texas pushing it across the state.

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Other schools are doing innovative things that are simple.

For example, halfway through a math class, asking all the students to stand by their desk and to do some jumping jacks in the middle of the class. They find that that stimulates their brain activity a little bit because they get sluggish sitting there, parking the buses the blocks from the school and having the kids walk the rest of the way on a nice day. It's not gym class, but it's activity. So the key is activity, getting kids moving and active. That's the real, the focus and the goal.

**LESLEY STAHL:** Question? In the back there. Yes you.

**FEMALE SPEAKER:** [Inaudible] are likely that dietitians get covered under insurance or in schools especially in pediatric clinics.

**FORMER GOV. MIKE HUCKABEE (R-ARK.):** Well it's not just dietitians that need to be covered. I argued, for a long time, that it doesn't make much sense that we pay \$35,000 for a foot amputation but we wouldn't pay the \$100 for a visit to the podiatrist. That didn't make much sense. We don't cover \$150 visit to a dietitian but we'll cover \$100,000 for a quadruple bypass. There are a lot of things that ought to be.

I mean I think there ought to be either tax credits, tax deductibility for such things as legitimate gym memberships, give some type of incentives. In other words, when

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you give people incentives, it works. We did for our state employees a number of incentives, up to \$500 off on their health insurance if they didn't smoke, did a health risk assessment. They took us up on that. The first year, 18,000. The second year, over 30,000 did that. Then we started giving points to employees for the number of steps they walked, the number of pounds they lost. They could get points that would be rewarded with time off.

It occurred to me that we give people sick leave. In other words we reward them for being sick but what do we give them for being well? I'll tell you. we give them the extra work of their colleagues who are sick all the time is what we give them. That doesn't make sense.

So why don't we start building in incentives for people who are actually saving us money? So yes, we should cover the dietitian. We should cover the nutrition counselor. We should cover the health coaches. We started doing that for diabetics in Arkansas, putting them with diabetes coaches.

We established 23 different diabetes education centers. You don't have to have a medical doctor or an endocrinologist. It can be a pharmacist. It could be a nurse's aide. It can be a nurse. It can be a number of people in the health care profession but people need some accountability and they need some coaching on which foods trigger their glycemic index,

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which ones don't, when to eat those things, how many meals, and a lot of that, it takes time.

The trouble is the current insurance system does not reimburse for treatment. It reimburses for procedures and if a doctor spends more than 15 minutes with you, he's losing money. He's not covering his overhead.

Issues like obesity and diabetes require more than a 15-minute doctor visit because it requires coaching. It requires information. That's time consuming but it's not reimbursable. So until we start creating a reimbursable system where we actually are achieving quality then we don't have a health care system because a health care system isn't a system without a quality component, which we don't have in the system today.

**LESLEY STAHL:** Gentleman in the back?

[END RECORDING]