What’s for Dinner? Personal Choices and Public Health

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Abstract

The United States has a long history of regulating foods and beverages, and has also had success with laws that promote public health at the expense of personal choice. However, most Americans still object to laws that would regulate unhealthy foods and beverages. Despite this majority opinion, the U.S. government has a responsibility to promote healthy eating and discourage unhealthy eating. Such regulation has a very high potential to save money and lives, making the loss of personal choice an acceptable and reasonable sacrifice. Just as toxins and contaminated food were outlawed and came to be checked through regulation in the nineteenth century, so unhealthy foods like corn syrup, saturated fat, and refined grains should be regulated so as to reduce the rising problem of chronic disease. In the end, lawmakers and policymakers must re-orient the public’s view of food and beverage consumption to be a question of public good rather than individual choice.
Should the government enact laws to regulate healthy eating choices? Many Americans would answer an emphatic “No,” arguing that what and how much we eat should be left to individual choice rather than unreasonable laws. Others might argue that it would be unreasonable for the government not to enact legislation, given the rise of chronic diseases that result from harmful diets. In this debate, both the definition of reasonable regulations and the role of government to legislate food choices are at stake. In the name of public health and safety, state governments have the responsibility to shape health policies and to regulate healthy eating choices, especially since doing so offers a potentially large social benefit for a relatively small cost.

Debates surrounding the government’s role in regulating food have a long history in the United States. According to Lorine Goodwin, a food historian, nineteenth-century reformers who sought to purify the food supply were called “fanatics” and “radicals” by critics who argued that consumers should be free to buy and eat what they want (2006, p. 77). Thanks to regulations, though, such as the 1906 federal Pure Food and Drug Act, food, beverages, and medicine are largely free from toxins. In addition, to prevent contamination and the spread of disease, meat and dairy products are now inspected by government agents to ensure that they meet health requirements. Such regulations can be considered reasonable because they protect us from harm with little, if any, noticeable consumer cost. It is not considered an unreasonable infringement on personal choice that contaminated meat or arsenic-laden cough drops are unavailable at our local supermarket. Rather, it is an important government function to stop such harmful items from entering the marketplace.
Even though our food meets current standards, there is a need for further regulation. Not all food dangers, for example, arise from obvious toxins like arsenic and *E. coli*. A diet that is low in nutritional value and high in sugars, fats, and refined grains—grains that have been processed to increase shelf life but that contain little fiber, iron, and B vitamins—can be damaging over time (Shapiro, 2001, para. 6). Michael Pollan, who has written extensively about Americans’ unhealthy eating habits, notes that “the Centers for Disease Control estimate that fully three quarters of US health care spending goes to treat chronic diseases, most of which are preventable and linked to diet: heart disease, stroke, type 2 diabetes, and at least a third of all cancers” (para. 4). In fact, the amount of money the United States spends to treat chronic illnesses is increasing so rapidly that the Centers for Disease Control has labeled chronic disease “the public health challenge of the 21st century” (United States Dept. of Health and Human Services, p. 1). In fighting this epidemic, the primary challenge is not the need to find a cure; the challenge is to prevent chronic disease from striking in the first place.

Legislation, however, is not a popular solution when it comes to most Americans and the food they eat. According to a nationwide poll, 75% of Americans are opposed to laws that restrict or put limitations on access to unhealthy foods (Neergaard and Agiesta, 2013, para. 13). When New York mayor Michael Bloomberg proposed a regulation in 2012 banning the sale of soft drinks in servings greater than twelve ounces in restaurants and movie theaters, he was ridiculed as “Nanny Bloomberg” (Huffington Post, 2012). In California in 2011, legislators failed to pass a law that would impose a penny-per-ounce tax on soda, which would have funded obesity prevention programs (L.A. Times, 2011). And in Mississippi, legislators passed “a ban on bans—a law that forbids…local restrictions on food or drink” (Conly, 2013, para. 8).
Why is the public largely resistant to laws that would limit unhealthy choices or penalize those choices? Many consumers and civil rights advocates find such laws to be an unreasonable restriction on individual freedom of choice. As health policy experts Mello, Studdert, and Brennan have pointed out, opposition to food and beverage regulation is similar to the opposition of tobacco legislation: the public views the issue as one of personal responsibility rather than one requiring government intervention (2010, p. 2602). In other words, if a person eats unhealthy food and becomes ill as a result, that is his or her choice. But those who favor legislation claim that freedom of choice is a myth because of the strong influence of food and beverage industry marketing on consumers’ dietary habits. According to one nonprofit health advocacy group, food and beverage companies spend roughly two billion dollars per year marketing directly to children. As a result, kids see nearly four thousand ads per year encouraging them to eat unhealthy food and drinks (Gostin, 2012, p. 23). As was the case with antismoking laws passed in recent decades, taxes and legal restrictions on junk food sales could help to counter the strong marketing messages that promote unhealthy products.

Laws designed to prevent chronic disease by promoting healthier food and beverage consumption have potentially enormous benefits. As explained by Marion Nestle (2009), New York University professor of nutrition and public health, “a 1% reduction in intake of saturated fats across the population would prevent more than 30,000 cases of coronary heart disease annually and save more than a billion dollars in health care costs” (p. 405). Few would argue that saving lives and dollars is not an enormous health benefit. But three-quarters of Americans say they would object to the costs needed to achieve this benefit—the regulation needed to reduce saturated fat intake.