

2005

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Recommended Citation

Suzanne Blaz, *Obesity is an Epidemic, But is it a Disability?*, 10 Pub. Interest L. Rptr. 1 (2005).
Available at: <http://lawcommons.luc.edu/pilr/vol10/iss2/2>

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Obesity is an Epidemic, But is it a Disability?

By Suzanne Blaz

Obesity has become a major issue in the battle over health care coverage and disability benefits. As obesity has become more prevalent in recent years, attempts to characterize it as a disability have also grown.

The U.S. Department of Health and Human Services' Centers

for Disease Control and Prevention defines obesity as "an excessively high amount of body fat or adipose tissue in relation to lean body mass," and states that this can be measured using the Body Mass Index. Both HHS and the National Institutes of Health deem a person with a BMI greater than 30 as obese.

According to the U.S. Surgeon General, the annual report on U.S. child welfare from Duke University, and the Foundation for Child Development, childhood obesity has nearly tripled in the past 20 years. In 2004, the RAND Corporation conducted a series of studies analyzing obesity trends and their effects on future health care costs and estimated that the obesity epidemic is costing the U.S. more than \$100 billion annually. The RAND studies indicate that people receiving disability payments 20 years ago were mainly over the age of 60, whereas more disability requests now come from people under 60 who suffer back disorders and obesity-related medical impairments.

"We've always had the assumption that medical science is advancing and that people are getting healthier, but that is not the case," said Darius Lakdawalla, lead author of the RAND study.

The American Obesity Association defends the rights of obese people and argues that obesity is not only a disease that is a source of stigmatization and discrimination, but that it can lead to a poor quality of life and

impaired mobility and cause disabling physical and emotional pain. Because obesity affects so many, the AOA says, the public is in favor of insurance companies, the Social Security

Administration, state governments and the federal government classifying obesity as a disease and treat-

ing it accordingly.

In 2004, after 40 years of saying obesity is not an illness, Medicare announced that it would start covering anti-obesity treatments. Currently, a minority of insurance companies cover gastric bypass surgery, which costs between \$20,000 and \$35,000. Connecticut, Georgia, Hawaii, Maryland, Montana, and Virginia have debated whether to require insurance companies to cover weight-loss surgeries for people with a body-mass index of 30 or above when a doctor deems the surgery medically necessary.

The SSA has gone the opposite direction of Medicare. People under 60 who have severe obesity and obesity-related medical disorders that interfere with their ability to work often turn to the SSA for disability benefits. Prior to 1999, the SSA treated obesity as an impairment, which required it to spell out the parameters under which it would consider a person totally and completely disabled.

However, the SSA deleted the listing of obesity as an impairment in 1999, stating that obesity itself does not prevent an individual from engaging in any gainful activity. In its place, the SSA developed a ruling to provide guidance to disability evaluators and judges on how to evaluate the impact of obesity in disability claims. With this change, many obesity rights proponents now claim obesity is not being taken seriously as a disease.

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The SSA now sees obesity more as a "risk factor that increases an individual's chances of developing impairments in most body systems." Ethel Zelenske, spokeswoman for the National Organization of Social Security Claimants' Representatives, says that although there "no longer is an obesity listing, [obesity] is a medically determinable impairment and must be considered."

While coverage of obesity has become a major issue, many groups remain focused on preventing obesity in the first place, especially among children. A March 17, 2005, *New York Times* article by Pam Belluck reported that for the first time in two centuries, children may have shorter life expectancies than their parents because of childhood obesity and obesity-related medical disorders. The California Center for Public Health Advocacy stated that 26.5 percent

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of all children in California are overweight and 39.6 percent of all children are unfit. In response, California launched a childhood obesity prevention campaign, and went as far as banning soft drink sales to elementary and junior high school students. On March 17, 2005, the California Endowment gave \$11 million for an initiative to improve the food and physical activity environments for school-age children in six low-income communities, and to create momentum for widespread changes in the policies and practices that contribute to the rising rates of childhood obesity.

HIV "Super-Strain" Scare Prompts Discussion of New Approaches

By Zachary Ziliak

News of a fast-acting, drug-resistant strain of HIV in New York City has journalists and activists in the gay community debating new methods of discouraging risky contact. Some call the plans necessary; others condemn them as assaults on privacy or institutionalized homophobia.

On average, it takes an untreated carrier of HIV seven to 10 years to develop full-blown AIDS. By contrast, the individual at the heart of the current scare appears to have developed AIDS within one year - and possibly within just two months - of initial contact with the virus. Moreover, his HIV strain exhibited resistance to three of the four classes of AIDS drugs currently available.

Genetic variation among patients causes about 45 in 10,000 to develop AIDS within one year of infection, and those who fail to stick to an antiretroviral regimen can develop resistance to AIDS drugs. Nearly 30 percent of new HIV cases now exhibit some degree of drug

With the release of protease inhibitors, however, HIV lost its aura of doom, and risky habits that had declined in the 1980s came back into vogue.

resistance. However, until recently researchers had never seen accelerated development and drug resistance present in the same individual.

Thus far it remains unclear whether the patient's virus was more hardy and virulent than other known strains, or whether the rapid manifestation of the disease resulted from the patient's own poor health. Either way, scientists emphasize that unsafe sexual practices and other behaviors that facilitate rapid transmission of the virus create evolutionary pressure in favor of just such a virulent strain.

Among populations that diligently avoid

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