

WNColumns

World Nutrition Volume 6, Number 9-10, September-October 2015

Journal of the World Public Health Nutrition Association

Published monthly at www.wphna.org/worldnutrition/



WN *Here I am*

One more cup of coffee...



Brooke Aksnes

School of Public Health, Free University of Brussels, Belgium

Email: brooke.aksnes@gmail.com

[Access Brooke's profile here](#)

New York, US. Greetings. I'm the new regular columnist here at *World Nutrition*. My 'symbol' which I will stay with, is coffee in all its forms – above are roasted beans. I have been an active member of the *WN* editorial team for a just over a year now. I am a US citizen from the lovely Long Island in the state of New York, where I was born and raised, and my parents subjected to outrageous educational costs during my nutrition training at Long Island University. I am now living in Europe – in Brussels, Belgium – and recently survived the first year of my masters in public health studies at the francophone Free University of Brussels school of public health.

People who spend even a very short period of time with me notice that I am exceedingly passionate (and New York-opinionated) about the social, economic and environmental factors at play in population nutrition, as well as the political and cultural forces that right now are shaping inequitable access to health and chances of positive health and well-being worldwide. For more information on me, please [access my *WN* profile here](#).

As a write I am in New York, because after 'flying from the nest' for the wide world I usually 'come back home' and spend my summers complaining to my parents about how difficult my budding professional and student life is, from the comfort of my childhood bedroom.

Family caring and community sharing
Long summers on Long Island



My father's crabbing is supported by local people who allow him to leave traps in their backyards. Our family gifts neighbours delicious home-made crab dishes made by my mother; here is one of them

This summer seems to have been specially difficult for my parents, as they cannot seem to understand why their 20-something year-old daughter has come home desperately needing an extended vacation after yet another year of living in Europe. I'm not an expert in parent-child communication, but I think their confusion concerning my burn-out has something to do with 'Mom and Dad, I took and passed 69 graduate credits in French this year' being heard as 'Dad and Mom, I need more money to support my full-time hobby of sipping *café au lait* on city street corners'.

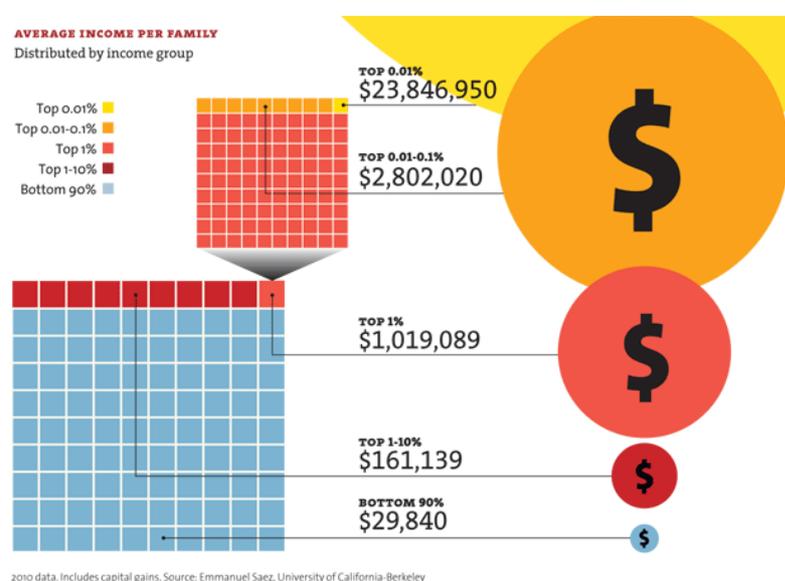
But Long Island life for us is not all familial miscommunication. Although I have been borderline excommunicated from my staunchly Republican family for going all liberal and environmental and social-conscience since moving to Belgium, our way of life at home, especially in the summer, is the closest I have yet experienced to my ideal vision of a community.

One reason is our long-standing family tradition of gardening. When I go on dinner-rants of how globalised industrial farming will be the end of us all, I am nourished with helpings of vegetables that have travelled a total farm-to-table distance of 23 steps. All our garden surplus is given to family, friends and neighbours, and my mother constantly sends meals to people in need. My father's crabbing is supported by a more-extensive-than-you'd-think local network of people who allow him to leave traps in their waterfront backyards. This results in dozens of crabs a week being cooked and sent out to family, friends and neighbours by my mother and my aunt.

It is not just my own family that is involved in this local food network. We often receive tuna, striped bass, clams and crabs caught off Long Island shores from other families in the community. My family may blame my political philosophy on those European socialists with whom I've been eating croissants on the government's dime, but I am pretty sure my growing up in a caring and sharing community has shaped my political consciousness.

Inequity US in crisis

Inequitable US



The top 0.1% of people in the US is worth as much as the bottom 90%, both having around one-fifth of national money. Such inequity has not been seen since the time around the Great Depression.

In this my first *WN* column I now confront some US issues and their actual and potential impact on public health and nutrition. I start off with income inequity, its evolution over time and its effects on the US and internationally.

This leads me in to the healthcare access crisis in the US, which considering the country's financial resources could be considered a breach of human rights as outlined in numerous international charters. Finally, to move away from the Great American Pastime of complaining, I finish with an optimistic review of New York state governor Andrew Cuomo's monumental plan to raise the minimum wage of fast food workers to \$US 15 an hour.

In these months leading up to the US primary elections for the 2016 presidential election, one of the hottest topics for both Republicans and Democrats is income inequity and inequality. Even for Republicans, who tend to shy away from American curse-phrases like ‘equal wealth distribution’, unfair distribution of income, salaries and other material rewards is way over crisis level.

Right now, as shown in the infographic above from *Mother Jones*, the ‘top’ 0.1% of Americans is worth as much as the ‘bottom’ 90%, with both representing about 22% of the national wealth measured as money. The continuous increase in income inequality has been made worse by an increase in the cost of living by 67% since the 1990s. The size of the US economy has doubled since 1990, but the real value of the minimum wage has only increased by 21%. This has resulted in tens of millions of families in the US having more and more difficulty making ends meet.

Gross unfairness of these proportions, with all its implications, has not been seen since the Great Depression of the late 1920s and early 1930s. During the ‘Great Prosperity’ between the late 1940s and late 1970s, wealth distribution was at its fairest in recent US history, suggesting that drastic income disparity is bad for economies and societies. Wealth gaps like these are also generally bad – and wrong.

Impoverished US

The consequences of wealth inequity coupled with stagnating wages are clear. The size of the national economy has doubled since 1990 but worker wages have stagnated. Medical care has increased in cost by 601% and food by 244% since 1978.

This leaves access to healthy food, and to quality (or any) healthcare, out of reach for many tens of millions of people, who therefore are much less able to maintain good health. After falling ill, they cannot afford the necessary health-care and life changes needed to treat, manage or resolve the conditions from which they suffer. In sharp contrast, as the economically rich acquire more and more money, they gain access to more and higher quality health and sick care.

Wealth inequity impacts on education. Since 1978, the cost of college tuition has increased by an outrageous 1,120%. This means that higher education is now out of reach for many middle as well as lower class people. But as wages of the ‘99%’ fall proportionately, and an increasing share of national money winds up in the hands of the less-taxed rich, the US government also has less means to support education costs. Over the past 40 years, US subsidies of higher education have fallen – along with the tax contribution percentages of the rich and super-rich.

The already-high-and-rising cost of higher education makes it unattractive or impossible for many students. This affects the quality of the national workforce. It also affects the health of the nation. Better- educated people have lower rates of smoking, overweight and obesity, diabetes and heart disease. Education is also

directly linked with income, a key factor in maintaining good health. Keeping education out of reach for many people in the US will have a negative impact on generations to come, simply because children of more educated parents are more likely to thrive throughout their lives.

Exploitation outside the US

A driving force of income inequity has been the policy changes starting in the 1980s towards lowered direct taxation (mostly for the rich) and deregulation of banks and corporations, in the name of 'freedom'. This has worsened private affluence and public squalor. Plus the greater valuing of money as the index above all of what is most desirable, has also opened the door ever wider for politicians to be increasingly 'bought off' by the highest bidder.

As the money-wealthy acquire more and more money and thus power, their voices became loudest in the US so-called 'democracy' and thus driving forces of national and international policies and programmes. The US has changed from being in some ways a global humanitarian beacon in the 1970s (when income inequality was at its lowest) to a ruthless bullying 'super-power' whose foreign policy is driven more by an interest to further the political and economic interests of the US with a pathological craving for mastery, than genuinely to promote good in the world.

Take the US Agency for International Development (USAID). In the 1970s there was a distinct emphasis on foreign aid programmes that focused on meeting basic human needs, such as adequate food and nutrition, sensible population planning, decent education, human resources development, and protection of health.

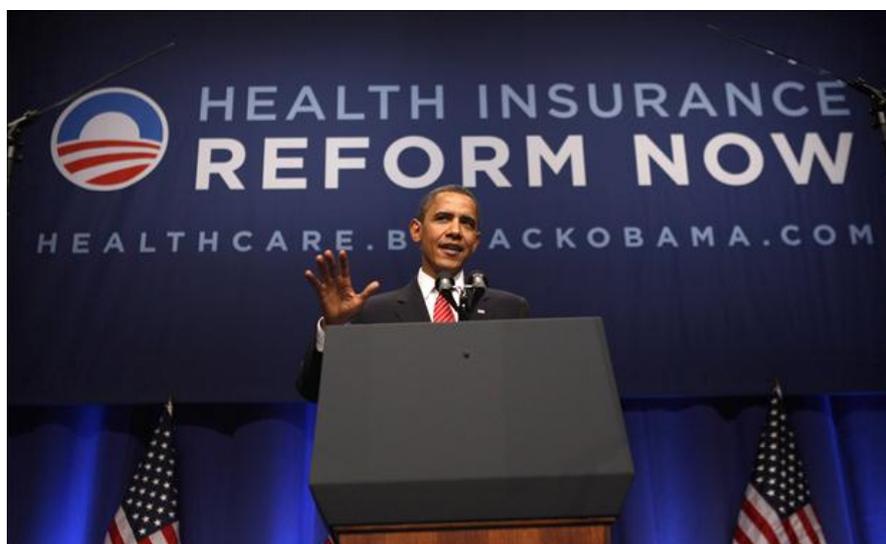
USAID changed gears as from the 1980s. As income inequality widened, international aid fostered 'free market economies' abroad. Essentially, the US has focused on selecting and controlling vulnerable countries, to help keep the US on top in the world, seeking to make and control global politics and economics.

Recently, US foreign aid has focused on rebuilding government and infrastructures where these have been destroyed or damaged as a result of invasion by the US and its allies – notably Afghanistan and Iraq. The US gains from establishing 'better' (read: collaborative or compliant) governments in the oil-rich Middle East. Governments of other powerful countries treat vulnerable countries this way as well.

It is reasonable to look for mutual benefit when giving aid to another country. But the implications of a government that intervenes abroad increasingly on the behalf of a very small number of its citizens are disturbing, as is the ability of the money-rich to shape, sway or even dictate government actions. The most powerful forces are corporate. Transnational corporations have gained over-mighty power. So what are some of the implications of these shifts in power on people both as citizens and as consumers?

Healthcare

In the US, don't get ill



Since Barack Obama's Affordable Care Act, the uninsured rate has dropped, but US families of four still pay a yearly average of \$16,351 for healthcare insurance that offers shoddy coverage

A consequence of a government that serves the interests of the few can be seen in the ludicrous healthcare system in the US. When I describe this in Europe, most people think I'm exaggerating, lying, or completely misinformed when I tell them some of my favourite facts. For instance, an average family of four has a yearly insurance premium bill of \$US 16,351 (with luck, an employer of a full-time worker will pay about 70%, leaving the family to contribute \$4,565 for health coverage). Prices for a minute's ride in an ambulance can cost upwards of \$3,000.

Medicare (government-funded health plans for seniors) will cover nutrition consultations for diabetes, kidney disease and cardiovascular disease, but make it close to impossible to see a nutritionist for obesity. Medicaid (the government health programme for the poor) will pay thousands of dollars to amputate the leg of a diabetic. The system I grew up thinking was normal makes no sense to people outside the US, nor surely to anybody in the US with a sense of critical thought.

Disease is profitable

The US health system is alone in being the only one in an economically 'developed' country that is not socialised. Fun fact: the US has the highest gross domestic product (GDP) globally, yet successive governments claim that it can't afford such a system. I used to argue that US defence spending took away from our public health spending. Thus in 2013, almost 20% of the government budget was allocated to 'defence' – a total of \$610 billion, which is more than the combined spending of the next seven largest military spenders.

However, after some research, it became clear that this was not the factor to blame. According to the World Health Organization global health observatory data repository, in 2013 the US spent 20.7% of its public budget on health. This is a greater proportion than is spent in Belgium where I am living now (15.6%), France (15.8%), Germany (19.4%), Luxembourg (13.6%), the UK (16.2%), Sweden (15%), Norway (18.3%), Denmark (15.9%) and many other countries with established systems of socialised medicine. So why is the US spending more of its public budget on non-universal healthcare than socialised countries? The answer is simple. Health is a so-called 'free market' in the US – meaning that it is run for private profit. In the US life, health, disease and death are commodities.

Other national governments set prices for health services as public goods, whereas US doctors, insurance companies and health facilities maximise their gains. This allows specialists to charge \$350 for a 15-minute consultation, insurance companies to deny or drop coverage for someone who is expensive to insure, and hospitals to refuse service to or eject those who cannot pay, even if it means death for the victim.

This 'free market' mentality – the words 'free' and 'market' sound so nice, don't they – also allows the price of all sorts of health services to soar. A routine angiogram costs an average of \$914 in the US (compared with \$35 in Canada). A hip replacement costs an average of \$40,364 (versus \$7,731 in Spain), and Nasonex nasal spray runs Americans an average of \$108 (versus \$21 in Spain). Professionals, including many with dubious credentials, find ways to get in on the health industry profits. For example, pseudo-surgical facilities for procedures that could reasonably be performed in-office are popping up across the US, and may tack up to an extra \$2,100 'facility fee' on to a bill. Combined, all these factors added up to a staggering \$2.9 trillion annual medical bill in 2014.

Health insurance is simply too expensive for many tens of millions of people, and healthcare without insurance is completely out of reach for even more. (Side note: since the passing of Barack Obama's Affordable Care Act, the rate of uninsured Americans has dropped from over 18% to 11.9%). US citizens have fewer visits to doctors and fewer hospital stays than citizens of other economically 'developed' countries. The US ranks #34 in life expectancy globally.

To increase profits, health services covered by insurers are focused on 'necessary' secondary and tertiary 'prevention', which means treatment, and not 'unnecessary' primary prevention and health promotion, prevention in any meaningful sense. A lack of insurance-covered access to health education and nutrition counselling is one reason for rocketing rates of obesity and diabetes and persistence of heart diseases, along with the discomfort, disability and premature deaths they cause.

Human rights are abused

There is an ethical implication with this 'system' of healthcare. Article 25.1 of the UN's Universal Declaration of Human Rights states:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Moreover, the constitution of the World Health Organization states: ‘governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.’

The only justification for lack of a universal healthcare system in the economically richest country on earth is commercial. The classic conservative US school of thought is that people have no right to healthcare they haven’t ‘earned’ through hard work. But human rights are not ‘earned’ – they are rights. All the hard work in the world will not earn tens of millions of people in the US decent healthcare. The situation is a scandal and an outrage.

Minimum wages

New York City fights ‘The fast-food man’



To support a family of four in the New York area costs is \$78, 667 a year before taxes. At the current minimum wage of \$8.75/ hour, a fast food employee working full time earns \$18,000.

US employers usually do all they can to avoid giving their workers costly health benefits. There is a prominent rhetoric that increased wages would sink companies that cannot afford to pay their employees any more. So, as the US economy continues to grow, and the cost of living continues to rise, workers are struggling more and more to meet their basic needs.

On 22 July this year of 2015, NY Governor Andrew Cuomo finally had enough of this situation and initiated an historic programme, to raise the minimum wage of New York fast food workers to \$15 an hour between December 2018 and 1 July 2021. The plan has been met by the public with mixed emotions. I believe that this wage increase is a courageous first step for New York (and the US) in reducing income inequality and taking a stand against the unethical profit schemes of transnational and other powerful corporations that prey on consumers and taxpayers in so many ways.

Many New Yorkers seem to be outraged by a plan to raise the wage of fast food workers, people often viewed as 'lacking skills' for better paying jobs, to an hourly rate above those of some professions requiring specialisations, certifications or university educations.

For example, in Utica in New York state, where the cost of living is much lower than that in New York City, emergency medical technicians are paid a median hourly salary of \$14 an hour. Many people are understandably upset that workers who are certified emergency medical responders, will be paid at a rate less than 'burger flippers'. Similarly, in Glen Falls in New York state, the median wage for pre-school teachers is \$9.96 an hour. At face value, paying unskilled workers over 50% more than early childhood education professionals to serve unhealthy food products seems unfair and even ridiculous.

News anchor John Gray says: 'a rising tide should lift all boats, and this does not... I think everyone should make more, but raising the tide isn't fair when you leave 98% of boats tied to the dock'. New Yorkers and US citizens in general have had to make do with proportionately less over the last three decades. Income for the middle and lower classes must increase, to enable the US to thrive as a society.

So why is New York only raising the wages of its 'least valuable' workers, to levels above those of many who have a skill set? As indicated above, I am optimistic, and believe that this is New York's first step in raising wages for all. Fast food workers serve as the best example of what is no longer tolerable.

Governor Cuomo targeted fast food chains as a matter of taking a moral stand against the widespread and unethical profit-maximising practices of many transnational corporations. Advocating for his plan, Cuomo has said:

Think about what we have really been doing. The taxpayers of [the US] have been subsidising the workers at McDonald's and Burger King at a cost of over \$7 billion annually, and that's just wrong. Here in the state of New York, we pay more than any state in the nation to subsidize welfare.

We pay an average of \$6,800 per worker – per worker – through public assistance. It costs this state \$700 million a year to subsidise the profits of McDonald's and Burger King, and that is wrong and must stop. It is not like government subsidising small businesses or mom-and-pop businesses. This year McDonalds made \$4.67 billion and Burger King made \$291 million. They don't deserve subsidies from New York taxpayers.

The federal poverty line for a family of four in the US in 2015 is \$24,250 a year. The 'required' income to support a family of four in the New York area is \$78,667 before taxes (expenses include an estimated \$5,922 to cover medical expenses). At the current New York minimum wage of \$8.75 an hour, a fast food employee working full time would make only around \$18,000 a year. Keeping anybody who works a full-time job so far under the poverty line is intolerable.

A yearly income of \$18,000 becomes even more inhumane, given the vast profit margins of fast food chains. While New Yorkers with families need government assistance simply to 'get by' on fast food wages, and this assistance is funded by taxpayer dollars, corporations are increasing their profits by dumping their employee well-being on the shoulders of taxpayers. Governor Cuomo has sent a clear message that New Yorkers are no longer tolerating inhumane employment practices that take a toll on those who work for transnational corporations, and on society at large.

Although this stand against fast food chains may be the first of its nature, the idea that transnational corporations must change their practices has been widely echoed throughout the world. McDonald's sales in the US are falling, in part due to consumers choosing to eat more ethically. Social media sites are flooded with internet uprisings against transnational corporations' arrogant and overbearing power. Here at *WN*, our *Visions* series has featured nearly 20 leading and young professionals, most of whom have criticised or denounced the power, practices and greed of transnational corporations. New York's new fast food legislation is a welcome step towards fair dealing, equity and health in all its contexts.

Status

Cite as: Aksnes B. One more cup of coffee. *Here I am* [Column]. *World Nutrition* September-October 2015, 6, 9-10, 719-728. Obtainable at www.wphna.org. Contributions to *World Nutrition* are the responsibility of their authors.

How to respond

Please address letters for publication to wn.letters@gmail.com. Letters usually respond to or comment on contributions to *World Nutrition*. Usual length for letters is between 300 and 1000 words. Once edited, letters are sent to the author for checking and approval.