

***Changing Diabetes in America:
Transforming Awareness into Action***

May 7, 2008

Keynote Address by Governor Mike Huckabee

Well, I'm going to say thanks to Novo Nordisk for their sponsorship of this event, but more importantly for their involvement in helping to bring an awareness of the potential threat of diabetes to our country. If I were to get up and have a news conference in Washington today and say that there's a good chance of fifty million Americans will be threatened by death by a terrorist killer, I promise it would be the lead story on every network tonight. That's in essence what I'm about to tell you, that fifty million Americans are being threatened, because that's the number of Americans that will have diabetes by the year 2025 at the current rates. We really are in a serious situation where the greatest challenge to America may not be something from without, it may be something from within, our own unhealthy habits.

Now I can talk about that pretty honestly, because if anybody ever existed who is the poster child for unhealthy living, it would have been me. About six years ago, if I had been asked to be on this program, it would not have been to talk about what we ought to do. I would have been brought to the front of the room, sat in a chair, because I wouldn't have been able to stand for long periods of time, I would have been positioned in a chair, and someone would have said, "Now if you don't take care of yourself, you could end up like this guy," and they would have pointed at me. Overweight, terribly out of shape, a flight of stairs made me break out into a sweat and shortness of breath, and I really dreaded always a gaggle of reporters gathering at the top of the steps of the state capitol on the second floor

where my office was because I knew that I would be pouring sweat and looking like Mike Wallace had just chased me down the alleyway for an ambush for *60 Minutes*, so my doctor set me down after I reported some symptoms to him. He said, "Well congratulations, I've been talking for a long time, and now you've finally done it. You're Type II diabetic." I had two parents, two grandparents who were type II diabetics, I was a sitting duck genetically. And what made it worse, my own sedentary lifestyle combined with a little bit of stress being a governor, and the fact I grew up eating all the foods that Southerners love, which means everything we ate was fried, had finally taken its toll. And as a result, he gave me a talk that changed my life. A lot of doctors simply say, "You're diabetic, take the medication, lose some weight, get some exercise, good luck." My doctor looked me in the eye and said, "You need to understand that if you don't make a lifestyle change, you're in the last decade of your life. And let me describe the decade:" Now quite frankly, if he'd have just said I was in the last decade of my life, I would have probably thought, "Hmm, that's not good, but you know what, Novo Nordisk is going to come out with some miracle Drug next year or the year after that, and I'll be able to live just like I want to live, eat what I want, do what I want, and I'll take the pill every day, and I'll be fine." That's not what he told me. What he did, he told me the truth, and he said, "Let me describe the decade." And in great detail, my doctor told me what would happen when diabetes began to have increasing control in my life and how it would begin to affect my vision, my extremities, my internal organs, my heart, and he described frankly a slow, lingering death that made Dick Cheney's water boarding seem humane. So I decided then and there that I would come up with a different exit strategy for my life from the one that he had just described. And I changed my diet, which wasn't an easy thing to do for the southern boy who had grown up eating nothing but fried foods and sugary things, and then I started doing something I never thought I'd do: exercise. Because I hated it. I used to think exercise was for people who didn't have anything better to do with their lives other than just get on a treadmill and play the role of a hamster. And I

used to see people out running, and I'd think, "You know, that's crazy, because there's a good chance they're going to get hit by a car. What's healthy about getting hit by a car?" And I became one of those people that I used to make fun of, and I've now completed four marathons, I'm an avid runner, most importantly, the bottom line is, that in five years, I've taken no medication for diabetes, I've had no symptoms, I have the A1C hemoglobin and blood sugar, the body chemistry of more of a teenager than that old man that used to have body chemistry, and I was able to reverse the symptoms and trends that my doctor now tells me that I should live as long as anyone who's never been diagnosed, and that it's as if I've never had the disease.

I know that my story is not maybe typical because of the aggressive and early nature which I approached it. But for every person for whom we can help prevent this disease, we should do it. And if we can't prevent it, we should do everything we can to help reverse it and cure it, if it's possible, early enough. But for the many Americans for whom that's not going to be likely, then at least it makes more sense to help them manage their disease rather than to let it go unmanaged, untreated, because the reality is, from a sheer economic standpoint, forget the human life part, it is much less expensive to manage diabetes properly, than it is to wait until diabetes is managing us. The average American diabetic will spend 8.3 days per year in the hospital. Those days in the hospital will far outweigh the cost of a lifetime of better treatment. And that's why, among the many things we have to do is to begin to recognize that it's the medication combined with good diabetes education for patients that makes a huge difference. The National Changing Diabetes Program is geared towards bringing all of those elements together, making sure that not only people have access to the medications that give them some level to even potentially manage their disease, but also to put them in touch with a diabetes educator so that there is an ongoing process to learn how to better manage lifestyle which is critical.

Now I mentioned the fact of being southern. You know the reason that southerners eat fried food is steeped in the economic conditions of the old south. I grew up just a few pockets full of change in poverty, I grew up in a family that, you know, my father was typical of many people in the deep south, never finished high school, in fact, no male upstream from me had never finished high school, much less gone to college. I was the first male of my family to graduate high school, much less college. My mother was a child of the depression and one of those kids in a house that grew up with dirt floors, outdoor toilets, no electricity. Poverty was the way people lived. And quite frankly, the reason people ate fried foods was because you could take the cheapest most inexpensive type of food and first beat the daylights out of it if there was a need to tenderize it, and then bread it, fry it, and put gravy on it, and you could increase the caloric content and the capacity to feed numbers of people without increasing the cost. So frying was an economic necessity for many families. I thought we ate fried foods because we were lucky! I had no idea we were broke! I thought, "Gosh! How do all those Yankees up there eat, you know?" We were thinking we were doing great, because we were eating the fried stuff, and more gravy on that, please! Potatoes are cheap, and gravy is cheap, and that's why we ate what we eat. Biscuits were cheap, and the gravy that went on top of the biscuits were cheap, and if it were a regular thing, whether it was a vegetable or uniquely fried, in fact, you fried everything. If you don't believe that, go to the Arkansas State Fair! On the midway, you can get a fried Twinkie. As if the Twinkie is unhealthy enough for you, and you bread it, fry it, put it on a stick, put powdered sugar on it, and sell it for three dollars, and it's available on the midway at the Arkansas State Fair, and if that doesn't sound appealing, you can also get a fried Snickers on the State Fair midway, which is a Snickers bar, and it's breaded, fried, put on a stick, and covered with powdered sugar. Some of you are laughing because you had one last year. [laughter]

Well, I think you get the picture that we are in a current cultural crisis, and that crisis is that we really, even though I hear politicians often talk about our health care crisis, let me correct that. We don't have a health care crisis in America. But we have a health crisis. And if we dealt with the health crisis, we would resolve the health care crisis, because the real reason we got in the trouble we're in is that 80% of all of our health care costs in this country are spent on the results of chronic disease, disease that is primarily the result of overeating, not exercising, and smoking. It's our lifestyle that's killing us, part of us because we're successful enough that we ride where we used to walk, we sit where we used to stand, we have things lifted for us that we used to lift, we also have access to greater quantities, and if you don't think the quantities are different, think back to your own childhood. You remember when your mother would make muffins, and the size of them, and they were like this [holds up fist]? Today I go to Starbucks and order a muffin, it's bigger than your head! I mean, I used to have birthday cakes when I was child that weren't as big as a single muffin that today's bakery will serve. And so between portion sizes and the fact that we're stuffing them with all kinds of exotic things to make them more appealing to us, we have a serious, serious obesity crisis that's pushing the diabetes rate right off the charts. In fact, here's a frightening statistic: In our American military today, the healthiest demographic group upon us, 61% of active soldiers are either overweight or obese. 61% active military. Now for active military who's got a weight problem, imagine the general population and how serious it is. The fact is that the result is an epidemic of diabetes so that now, diabetes is becoming one of the single greatest threats to the future generations of young Americans. Most of us in this room can remember when we used to call Type I diabetes juvenile diabetes, because it only happened to kids. And Type II we call adult onset because it only happened to adults, and it's all about 15 years ago there was no thing as a child with Type II diabetes. Children got Type I, juvenile diabetes, adults got Type II. It was distinguished that the age in which a person was diagnosed. That started changing about 15 years ago, and the age at which people were

diagnosed with Type II diabetes, what had been traditionally an adult disease, began to drop precipitously. Now, we see children as young as 7 and 8 years old in America diagnosed with Type II diabetes. It's a clinical phenomena. And we really don't understand where we'll lead, but here's what we already know: that a child diagnosed with Type II, an adult disease, as a pre-teen, will have serious vision problems in his 20s. He'll have a heart attack before he's 30. He'll have full renal failure and be on kidney dialysis before he's 40. He'll never live to see a 50th birthday. Because of the epidemic level of diabetes, the lack of health that we have as a nation, a child born in America today is a part of the first generation since 1776 when the country was born in which the child born today is not expected to live as long a lifespan as his parents or grandparents.

So when I hear people talk about the health care crisis, I want to correct them and say, "No, it's a health crisis." And the greatest challenge we face is not access into a system, because that's the problem. We don't have a system. We have a maze. The biggest problem is that we spend most of our resources on trying to intervene at the level of a disease when it's at catastrophic condition, when we need to be putting the focus on preventing the disease before it ever hits them. And one of the things that we're here today to talk about is how can we make this dramatic change from an intervention based approach where we wait until a person's condition is completely beyond control, and sometimes, beyond repair, and start putting the focus on a different hierarchy of approach. First, prevent it. You can't prevent it, try to reverse it. You can't reverse it, for heaven's sakes, manage it. And if we can do those things, in that order, we'll find that it's a lot less expensive to kill some snakes than it is to keep treating snakebites from the same snakes that keep biting us, which is exactly what we do in this country.

Over the course of the morning, you'll hear some, I think, some very powerful presentations and facts and figures, some challenges, but most importantly, I hope that we have time to engage everybody in the idea that

this is a battle we can win. I know there's sometimes talk that we get into wars, and the political discussion is, "Are we bogged down?" "Can we win it?" "Can there be any way out of it?" Well, let me assure you that we need to wage a war, and this war is a domestic one, and it's one that is not a partisan one, it does not have the boundaries of left or right, it's not a horizontal war, it's a vertical war. Either we're going to be up, or we're going to be down. We're going to do better or we're going to do worse. And as a nation, it's time for us to recognize that the political solutions are probably not the best ones, it's going to require lifestyle solutions on the part of every American, making different choices, and the reality is politics and government will have a role, but it probably will not be the first primary role, because I don't think politicians and government has enough courage to take the kind of action that is needed, to be honest with you, and by the way, a dirty little secret about politics that I can share with you: politicians like to take on issues that can be solved within an election cycle. This one cannot. We're talking about something that will require a generational cycle to face. But we have a history in this country of seeing things that can be repaired within a generational cycle. I call to your attention four things that in my lifetime I've seen a generational shift in: litter, use of seatbelts, attitudes towards smoking, drunk driving. I think about in all four of those categories, and roll the clock back-some of you can't because you weren't born in the 60s, but those of us who were, and the 50s, and for a few of you, even before then, I can remember when litter was so commonplace, and even educated, sophisticated people would take bags of trash and throw it out their car windows on the highway, they didn't think anything about it until Ladybird Johnson told us that we need to beautify America, and it was an ugly thing to litter, and the Indian shed the tear on the television commercial, and we said, "Ooh, let's not do it!" Do you remember when seatbelts were an after-market device in a car, nobody had them? If you had them, you had to go to a mechanic and ask him to put them into your car? Let me assure you, I grew up in a state that nobody would ever go to a mechanic and say, "Would you put seatbelts in my car?" Because if you did,

the guy would look at you and say, "You want to do what? You want to put a strap in your car and tie yourself in that thing? Man, you lost your mind?" Until Ralph Nader came along and said we need seatbelts, and so finally Congress took action in the late 60s and we mandated seatbelts even though we mandated it, nobody wore them, and they stuffed them down so you didn't get hurt sitting on them. But there came a point now where most every state, in fact *every* state but New Hampshire has a primary seatbelt law. You wear a seatbelt not as a secondary offense, but as a primary offense. New Hampshire doesn't, but their motto is "Live Free or Die." [laughter] Go figure that one out! Oh, anybody here from New Hampshire? It's a lovely state, and it's the state [unintelligible over laughter] and if I had carried that state, I never would have mentioned New Hampshire. [laughter] The point is that we changed our whole approach to it. Smoking? You realize this is a health meeting. If this meeting were being held in 1970, there would have been ashtrays all through this room. At a health meeting, half this room would have lit up and smoked cigarettes as we talked about health, and nobody would have caught the irony of it. It would have just been accepted, and if you had asked the person next to you to put out the cigarette, it would have been considered extraordinarily rude for you to have insisted on that. Person smoking wouldn't have been the rude one, you would have been for asking for it. And drunk driving used to be the fodder for late night comedians until Mothers Against Drunk Driving told us that the routines of Dean Martin and Foster Brooks really weren't very funny. Now what I want to say in all of these things is that the culture shift. We need a cultural change as it relates to eating, exercising, and control of diabetes and our health. And it's going to require not looking at this and saying, "In four years, we're gonna-" No. In a generation, we're gonna make a change through change of attitudes, through change of the atmosphere, and finally through the action it will take. And that's how it always happens. It starts with attitude changes, information, education, changing the way people think about an issue. Secondly the atmosphere, we take away the ways to make it easier: remove the ashtrays, and you put up a No Smoking sign. You change

the atmosphere. And finally what you do is you take action. Government will eventually come around, but government is usually the last player, not the first. Government will finally codify into law what has become a new behavioral norm, but the first role is to create the new behavioral norm, and it's a lot easier for government to codify what is the behavioral norm rather than for government to create the norm, because if government tries to mandate a personal habit, then the debate will not be over the merits of the approach, the debate will be over the personal liberties and the rights of the person to do what they want to do, and in America, you always lose that argument. So what you do, you get enough Americans believing that it's the right thing to do to take care of yourself, and then there will be a demand for government to put that into law. That's how it has to work. Now the point is it can happen. A different point is it *must* happen.

I know you've got a full program, so let me conclude by just saying that when I hear people tell me that we can't do this, that it's impossible, we'll never change the eating and exercise habits of Americans, we'll never get to that place where we can really change the health dynamic of this country, I'm reminded of this story of a guy who was at a bar late one Saturday night, and he had stayed too long and had too much to drink, and he was sitting there and looked at his watch and thought just how late he was, and how much trouble he was in, he jumped up from his place and said, "I've got to get home. My wife's going to kill me!" He took what he thought to be the only shortcut home, and it happened to be through the cemetery. He was trucking it through that cemetery on that dark, late night, poor guy didn't see the freshly dug grave right in front of him, and he tumbled over right into the grave. He clawed, he climbed, he was doing everything he could to get out of the grave, but he couldn't do it. So finally he resigned himself that he was going to have to wait until morning when someone could hear him and get him out, so he sat down over in the corner of the grave and decided he would sleep it off until the next morning. Meanwhile, back at the same little tavern, another guy who had been there too long, had too much looked

at his watch, knew how much trouble he was in if he didn't do something pretty quickly, so like the man before him, he decided to take the shortcut home through the cemetery, and like the guy before him, he did not see that freshly dug grave right in the middle of his path, and like the guy before him, he tumbled right over into the grave, and he began to claw and climb and do everything he could to get out of the grave. He couldn't do it either. He was just about ready to sit down in the corner of the grave and sleep it off, when all of the sudden, out of the darkness, a hand reached forth and touched him on the shoulder, and a deep voice said, "Hey, man, you can't get out of here." But he did! Some of you will figure that out this afternoon.

My point is, very simple, when I hear people say we can't make this changes-America will never accept the change of lifestyle, we'll never change our dietary habits and our exercise habits, we'll never be able to reverse this incredible epidemic of diabetes that's killing our kids and endangering the lives of our parents, I say this is a country that has a history of doing what it has to do, not what someone has said it's going to do. And I refuse to believe that this country is going to die young and die unhealthy when it could be, in fact, leading the world in a whole new paradigm of healthy behavior. I saw in my state, it wasn't just about taking personal actions for myself and losing weight and gaining control of my health and reversing diabetes, it was about creating a program called Healthy Arkansas that became the catalyst for Healthy America engaged by the National Governors' Association. We saw results. In the first year alone, according to health media, a company that we hired to evaluate the merits of putting preventive health and healthy behaviors into our state employee system, we found that the average state employee gained in productivity approximately \$3,400 per year back to the state of Arkansas in improved productivity as a result of taking charge of simple things: weight, smoking, exercise. \$3,400 per employee. Similar results were found in companies like J.D. Hunt trucking who engaged in a healthy behavior program, and in the first year saved \$4 ½ million from their truck drivers. Warning exactly to stop at the healthiest

places to eat along the roadside. And between that and managing lower back problems through telephonic counseling, actually saved money rather than spend more. There's not an employer in America not interested in reversing the incredibly spiraling costs of health care for employees. I assure you there's not a governor in America who isn't concerned because every governor in America runs two things that probably you've never thought about: one, he runs the largest insurance pool in his state compared to anybody in the private sector, because he runs a Medicaid program. In my state, that's 700,000 people out of 2.7 million in that program. Blue Cross Blue Shield, the next highest provider of some type of medical coverage, provided less than 200,000 people in their system, so you can see how much disproportionate impact the Medicaid program alone has. Secondly, in most states, the governor oversees the largest employee pool in his state. It would take all of the employees of both Wal-Mart and Tyson Foods combined in order to equal the number of employees at state government in Arkansas. So when we talk about state employees, you're talking about a significantly major group of people in the insurance pool, and the Medicaid, a huge group of people. We knew that if we could change just even to some degree the lifestyle in those two populations, if we could create smoking cessation programs, if we could help people to exercise and to eat better, there would be dramatic cost savings of economic proportions, and that's what we have to start doing all across America.

Today, as you hear not just the bad news about what sort of the trends are and the potential is for diabetes, I hope that beneath that, what you also will really pay attention to is what we can do by adopting the National Diabetes Program goals and making this a national effort to get people to know what their blood sugar is and to know what they can do about it.

I want to say thanks again to Novo Nordisk for their leadership in this. You know, you'd think that a company that's in the business of treating diabetics would not be in the business of trying to help people not be diabetics. But

because they do treat diabetics, I think they know, perhaps more than anybody, the incredible horrors of the disease, and it's one of the rare things that you see a company actually trying to help people get where they don't need the medications or at least as much of them, and I salute them for that. And I know we have a lot of diabetes educators here, and I especially want to say thanks to you, because the diabetes educators are a really critical key significant element. There are not enough endocrinologists to go around in this country. There just aren't. And most endocrinologists do not have the time to sit down with their diabetic patients and go through the whole drill with their patients and help them to understand what they need to do to get control of their diabetes. In fact, a physician today in America spends more than 15 minutes with a patient can't cover his overhead. So the average physician is not going to be able to invest the time to help his or her patient to really get to the point of managing the disease, and one of the key partners in all of this is going to be other people in the chain, including certified diabetes educators who can help us get to that point where there's regular consistent coaching going on. Again, thank you very much, I hope you have a great day, and I appreciate the opportunity to be with you again.

Thank you very much.