

BY MICHAEL MILKEN

Among the major advances of civilization – development of the wheel, agriculture, printing, the industrial and technology revolutions – the greatest achievement may be the doubling of life expectancy in the 20th century. As recently as 1900, people around the world lived an average of only 31 years. In America, where one of every five newborns died before celebrating a fifth birthday, the leading causes of death were pneumonia, tuberculosis and diarrhea. Over the past century, sanitation programs and antibiotics pushed those conditions far down the mortality list. They've been replaced by heart disease, cancer and stroke, more commonly among the aged.

When I was a child in the early 1950s, economists estimated that by the year 2000, treating polio would cost the United States \$100 billion annually. Today's polio immunization programs cost one thousand times less than that and have virtually eliminated the disease. Thanks to medical research on all diseases and growing awareness of prevention, especially nutrition, we live longer, more active lives with fewer years of disability. In economic terms, improvements in life expectancy added approximately \$3.2 trillion per year to America's wealth over the three decades beginning in 1970, according to University of Chicago economists Kevin Murphy and Robert Topel.

Average life expectancy in America now approaches 80 years and could reach 100 in



this century. But continued gains in longevity are threatened by budget limits for research and by changing lifestyles. So in the current debate about reforming health care, we should remember that preventing and curing disease are at least as important as fixing a flawed system of insurance payments and coverage. Unless we focus on both care *and* cure, it won't make much difference if we have a public option, non-profit cooperatives, expert panels, individual or employer mandates, electronic medical records or any other reform. The costs will be unsustainable. The best way to reduce those costs is to reduce the burden of illness at all stages of life, first

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by increasing resources devoted to research and, second, by creating effective prevention programs.

The first of these priorities – research – has been a main focus of FasterCures/The Center for Accelerating Medical Solutions for the past six years. FasterCures, a Milken Institute center, has helped expand grant programs for laboratory investigators, establish human tissue “biobanks,” increase enrollment in clinical trials and disseminate best-practices information to disease-specific organizations.

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The importance of these programs will grow as our population ages, especially among the one in two men and one in three women who encounter cancer in their lifetimes. For me, cancer is personal, and not only because I’m a survivor. My involvement in cancer-research programs since the 1970s was initially inspired by my father’s and mother-in-law’s diagnoses. Since then, I’ve lost 10 close relatives to this disease. With the establishment of the Milken Family Foundation in 1982, we launched cancer research awards that contributed to breakthroughs against breast and testicular cancer among other forms of the disease. But we’re still trying to eliminate all cancer.

Everyone’s life is priceless and the benefits of reduced suffering are immeasurable. Yet, in purely economic terms, a total cancer cure

would be worth at least \$50 trillion to the United States in per-capita income gains, long-term productivity growth and reduced treatment costs. Our interim goal is to eliminate cancer as a cause of death and suffering by turning it into a chronic disease. Even a more-modest goal – reducing cancer mortality by just 1 percent – has an economic value of \$500 billion. If we spent \$25 billion by doubling the National Cancer Institute’s annual \$5 billion budget for each of the next five years, it could produce a \$500-billion return – 20 times the spending increase.

These projections are conservative. Additions to national wealth from increased life expectancy and more years of productive work have been shown to equal 50 percent of average annual gross national product in recent decades. At a time when policymakers are debating the impact of government stimulus programs, we should recognize that medical research produces the greatest stimulus of all. The argument in favor of research investment becomes stronger if we compare it to other expenditures. National political campaigns in 2008 cost \$5.3 billion. Interestingly, Americans also spend \$5.3 billion a year on potato chips. Potato chips! Nearly double the federal budget for heart-disease research. More than the National Cancer Institute budget.

The second priority is prevention. After all, preventing a disease is even better than curing it. At least 70 percent of health care spending is related to lifestyle. While genes cause or contribute to some disease, our excess weight, tobacco use and poor exercise habits are far more damaging. After millions of years of evolution, the body shape of Americans changed dramatically in just two decades. Back in 1991, only four U.S. states reported obesity rates exceeding 15 percent. By 2002, all 50 states had passed that milestone, making us the heaviest developed na-



tion on earth. Then it got worse – today, more than 20 percent of the citizens in every state except Colorado are obese. In some states, it’s much worse. Nationally, two of every five Americans are obese, compared to two of every 28 French citizens and fewer than two of every hundred Japanese.

Is it any wonder that U.S. health care costs are rising faster than inflation? According to the Milken Institute report, “An Unhealthy America” (available at www.milkeninstitute.org), if overweight Americans collectively made minor behavior adjustments and returned to what they weighed in 1991, they would save the country more than \$1 trillion a year. And it’s not just paunchy baby boomers sending treatment costs through the roof. Doctors now frequently find “adult” diabetes and other lifestyle diseases in our increasingly obese children. That’s why any program to reverse the obesity trend should start in our schools. Sadly, only 29 percent of U.S. high-school students participate in what used to be mandatory physical education classes. About the same percentage watch television four or more hours a day.

Congress can’t mandate that we lose

weight. And local laws limiting or disclosing restaurant food ingredients seem ineffective. But several forward-thinking businesses have had success with employee wellness programs that typically offer reduced major-medical insurance premiums as a reward for losing weight, lowering cholesterol, optimizing blood pressure or quitting smoking. Johnson & Johnson offers employees a wide array of services including fitness centers, online tools and classes. Safeway’s program has kept costs flat for five years while reducing obesity and other signs of employee morbidity. These are effective ways to limit rising health care costs. We have a choice: We can pay now through wellness programs or we can pay later – and pay much more – by treating chronic diseases.

We’ve responded well to other behavioral challenges – to reduce smoking, increase recycling and wear seat belts. We can do it with diet and exercise. Legislation will address health-insurance coverage and payments – perhaps, as the President put it, “without adding a dime to our deficit.” But that’s no more important than whether we add inches to our waistslines. “Reform” will be largely irrelevant if we don’t increase prevention and research. **M**