

Suggested Responses to Possible Antagonistic Statements

Note: Following are some antagonistic statements that might be posed to you by the media, policymakers, or others and suggested responses to them. This is not a handout.

Challenge Statement #1: *Heart disease and stroke are medical issues. The medical system is making leaps and bounds in its ability to treat both. This is where the money is needed.*

Response: We don't argue the importance of medical advances in the treatment of heart disease and stroke. Many lives are saved by medical intervention. But neither heart disease nor stroke are "cured" in these people. Rather, we have more and more people *living with* these diseases than ever before—people with a limited capacity to work and enjoy fulfilling lives. Many heart disease patients can't even make love to their spouses or pick up and play with their children or grandchildren. And many individuals living with stroke have lost their ability to articulate words and sentences, bathe themselves, or walk anywhere without support. What's more, half of the people who die from heart disease never even had a chance to get

treated by the medical system. They were dead before they got to the hospital. For these people, prevention would have been the only answer.

We must do more to help prevent people from having to experience the pain and suffering of heart disease or stroke in the first place. We have effective medical treatments to help people survive heart attacks and strokes, but now the challenge is to prevent them.

Relying on medical treatment alone is like saying, "Now that we have antiviral medications, we don't need to immunize our children against treatable ailments." Clearly, prevention through immunization is preferable to treating the disease.

Challenge Statement #2: *Preventing heart disease or stroke is a personal choice—it's about what people choose to eat and drink and whether they exercise. This is not an area for legislative intervention.*

Response: Yes, what people eat and drink and whether they choose to engage in physical activity is their individual right, but the Government is responsible for the public's health and safety—whether it involves ensuring that we have safe drinking water, are not exposed to harmful substances such as lead in paint, have clean indoor air, and travel safely (by using seatbelts and obeying speed limits). By providing the public with knowledge and *opportunities* to make heart-healthy choices, State and Federal Government is not tampering with individual rights but actually fulfilling an obligation to ensure the public's health and safety.

Looking at this issue another way, heart disease is the Nation's number one killer, and stroke is the third leading cause of death. Heart disease is the largest line item in Medicare expenditures,

and the combined cost of health care and lost productivity due to stroke in the United States is estimated at \$45.3 billion. Heart disease kills more than 1 million people a year, and stroke represents 7 percent of all deaths in the United States or nearly 160,000 people annually. Those not killed by heart disease or stroke are often disabled by them. This means not only untold suffering and diminished quality of life for millions of people but also a waste of precious resources, loss of productivity, a drain on the economy, and soaring medical costs. As long as we have an environment that does not promote heart-healthy choices, our current policies or lack of them will help to disable and kill people. That's a public matter!

NOTE: Offer the inquirer a copy of the handout titled "Realizing Public Health Advances Through Policy Change."

Challenge Statement #3: *Even if, through policy and environmental changes, people are given opportunities to reduce risk factors, what good would that do for the people who die from heart disease before getting to the hospital?*

Response: The people who die from heart disease before getting to the hospital may not have known about their risks for heart disease, but if they were educated about such risks and were provided with opportunities to engage in

regular physical activity and eat diets conducive to heart health, and if they had embraced those opportunities, their chances of preventing a heart attack or recovering faster from one are significantly improved.

Challenge Statement #4: *Heart disease is genetic. How can heart disease prevention programs stop that?*

Response: There are many causes of and contributors to heart disease. Genetics is probably one of them. But decades of research show that many risk factors for heart disease, with or without genetic predisposition, can be influenced by nutrition, physical activity, stress reduction, and medical management.

Reducing risk factors for heart disease means preventing heart disease. No one should give up just because heart disease runs in his/her family. People can do more to reduce their risk factors, and the State should support programs that enable people to prevent heart disease.

Challenge Statement #5: *Isn't heart disease now believed to be caused by a bacterial or viral infection much like ulcers. If that's the case, who needs prevention? We'll be able to cure heart disease soon enough.*

Response: Among a select number of patients with risk factors for heart disease, bacterial infection has been linked as the precipitant of arteriosclerosis, but not the cause of it. The infection, in these cases, injures the wall of the arteries, which sets into motion—in the presence of other risk factors—the process of arteriosclerosis and plaque formation. Nevertheless, the role of bacteria in causing heart disease is still a theory, and prophylactic use of antibiotics among persons at risk would be rash at this point and could possibly create other

problems associated with nonjudicious use of antibiotics. Until this theory is proven, we must act on what we know is grounded in scientific fact, which is that heart disease is a result of a lifestyle that involves a diet high in fat, cholesterol, and sodium; a sedentary existence; tobacco use; and alcohol abuse. When the public is educated about the factors that contribute to heart disease and offered prevention strategies to reduce the risks, then policy changes will have made giant steps to eradicate the Nation's number one killer.

Challenge Statement #6: *Heart disease is a natural consequence of aging.*

Response: No, that is a myth. Heart disease, for the most part, is caused by an individual's

risk factors for this disease. No one needs to develop this devastating disease.

Challenge Statement #7: *No one can prevent a stroke. It's just something that happens.*

Response: Like heart disease, stroke can be prevented in most cases. Heart-healthy diets and regular physical activity, as well as avoidance of tobacco products, can help reduce the risk

factors for stroke. And since the ravaging effects of stroke are often permanent, it's never too soon for individuals to embrace a heart-healthy regimen.

Challenge Statement #8: *A heart attack is as good a way to die as any.*

Response: Heart attacks are agonizing and painful. With improved medical treatments, many people survive their attacks and go on to live with heart disease for decades. But hearts that have been damaged by an attack are never the same—congestive heart failure is one

devastating consequence of living with a damaged heart. These patients can barely breathe, let alone enjoy a fulfilling life. If you don't want to worry about the people who die from heart disease, let's worry about the people who live with heart disease and their families.

Challenge Statement #9: *Heart disease is not a bad way to live.*

Response: Living with heart disease can be a devastating way to live. It is disabling, and it often gravely diminishes a person's quality of life. Things a person did before—walking to the bathroom, making love, climbing a hill to see the sunset, playing a round of golf, or picking up a child—may no longer be possible. Depression

is very common among heart patients. This is no way to live. Quality of life is important for everyone, and it is not something we should have to give up.

NOTE: Offer the inquirer a copy of the personal stories.

Challenge Statement #10: *Heart disease and stroke are not public health matters.*

Response: Preventing heart disease and stroke is most definitely a public health matter. Public health officials are responsible for the public's health and safety—whether it involves ensuring that our blood supply and drinking water are safe, that we are protected against the spread of disease, or that we are not exposed to harmful substances such as lead in paint or gasoline or indoor secondhand smoke.

such as heart disease and stroke. The public health community is committed to proactively identifying and working to resolve health problems and to promoting and encouraging healthy behaviors to prevent chronic disease.

NOTE: Refer to Challenge Statement #2 and give the questioner a copy of "Public Health. Healthy People in Healthy Communities."

We have done a great deal to eradicate and prevent *infectious diseases* such as smallpox and polio. Now we must address chronic diseases