

**ENCOURAGING HEALTHY
CHOICES FOR HEALTHY
CHILDREN**

HEARING

BEFORE THE
SUBCOMMITTEE ON EDUCATION REFORM
OF THE
COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED EIGHTH CONGRESS
SECOND SESSION

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ENCOURAGING HEALTHY CHOICES FOR HEALTHY CHILDREN

**Thursday, February 12, 2004
U.S. House of Representatives
Subcommittee on Education Reform
Committee on Education and the Workforce
Washington, DC**

The Subcommittee on Education Reform met, pursuant to notice, at 10:06 a.m., in room 2175, Rayburn, Hon. Michael N. Castle [Chairman of the Subcommittee] presiding.

Present: Representatives Castle, Boehner, Woolsey, Osborne, Davis of California, Greenwood, Biggert, Keller, Van Hollen, and Majette.

Staff present: Julian Baer, Legislative Assistant; Kevin Frank, Professional Staff Member; Kate Houston, Professional Staff Member; Stephanie Milburn, Professional Staff Member; Deborah Samantar, Committee Clerk/Intern Coordinator; Denise Forte, Minority Legislative Associate/Education; Joe Novotny, Minority Legislative Assistant/Education; and Lynda Theil, Minority Legislative Associate/Education.

Chairman CASTLE. A quorum being present, the Subcommittee on Education Reform of the Committee on Education and the Workforce will come to order.

We're meeting today to hear testimony on "Encouraging Healthy Choices for Healthy Children." Under Committee rule 12(b), opening statements are limited to the Chairman and the Ranking Minority Member of the Committee. Therefore, if other Members have statements, they may be included in the hearing record.

With that, I ask unanimous consent for the hearing record to remain open 14 days to allow Members' statements and other extraneous material referenced during the hearing to be submitted in the official hearing record. Without objection, so ordered.

STATEMENT OF HON. MICHAEL N. CASTLE, CHAIRMAN, SUBCOMMITTEE ON EDUCATION REFORM, COMMITTEE ON EDUCATION AND THE WORKFORCE

Chairman CASTLE. Good morning. I would like to welcome all of you to our hearing today, "Encouraging Healthy Choices for Healthy Children." This is the Committee's third hearing to prepare for the reauthorization of the Child Nutrition Act and Richard B. Russell National School Lunch Act.

The battle against childhood obesity is a major issue that this Committee will address in the context of the child nutrition reauthorization. As we all know, childhood obesity has become a major health problem in the United States, and studies suggest that overweight children are significantly more likely to become overweight or obese adults.

This is a matter of great concern to us as a Committee and to society in general. According to a report by the National Institute for Health Care Management, the number of overweight and obese young Americans doubled between 1990 and 2000. As a result, children are increasingly suffering from conditions traditionally associated with adulthood, including Type II diabetes, insulin resistance, high cholesterol, high blood pressure, sleep apnea, orthopedic complications, and are troubled by other effects, such as low self-esteem.

In addition to afflicting distress through chronic disease and premature death, the dramatic rise in obesity rates has had economic repercussions. A new CDC-sponsored study reports that obesity-related medical expenditures in the United States reached \$75 billion in 2003. These statistics demonstrate that we as a nation must address the growing problem of childhood obesity if we are to prevent further pain and expense.

Parents bear primary responsibility for ensuring that their children eat well and exercise regularly. However, schools can and should play a positive role by giving children access to nutritious meals and snacks, nutrition education, and time to engage in daily physical activity.

In 2001, the U.S. Surgeon General issued a report, identifying schools as a key setting for developing public-health strategies to prevent obesity. Never before in history have lawmakers and educators been more engaged in efforts to improve academic performance, and at the same time schools are cutting back or abandoning physical education despite the fact that physical fitness has been shown to improve test scores.

A report from the National Association for Sport and Physical Education that compared almost one million students found that higher achievement directly corresponded to a higher level of student fitness, and that those students that exhibited a minimum level of fitness in at least three physical areas made the greatest academic gains.

Over the past several years, schools and programs providing meals and snacks to children have made progress in improving lunch menus to meet Federal nutrition standards for fat and calories, but I believe more can be done to provide every school child with a school environment that promotes healthy food choices and regular physical activity. The decrease in the physical activity of our children, both in school and at home, has been shown to be a major factor in the rise of childhood obesity.

That is why I introduced legislation, H.R. 2227, the Childhood Obesity Prevention Act, that would authorize grants to fund pilot programs at the state and local levels to encourage the development and implementation of programs to promote healthy eating and increased physical activity among children.

As this Committee seeks to improve child nutrition programs and address the important and complex issues of childhood obesity during reauthorization, we will examine the available science and take into consideration all factors known to contribute to obesity, while supporting the role of local school districts to make decisions about the foods and activities that are available to children in school.

Today we have gathered experts in the areas of physical health and activity, and I look forward to hearing their testimony. I believe that our witnesses' unique perspectives on physical activity, child nutrition, and health will offer insights that will be tremendously helpful to the Members of this Committee as we work to improve child nutrition programs and to do our part in the battle against childhood obesity, and we look forward to their comments.

In a moment, I will begin with the introductions of our witnesses, but first, I will yield to our Ranking Member, Ms. Woolsey, for any statement she may wish to make.

[The prepared statement of Chairman Castle follows:]

Statement of the Hon. Michael N. Castle, Chairman, Subcommittee on Education Reform, Committee on Education and the Workforce

Good morning. I would like to welcome all of you to our hearing today, Encouraging Healthy Choices for Healthy Children. This is the Committee's third hearing to prepare for the reauthorization of the Child Nutrition Act and Richard B. Russell National School Lunch Act.

The battle against childhood obesity is a major issue that this Committee will address in the context of the child nutrition reauthorization. As we all know, childhood obesity has become a major health problem in the United States, and studies suggest that overweight children are significantly more likely to become overweight or obese adults. This is a matter of great concern to us as a Committee, and to society in general. According to a report by the National Institute for Health Care Management, the number of overweight and obese young Americans doubled between 1990 and 2000. As a result, children are increasingly suffering from conditions traditionally associated with adulthood, including Type 2 diabetes, insulin resistance, high cholesterol, high blood pressure, sleep apnea, orthopedic complications, and are troubled by other effects such as low self-esteem.

In addition to afflicting distress through chronic disease and premature death, the dramatic rise in obesity rates has had economic repercussions. A new CDC-sponsored study reports that obesity-related medical expenditures in the United States reached \$75 billion in 2003. These statistics demonstrate that we as a nation must address the growing problem of childhood obesity if we are to prevent further pain and expense.

Parents bear primary responsibility for ensuring that their children eat well and exercise regularly. However, schools can and should play a positive role by giving children access to nutritious meals and snacks, nutrition education, and time to engage in daily physical activity. In 2001, the U.S. Surgeon General issued a report identifying schools as a "key setting" for developing public health strategies to prevent obesity. Never before in history have lawmakers and educators been more engaged in efforts to improve academic performance, and at the same time schools are cutting back or abandoning physical education, despite that physical fitness has been shown to improve test scores. A report from the National Association for Sport and Physical Education that compared almost one million students found that higher achievement directly corresponded to a higher level of student fitness, and that those students that exhibited a minimum level of fitness in at least three physical areas made the greatest academic gains.

Over the past several years, schools and programs providing meals and snacks to children have made progress in improving lunch menus to meet federal nutrition standards for fat and calories, but I believe more can be done to provide every child with a school environment that promotes healthy food choices and regular physical activity. The decrease in the physical activity of our children, both in school and at home, has been shown to be a major factor in the rise of childhood obesity.

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Today we have gathered experts in the areas of physical health and activity, and I look forward to hearing their testimony. I believe that our witnesses' unique perspectives on physical activity, child nutrition, and health will offer insights that will be tremendously helpful to the Members of this Committee as we work to improve child nutrition programs and to do our part in the battle against childhood obesity. We look forward to their comments.

With that, I would like to recognize my colleague from California, and the Ranking Member of this Subcommittee, Ms. Woolsey.

**STATEMENT OF HON. LYNN WOOLSEY, RANKING MEMBER,
SUBCOMMITTEE ON EDUCATION REFORM, COMMITTEE ON
EDUCATION AND THE WORKFORCE**

Ms. WOOLSEY. Thank you, Mr. Chairman, and thank you to the panel for—our witnesses for being here today. You're aware that we're out of session, so that's why the room is slightly empty. When we're let go, we go home. So I'm delighted to have stayed here to be with you, though.

The rise in overweight and obese children is definitely a serious national health issue, as well as a real quality-of-life issue for our children. There's no question that encouraging children to increase their physical activity will help them to prevent or reduce obesity.

This hearing today will highlight the importance of physical activity and will come up with suggestions, I hope, about how we can help children make the choice to be more active. That's very, very important. I'm concerned, however, that some people want to place the blame from the increase in obesity in children solely on a lack of physical activity.

I have heard the obesity epidemic described as sedentary lifestyle choices for children. Well, you know, kids don't choose to sit. I mean, there's a lot of things we have to be looking at in that regard. But while—and while the lack of physical activity certainly contributes to childhood obesity, it's definitely not the only cause, and we have to address that also.

We will never prevent or reduce childhood obesity and the adult health problems that it leads to without good, ongoing nutrition education in our schools and a healthier school environment.

The Federal school food programs provide a natural and obvious opportunity to educate children and their families about healthy food choices. I urge the Committee to include the team nutrition network grants that are part of the Child Nutrition Reauthorization Bill that Mr. Miller and I introduced and is co-sponsored by Democratic Members of this Subcommittee when we reauthorize child nutrition. Team nutrition grants help states to develop a statewide, comprehensive nutrition education program, and also provides training and technical assistance to schools and school food service professionals.

Children can't make healthy choices if they don't know what those choices are. Schools can also help children make healthy

choices by offering them healthy foods and drinks throughout the school building before school, during school, and after school.

The most basic decisions on what children eat are made by their parents. No question about that. And no one is recommending that we send some kind of food police into homes to tell parents what foods they have to send in their children's lunches. This is not an appropriate Federal role, and we all know that.

The Federal Government does, however, invest significant resources—\$8.4 billion in fiscal year 2002 alone—in school foods, and selling junk foods in schools strongly undermines that Federal investment. We have strong Federal nutrition standards for the foods that are sold in school lunches and breakfasts. There's no reason why the foods sold in the a-la-carte lines and vending machines should not be required to meet the same standards.

So while I certainly agree that physical inactivity is contributing to childhood obesity, I hope that we will not ignore the very major role that increased calories intake also plays. For instance, a child would have to bike for 1 hour and 20 minutes to burn off the calories for a 20-ounce Coke.

So even if kids have physical education every day in school and participate in physical activity outside of school, they will not be able to exercise their way out of obesity. We need to be doing much, much more to help them. I look forward to your testimony, and thank you for coming.

[The prepared statement of Ms. Woolsey follows:]

Statement of Hon. Lynn Woolsey, Ranking Member, Subcommittee on Education Reform, Committee on Education and the Workforce

Thank you, Mr. Chairman.

The rise in overweight and obese children is a serious national health issue, as well as a real quality of life issue for children.

There is no question that encouraging children to increase their physical activity will help them to prevent or reduce obesity. I am glad that we are having this hearing today to highlight the importance of physical activity and to get suggestions about how we can help children make the choice to be more active.

I am concerned, however, that some people want to place the blame for the increase in obesity in children solely on a lack of physical activity. I have heard the obesity epidemic described as a "sedentary lifestyle choice."

While the lack of physical activity certainly contributes to childhood obesity, it is definitely not the only cause. We will never prevent or reduce childhood obesity, and all the adult health problems it leads to, without good ongoing nutrition education in our schools and a healthier school environment.

The federal school food programs provide a natural opportunity to educate children and their families about healthy food choices. I urge the committee to include the "Team Nutrition Network Grants" that are part of the child nutrition reauthorization bill that Mr. Miller and I introduced, and is cosponsored by almost every democratic member of this subcommittee when we reauthorize child nutrition. "Team Nutrition" grants help states to develop a state-wide, comprehensive nutrition education program and also to provide training and technical assistance to schools and school food service professionals.

Children can't make healthy choices if they don't know what those choices are!

Schools can also help children make healthy choices by offering them healthy foods and drinks, throughout the school building. The most basic decisions on what children eat are made by their parents and certainly no one is recommending that we send some kind of food police into homes or tell parents what foods they have to send in their children's lunches. That is not an appropriate federal role.

The federal government does, however, invest significant resources—\$8.4 billion in fiscal year 2002—in school foods, and selling junk foods in schools strongly undermines that federal investment. We have strong federal nutrition standards for the foods that are sold in school lunches and breakfasts. There is no reason why the

foods sold in the a la carte lines and vending machines should not be required to meet these same standards.

So, while I certainly agree that physical inactivity is contributing to childhood obesity, I hope that we will not ignore the very major role that increased calorie intake also plays. For instance, a child would have to bike for one hour and twenty minutes to burn off the calories from a twenty ounce coke. So, even if kids have physical education every day in school and participate in physical activity outside of school, they will not be able to exercise their way out of obesity. We need to be doing much more to help them.

Chairman CASTLE. Thank you, Ms. Woolsey. We appreciate your statement, and you may rest assured that we'll neither ignore the food intake or the exercise.

I will now introduce all three of our witnesses, and then I will turn to each of you for your 5-minute presentation. And I'll start with Dr. Kenneth Cooper.

Dr. Cooper is known by many as the father of aerobics, and is credited with motivating more people to exercise than any other person. He has spent his career researching and advocating for a prevention-focused lifestyle, and has been recognized for more than three decades as the leader of the physical fitness movement.

Dr. Cooper is the president and CEO of the Cooper Aerobics Center, where he's supported by a 400-person staff in carrying out his mission to educate and encourage optimum health. He has authored 18 books, lectured in over 50 countries, and developed a fitness test used by our military and the private sector. And by my standards, you are a legend, sir, and we are delighted to have you here today.

Mr. Tim McCord is the chairman of the Health and Physical Education Department at the Titusville School District in Titusville, Pennsylvania. He was awarded the Health Educator of the Year award in 2003 by the Pennsylvania Alliance for Health, Physical Education, Recreation, and Dance.

As a pioneer in the new PE movement, Mr. McCord has traveled around the country to promote the importance of quality physical education programs in schools, and we welcome you, Mr. McCord, and your efforts as well.

And Dr. Judith C. Young is the Vice-President of Programs for the American Alliance for Health, Physical Education, Recreation, and Dance. In addition to having been a teacher, a coach, and professor, she spent 12 years serving as the executive director of the only national organization representing pre-K through 12th-grade physical education teachers.

Dr. Young frequently travels around the country and the world to promote the importance of physical education, and has contributed to numerous publications. I must say, Dr. Young, when I went to school, physical education was just a part of it, but it doesn't seem to be quite as much anymore. So I'd be interested in your testimony as well.

Before the witnesses begin to testify, I would like to remind the Members who will be asking questions after the entire panel has testified. In addition, Committee Rule 2 imposes a 5-minute limit on all questions.

And with that, Dr. Cooper, we turn to you, sir, for your statement and testimony before our Subcommittee.

**STATEMENT OF KENNETH COOPER, M.D., PRESIDENT AND
CEO, COOPER AEROBICS CENTER/COOPER CLINIC, DALLAS,
TEXAS**

Dr. COOPER. Thank you. Mr. Chairman, Members of the Committee, I'm Dr. Kenneth Cooper, a physician and fitness advocate who founded the aerobics movement with the publication "Aerobics" in 1968. And for more than 40 years, I've been dedicated to improving the health of Americans through proper weight, proper diet, and regular physical activity.

My longstanding personal and professional philosophy is that it is easier and more effective to maintain good health than it is to regain it once it's lost. And I believe that exercise and wellness are not just a healthier choice, but a better way to live.

The lack of a balanced diet, coupled with a lack of regular, daily physical activity, are increasingly leading to such debilitating conditions as heart disease, diabetes, weight gain, and depression, among others.

Kids today are more overweight and less fit than at any time in our history. Approximately 20 percent of American children are now considered to be overweight, which can lead to dire health consequences, and in Texas alone, there's 25 percent that are overweight.

For example, we're noticing an increase in Type II diabetes among children. The Baylor College of Medicine has even reported that children who develop Type II diabetes before 14 years of age may be shortening their life span by 17 to 27 years. It's been stated that one child out of every three born after the year 2000 will eventually come down with diabetes, and this may be the first generation in which the parents outlive the children.

In addition, overweight children aren't physically fit compared to teenagers in 1980. It takes teenagers today one to 1-1/2 minutes longer to run a mile, if they can even run that far. Furthermore, children who are not fit can suffer academically. A report to the National Association for Sports and Physical Education at Cooper Institute found that higher academic achievement was associated with higher levels of physical fitness.

Physically active children also had improved self-esteem, were better able to handle adversity, and had better problem-solving skills, and there were 953,000 fifth graders, seventh graders, and ninth graders in that study; a very highly significant study.

Although it's not specifically documented in the research, the majority of students who could not meet the physical standards in the study were very likely overweight. Why is this so important? Because weight and fitness are critical because they're direct indicators of our health.

I'm here today to put forth recommendations for reversing America's troubling obesity trends, but first, let's consider how we got there.

The first law of thermodynamics. Thermodynamics. Most non-scientists probably believe the concept of thermodynamics is completely irrelevant to their daily lives. Yet if each and every one of us better understood this relatively simple law of nature, half of this country probably wouldn't be overweight.

In layman's terms, the fundamental cause of weight gain is energy intake that persistently exceeds energy expenditure. What presents the problem is that we're consuming more calories or energy than we are burning.

In thinking of foods as fuel, if we eat fewer calories than we burn, we will have a negative energy balance and lose weight. If we eat more calories than we burn, we will have a positive energy balance and we will gain weight.

Anyone debating obesity policy must question the cause of this positive energy balance. Is it attributable to an increase in energy intake, a decrease in energy expenditure, or a combination of both? And as Ms. Woolsey said a minute ago, it's a combination of both. It's not sedentary inactivity; it's the consumption of food.

Breaking down the weight-gain equation. Right now, it appears that the most popular target in the obesity debate is the energy intake or caloric side of the weight gain. I believe that not nearly enough emphasis is put on energy expenditure or the amount of exercise particular kids are getting in schools.

Increased calories are most definitely a factor in the rise of overweight children, but it's absolutely not the only cause. Yes, fast foods and convenience foods are more prevalent today than ever before, and, yes, portion sizes and caloric intake have increased. But that doesn't mean that these are the only culprits in our growing battle with the bulge. A wholesale lack of physical activity is the primary reason for expanding waistlines.

When you think about the differences between our society today and 30 years ago, don't just think about the boom in fast-food restaurants. Consider the fact that those restaurants and many other businesses put in drive-thru windows. The convenience of drive-thru eating and shopping brought the disappearance of sidewalks in local planning and development strategies.

And 30 years ago did children come home from school and eat cookies or potato chips before dinners? Of course, they did. But the difference is that they consumed these snacks after walking or riding their bikes from school. Then they went outside to play with their friends, unlike today, when they sit on a sofa and play video games or watch television.

The younger generation's sedentary time in front of a screen has become tremendous factors in energy consumption. Today the average child spends 900 hours a year in school, compared with 1,023 hours watching TV. When you look at the difference between schools today and schools a generation ago, don't just focus on the vending machines now found in some hallways. What happened to PE?

My strong feeling is you're not going to eliminate the problem of childhood obesity by eliminating the vending machines. But what we're required to do is to put better products in the vending machines, educate and motivate the children to select those products, and then bring physical education back into the schools where it belongs.

There's only one state, Illinois, that mandates state physical education for students. A report issued by the International Sciences Institute stated that one in four children doesn't get any physical

education in school whatsoever, and it is getting worse by the moment.

Finding energy balance. If we are to develop long-lasting and comprehensive obesity policies that will truly help American children, we must address both sides of the weight-loss equation. First, it's important to note the number of calories consumed.

Just this last week it was reported that American adults have increased their caloric consumption from the year 1970/1971 to 2000/2001. Women by 350 calories per day. Men, 185 calories per day. With that type of increased caloric consumption, there's no question about it. A woman is going to gain one pound every 11 days. So there has been an enormous increase in food consumption, but along with that, a dramatic decrease in the amount of physical activity that our people are getting.

I believe that eliminating vending machines, restricting taxing, prohibiting certain foods will not work, and these policies will do little or nothing to help people choose the best foods for their own needs. Therefore, I believe we must adopt a different approach to child eating patterns. And part of that approach is to provide healthier snacks and lunches, and then promote education—educate and motivate the kids to select these proper foods, and then bring PE back into the school systems.

Yes, I've been a strong proponent of physical education and programs for the last 35 to 40 years. It's been depressing in my state that until 2002 we didn't have any requirement for K through four for kids to have physical education. Nothing for a period until 2002. But once that was implemented, we had a major problem. That is, not enough physical education programs—physical education teachers in the schools anymore, because we've de-funded those physical education programs to the extent we don't have any PE instructors to fill that slot.

We've got a multi-headed problem here. It's not just the consumption of food, the inactivity, but it's lack of physical education teachers too—we've phased these people out to the extent that they aren't available.

In summary, I would say this. I believe that one way to resolve the problem with childhood obesity would be to provide healthier food service in schools, which I am told could be done by subsidizing five to 10 cents more for breakfast and lunches, offering sensible and healthier snacks which meet a specific standard, educate and motivate children to select these better-for-you products, and then bring mandatory PE programs back into the schools for all children K through 12.

I'm convinced it's a combination of problems. It's not just over-consumption of food. It's not inactivity. But our studies that the Research Institute in Dallas, Texas, have clearly shown that you're better fat and fit than skinny and sedentary. In no way am I endorsing obesity. I'm just telling you how dangerous it is to be sedentary. Thank you, Mr. Chairman.

[The prepared statement of Dr. Cooper follows:]

**Statement of Kenneth H. Cooper, M.D., M.P.H., The Cooper Aerobics
Center/Cooper Clinic, Dallas, Texas**

Good morning, Mr. Chairman and Members of the Committee. I am Dr. Kenneth Cooper, a physician and fitness advocate who founded the aerobics movement with

the publication of “Aerobics” in 1968. For more than 40 years, I have been dedicated to improving the health of Americans through proper weight, proper diet and regular physical activity.

My long-standing personal and professional philosophy is that it is easier and more effective to maintain good health than to regain it once it is lost. I believe—and I am backed by extensive public and private research—that exercise and wellness are not just a healthier choice, but a better way to live. The lack of a balanced diet coupled with a lack of regular, daily physical activity are increasingly leading to such debilitating conditions as heart disease, diabetes, weight gain and depression among many others.

Kids today are more overweight and less fit than at any other time in our history. Since 1980, there has been a two- to three-fold increase in incidence of obesity in American children six to 19 years of age. Approximately 20 percent of American children are now considered to be overweight.

Being overweight can lead to dire health consequences. Take, for example, the increasing prevalence of “steatohepatitis,” a condition that occurs when there is fatty infiltration of the liver. Until recently, it was most commonly seen in obese adults—particularly men—and rarely seen in children. If it’s not controlled, it can cause permanent damage to the liver in the form of hepatitis and cirrhosis, and it may be one reason that deaths from cancer of the liver is 4.52 times greater in men with high body mass indexes (NEJM 348:17, April 24, 2003).

In obese children we are also noticing an increase in type II diabetes. In fact, the disease is no longer referred to as adult-onset diabetes since the prevalence in children nine to 12 years of age is increasing. Dr. William Klish of Baylor College of Medicine in Houston has reported that children who develop type II adult-onset diabetes before 14 years of age may be shortening their lifespan by 17 to 27 years.

In addition, our overweight children are not physically fit. Compared to teenagers in 1980, it takes teenagers today one to one and a half minutes longer to run a mile—if they can even make it that far.

Children who are not fit can suffer academically. A report from the National Association for Sport and Physical Education (December 10, 2002) sought parallels between physical fitness and academic performance. It matched almost one million 5th, 7th, and 9th graders who participated in the Fitnessgram developed by The Cooper Institute of Aerobics Research with their scores from the SAT (9th Edition).

The study found that (1) higher achievement was associated with higher levels of fitness at each of the three grade levels measured; (2) the relationship between academic achievement and fitness was greater in mathematics than in reading, particularly at higher fitness levels; (3) students who met minimum fitness levels in three or more physical fitness areas showed the greatest gains in academic achievement in all three grade levels; and (4) females demonstrated higher achievement than males, particularly at higher fitness levels. And furthermore, the study reported that a quality physical education program will help children improve self-esteem and interpersonal skills, gain a sense of belonging through teamwork, handle adversity through winning and losing, learn discipline, improve problem-solving skills and increase creativity.

A side note of interest to this study is that, although it was not specifically documented in the research, the majority of students who could not meet the physical fitness standards in the study were probably overweight.

Why is this important? Weight and fitness are critical because they are direct indicators of overall health. It is through this lens—one that magnifies the correlation between fitness and overall health—that I look at the alarming data about childhood obesity in this country. Needless to say, I am quite concerned about the health of our children.

My professional focus has always been on prevention, and I’m here today to put forth recommendations for reversing America’s troubling obesity trends. But first let’s consider how we got here.

The First Law of Thermodynamics

Thermodynamics. Most non-scientists probably believe the concept of thermodynamics is completely irrelevant to their daily lives. Yet if each and every one of us—scientists or not—better understood this relatively simple law of nature, half of this country probably wouldn’t be nearly as overweight.

In layman’s terms, the fundamental cause of weight gain is energy intake that persistently exceeds energy expenditure. What presents the problem is that we are consuming more calories—or energy—than we are burning.

In thinking of food as fuel, if we eat FEWER calories than we burn, we will have a negative energy balance and lose weight. If we eat MORE calories than we burn, we will have a positive energy balance and gain weight.

This equation has only two components, and anyone debating obesity policy must question the CAUSE of this positive energy balance. Is it attributable to an increase in energy intake, a decrease in energy expenditure, or a combination of both?

Whether they realize it or not, the legislators, community leaders, parents and educators who are passionately debating the obesity crisis among our children are really debating the first law of thermodynamics. The complex relationship between inactivity, nutrition and obesity is causing lots of confusion.

Breaking Down the Weight Gain Equation

Right now, it appears that the most popular target in the obesity debate is the energy intake—or caloric—side of the weight gain equation. I am here today because I believe that not nearly enough emphasis has been put on the energy expenditure—or exercise part of the equation. Increased calories are most definitely a factor in the rise in overweight children, but it is absolutely not the primary cause.

My colleagues and I at the Cooper Institute have spent almost 35 years scrutinizing the relationship between nutrition, fitness and health. We've gathered data from thousands of individuals who have participated in Cooper Institute programs and have publicized hundreds of papers in the scientific press.

A recent government study did show that American women eat 335 calories more a day now than they did in the early 1970s; men eat about 168 calories more a day. And complicating this issue is the dramatic change in the level of physical activity. Americans—and especially children—are far less active now than ever before thanks to advances in technology and changes in our lifestyles that allow us to be sedentary more often than not.

Yes, fast food and convenience foods are more prevalent today than ever before. And yes, portion sizes and caloric intake have increased. But that doesn't mean that these are the only culprits in our growing battle with the bulge. The wholesale lack of physical activity is the primary reason for our expanding waistlines.

When you think about the differences between our society today and 30 years ago, don't just think about the boom in fast food restaurants. Consider the fact that those restaurants put in drive through windows. As did banks, dry cleaners and pharmacies. With the convenience of drive through eating and shopping came the disappearance of sidewalks in local planning and development strategies.

And 30 years ago, did children come home from school and eat cookies or potato chips before dinner? Of course they did! The difference is that they consumed those snacks after walking or riding their bikes from school. Then they went outside to play with their friends, unlike today when they sit on the sofa and play video games. For the younger generations, sedentary time in front of a screen has become a tremendous factor in the energy equation. Today the average child spends 900 hours a year in school as compared to 1,023 hours watching TV.

According to the Archives of Pediatric & Adolescent Medicine, when factors that contribute to a sedentary lifestyle are mitigated, body weight decreases. So if you reduce the amount of time that a child spends in front of the TV, you reduce their Body Mass Index.

And when you look at the differences between schools today and schools a generation ago, don't just focus on the vending machines now found in some hallways. What happened to PE? There is only one state—Illinois—that mandates daily physical education for students. Adding to that, a report issued by the International Life Sciences Institute stated that about one in four children do not get ANY physical education in school.

It is this phenomenon above all others—the dramatic reduction in energy expenditure through daily exercise—that I believe is driving childhood obesity trends.

Finding Energy Balance

Everyone involved in the obesity debate agrees that the core of this issue is calories in versus calories out. If we are to develop long-lasting and comprehensive obesity policy that will truly help American children, we must address BOTH sides of the weight loss equation.

First, it's important to note that the number of calories consumed—not the SOURCE of those calories—is what is important in this equation. Of course, as a physician, I always promote the indisputable benefits of a healthy diet that is low in saturated fats and contains lots of fruits, vegetables and fiber. But it has long been recognized by the government, medical and nutrition organizations that a balanced approach to diet is the right approach, as opposed to one that characterizes certain foods as “good” or “bad.”

In looking at the total diet, we should identify the amount of excess calories in an individual's diet rather than declaring that individual foods are “good” or “bad.” Restricting, taxing or prohibiting certain foods will almost certainly not work as

these policies will do little or nothing to help people choose the best foods for their own needs.

Therefore, I believe we must adopt a different approach to childhood eating patterns, and part of that approach is common sense strategy that includes sensible snacking. If we are to curb childhood obesity trends, we must embrace dietary changes that concentrate on reducing calories, not just fats or carbohydrates.

In consultation with Dr. Walter Willett of the Harvard School of Public Health, requirements for sensible snacking have been developed. They are guidelines that enable an across-the-board reduction in both fat and caloric intake:

Requirements for Sensible Snacking

Serving Size = 1 ounce

Total Calories < 150

Total Fat < 5.0 g
(sun oil, corn oil)

Saturated Fat < 1.0 g

Trans Fats 0.0

Sodium < 240 mg

But for those looking to single out public enemy number one in this war on obesity, it is NOT just food. It is a sedentary lifestyle.

The benefits of exercise are undeniable. And regardless of weight, all Americans must become more active. It's not just about fitness, it's about overall wellness. The bulk of scientific evidence concludes that abandoning the sedentary lifestyle and following a moderate exercise routine will greatly reduce your risk of dying of almost all causes and enhance your chance of living a longer, more active life.

Just think about it: heart disease is the number one killer in America. The American Heart Association says that daily physical activity helps reduce the risk of heart disease by

- Improving blood circulation throughout the body,
- Keeping weight under control,
- Improving blood cholesterol levels,
- Preventing and managing high blood pressure,
- Preventing bone loss, boosting energy levels,
- Managing stress,
- Improving the ability to fall asleep quickly and well,
- Improving self-esteem,
- Countering anxiety and depression,
- Increasing muscle strength,
- Providing a way to share activity with family and friends, and
- Establishing good heart-healthy habits in children.

That's an impressive list of things that can be addressed simply by being more active.

Physical activity among children is especially important. Studies have shown that children who participate in quality physical education programs are healthier physically and mentally than children who are inactive.

And for those who are worried that PE crowds the schedules of schools desperate to raise academic standards, don't forget the research cited at the beginning of my testimony that found that students achieve best when they are physically fit.

Suggested Strategies

As I stated earlier today, I am a long-time proponent of preventive wellness solutions. When it comes to our children, I don't believe we can simply talk about policies that will help them lose weight. We must seek policies that encourage WELLNESS. So let's enact policies that will keep children fit and active, and teach them the importance of a nutritionally-balanced diet.

We can empower individuals through education and awareness. We need to improve the public's understanding of the consequences of too little exercise, too many calories, and unbalanced diets. We should urge Americans to regard obesity not only as a cosmetic issue, but also as a critical health issue.

Specifically, we need to focus less on drastic, unrealistic dietary mandates that single out specific foods and focus more on a sensible, balanced approach to caloric intake.

We must also motivate Americans of all ages to avoid inactivity and collectively get at least 30 minutes of some type of aerobic activity daily, as recommended by former U.S. Surgeon General David Satcher. Simple activities, such as utilizing pedometers as part of the "America on the Move" program developed by Dr. James

Hill at the University of Colorado School of Medicine, can go a long way to improving personal physical fitness.

And while this approach of combining balanced and caloric-restricted diets with physical activity will not be a “quick fix,” it will produce long-term benefits in the form of improved quality and quantity of life.

Ultimately, individuals have to make their own choices about the foods they eat and the level of physical activity they engage in. Government can and should provide information to help consumers make informed choices. Congress must embrace proposals that are positive, comprehensive, and address obesity as an issue rooted in improper energy balance, not simply one driven by food. After all, this discussion is not simply about weight gain, it’s about health. And reduced calories and exercise are the keys to good health.

Chairman CASTLE. Thank you, Dr. Cooper.
Mr. McCord.

STATEMENT OF TIM McCORD, CHAIRMAN, HEALTH AND PHYSICAL EDUCATION DEPARTMENT, TITUSVILLE AREA SCHOOL DISTRICT, TITUSVILLE, PENNSYLVANIA

Mr. McCORD. Thank you, Mr. Chairman and Members of the panel, for the opportunity to offer testimony here today. My name is Tim McCord, and I’m the chairman of the Physical Education Department for the Titusville School District in Titusville, Pennsylvania. For those of you unfamiliar with Titusville, we’re a community of just over 6,000 located a few miles northeast of Pittsburgh.

We have all heard the statistics about the health crisis facing our nation’s youth. Recognizing that the Committee is aware of the epidemic proportions of the problem, I’d like to focus my remarks this morning on what we’ve done in Titusville to develop solutions.

At no time in my 25-year career have I been happier with what I’ve been able to accomplish in just the last 5 years. Why? Because physical education in my community now means meeting the needs of every student, not just the athletically inclined. It means grading students on effort and progress toward their goal, not on skills and innate abilities. It means using technology and innovative teaching to reach kids where they are. It means linking students, parents, school administrators, business leaders, and even senior citizens to build truly healthy communities.

And perhaps most importantly, Titusville started a physical education program called PE4Life. Our PE4Life Program means putting the fun back into sports, fitness, recreation, and exercise in a way that inspires all students to want to be active every day of their lives.

For me, this began 5 years ago with a visit to the PE4Life Institute in Naperville, Illinois. As one of the Members of this Subcommittee, Representative Biggert, knows well that PE4Life Institute helps train physical education teachers like myself in a new approach to our craft.

During my initial visit to the PE4Life Institute, I learned of technology and techniques that were changing kids’ lives. I saw how heart-rate monitors could be used to motivate and teach young people of all abilities how to do something as simple as run a mile. I learned how to teach kids that it doesn’t matter whether you run a 12-minute mile or a 6-minute mile, as long as you meet your target heart-rate zone.

Technology like heart-rate monitors is the great equalizer. With the proper reinforcement in teaching, scores of kids who in traditional PE would be turned off were becoming engaged and motivated. I was inspired by what I saw, and in 2000, I convinced the Titusville School District to implement a fitness center and the use of heart-rate monitors in my middle-school program just as they were doing in Naperville.

Within 1 year, my superintendent and school board liked the direction the program was heading. As a result, I was able to get additional funds 1 year later for a program in the high school. We now use heart-rate monitors, pedometers, computer fitness assessment software, and exercise bikes in my program. Prior to 1999, none of these activities were available.

Let me mention how the computer fitness assessment software works. It measures muscular strength, cardiovascular fitness, flexibility, and body composition. Every single Titusville student grades seven to 12 receives a pre-test before they begin physical education, and a post-test when they complete the course.

We recently purchased a specialized program that allows students to incorporate nutrition tracking. Children and parents are excited by being able to follow their progress through graphs from year to year. And for me as a teacher, this software allows us to monitor our school's progress.

Teaching PE this way is more than just technology and gadgets. It's also about choices. We know that lots of choices inspire kids to try new things. If you come visit my program—and I would encourage you to visit us—you will see our students doing many things like—they'll be on in-line skates, working with weights, swimming, dancing, power walking, cross-country skiing, rock climbing, and even juggling. You'll also see soccer, but probably different than what you're used to. Instead of 15 kids per team with one ball, today you will see several four-on-four games being played simultaneously.

How important has PE become to our community? Two years ago, the high school principal engineered a change to the entire school day schedule so that we could incorporate daily physical education. Titusville high school students are now required to take physical education every day for all 4 years. The class is one full credit, the same as other core subjects like algebra and chemistry.

PE4Life means working together with the whole community. In Titusville, the local hospital conducts an annual health fair at our middle school. Senior citizens exercise in our high school fitness center during the day. The PE department and the central blood bank conduct blood drives to support our hospital three times a year.

A local health insurance company donated \$12,000 to the school for new fitness assessment software, and we're committed to sharing this message. More than 100 schools have visited Titusville since 2001 to see how PE4Life is delivered in a real-life setting.

In closing, my message is this. Physical education taught the right way reaches every child and promotes healthy choices and habits for a lifetime. Physical education can reach the very students who are most at risk—the overweight child, the uncoordinated student, or the shy kid with no confidence—to join a team.

It is in many ways these kids for whom physical education can do the most good.

We need to develop more PE4Life Programs. Active children make good learners. And it seems clear we, as a nation, need to invest in physical education today or be burdened with much higher costs in the future as generations of inactive kids become overweight and unhealthy adults. I thank the Committee and look forward to answering your questions.

[The prepared statement of Mr. McCord follows:]

**Statement of Tim McCord, Department Chair, Physical Education,
Titusville Area School District, Titusville, Pennsylvania**

Thank you Mr. Chairman and members of the panel for the opportunity to offer testimony here today. My name is Tim McCord and I am the chairman of the physical education department for the school system in Titusville, Pennsylvania. For those of you unfamiliar with Titusville, we are a community of just over 6,000 located a few miles northeast of Pittsburgh not far from the shores of Lake Erie.

I welcome the chance to discuss today the role that schools can play in teaching children how to prepare for healthy, physically active lives. Improvements in the way my schools provide physical education have transformed my community in recent years and there is much evidence to suggest that schools across the country can make the same progress with the appropriate awareness, commitment and support. In my 25 years in the business of teaching physical education, I have never been happier with what we have been able to accomplish. All this comes at a time in our nation's history when the need to teach young people healthy habits has never been greater.

We have all heard the statistics about the health crisis facing our nation's youth. Probably one of the most widely used and significant is the Center for Disease Control's (CDC) report that the percentage of children ages 6 to 11 who are overweight has increased nearly 300 percent during the past 25 years. These numbers continue to astonish as you evaluate older demographics as well.

As described in the news media these numbers have reached epidemic proportions. It is an interesting paradox though. Never before have children and youth had better access to health care and have experienced lower rates of disease and disability. But the indicators of health status linked to physical active are regressing. As a result children, for the first time in 100 years, may have a shorter life expectancy than their parents.

The accompanying health problems as a result of this trend present a great problem in our society. Diseases like Type 2 diabetes, also referred to as "adult diabetes", are on the rise among our children. It has been estimated that the health care cost of being overweight and obese have exceeded \$100 billion annually. Also attributed to lack of physical activity are approximately 300,000 deaths per year. These are preventable, premature deaths. In fact, according to the CDC, physical inactivity and bad diet are the second leading cause of death in this country, just behind smoking. And if we don't get our kids comfortable and committed to daily physical activity and balanced nutrition, these shocking numbers will only get worse in the future.

As a society and as individuals we shoulder a tremendous responsibility to teach our children what they will need to enter into society as adults. We all want our kids to be smart, we want them to know about history, about science, about math, about our physical world, our universe and we want them to learn skills so after their formal education is complete they can make a living. But we must also teach them what they cannot learn in books. Things like character, how to be a good citizen, how to handle adversity, how to be good winners and losers and how to give something back to their communities. And how to be active and healthy for a lifetime.

I said earlier that at no time in my 25-year career have I been happier with what I have been able to accomplish in the last five years. Why? Because physical education in my community now means meeting the needs of every student, not just the athletically inclined; it means grading students on effort and progress toward the goal, not on skills and innate abilities; it means using technology and innovative teaching to reach kids where they are, not pulling them to where we want them to be, only to lose them as soon as the bell rings; it means linking students, parents, school administrators, business leaders and even senior citizens to build truly healthy communities.

And perhaps most importantly, Titusville started a physical education program called PE4LIFE. Our PE4LIFE program means putting the fun back into sports, fitness, recreation and exercise in a way that inspires all students to want to be active every day of their lives.

For me this began five years ago with a visit to the PE4LIFE Institute in Naperville, Illinois. As one of the members of this subcommittee, Representative Biggert, knows well, the PE4LIFE Institute helps train physical education teachers like myself in a new approach to our craft. The PE4LIFE organization has a goal of restoring quality PE in our nation's schools with a methodology that includes everyone, not just the elite athletes. During my initial visit to the PE4LIFE Institute, I learned of technology and techniques that were changing kids' lives.

I saw how heart rate monitors could be used to motivate and teach young people of all abilities how to do something as simple as run a mile. I learned how to teach kids that it doesn't matter whether you run twelve minute mile or a six minute mile, as long as you meet your target heart rate zone. I can't emphasize enough how liberating this was for the kids, and frankly for me as well. Technology like heart rate monitors is the great equalizer. The uncoordinated, overweight child who may never have had a positive physical experience in his life could now find his appropriate pace, and by getting in his target zone he could learn how his work rate was perfect for him. And be given credit for it! In fact the student running a 12 minute mile within his targeted rate could get a better grade than the six minute miler whose heart rate was all over the map. With the proper reinforcement and teaching, scores of kids who in traditional PE would be scorned and turned off were becoming engaged and motivated. This is what excited me, because these are the kids we need to reach the most. As a professional physical educator, nothing fulfills me more than seeing young students figuring out that one doesn't have to be a sports star to be a healthy, active, self-assured person.

I was inspired by what I saw. So in 2000 after operating on a \$10,000 a year budget, I convinced the Titusville Area School District to commit an additional \$30,000 to implement a fitness center and the use of heart rate monitors in my middle school program just as they were doing in Naperville. Obviously, for a small community like mine, this was a big investment. Within one year, my superintendent and school board saw the kind of results we had hoped for. The program was so successful, I was able to get an additional \$40,000 one year later for a program in the high school. In these two years my curriculum was adapted to meet Pennsylvania State standards to teach students the value of exercise, nutrition and developing healthy lifestyle habits. We now use heart rate monitors, pedometers, computer fitness assessment software and exercise bikes in my program. Prior to 1999, none of these activities were available. The response by everyone—students, the parents and the school administration—has been overwhelming.

Let me mention how the computer fitness assessment software works. This measures muscular strength, cardiovascular fitness, flexibility, and body fat composition. Every single Titusville student, grades 7–12, receives a pre-test before they begin physical education and a post-test when they complete the course, whether it be a semester or full year. We recently purchased a specialized program that allows students to incorporate nutrition tracking into their own lifestyle assessment. Children are enthralled by being able to follow their progress through graphs from year to year. We send these reports home and parents regularly tell me how amazing they find the depth of analysis the PE program is offering. Many parents in fact tell how much they learn themselves from these reports. And for me, as a teacher, this reporting allows us to do group reporting (gender, age, class, height, weight, etc), helping to monitor our school's progress while identifying any areas for remediation.

This raises another wonderful development in recent years. After a local ABC-TV affiliate broadcast a story about our PE4LIFE program, I was approached by a major health care provider in our region, HighMark Blue Cross/Blue Shield. They liked what our program was doing and wanted to help. When our school district purchased a new \$12,000 computer fitness assessment machine, HighMark matched the expenditure and bought a second machine for the school system's use.

We've since been featured in Newsweek, Time, U.S. News and World Report, Teaching Tolerance Magazine and a host of other publications and broadcasts.

One reflection of the PE4LIFE impact on my educational community is that we have bucked the national trend and increased the requirements for PE. Two years ago, the high school principal engineered a change to the entire school day schedule so we could incorporate daily physical education. We shortened class by a few minutes, cut between-class travel time and added a few minutes to the end of the school day, still keeping within the contractual agreement with the teachers union.

In my community, all senior high school students are required to take physical education every day for all four years. This class is one full credit, the same as other

core subjects such algebra and chemistry. Middle schoolers must take at least one semester per year. I developed a sixth grade curriculum for wellness education. This focuses on exercise and nutrition, preparing students for the comprehensive grade 7–12 Physical Education offerings. It has turned out a valuable addition, in that it allows us to teach many concepts that later PE classes cannot get to due to time constraints.

Teaching PE this way is more than just technology and gadgets. It's also about choices. We know that lots of choices inspire kids to try new things. We now offer a wide range of activities. When I was a kid and even when my kids went through school, we played football in the fall, basketball in the winter and baseball or softball in the spring. I am not talking about after school sports here, I am talking about gym class. We also threw in from time to time soccer, volleyball, some track and field and gymnastics, but for the most part it was team sports and the survival of the fittest. Now we offer options for our kids so if you come visit my program, and I would encourage any of you to come visit us in Titusville, you will see our students on in-line skates, working with weights, swimming, dancing, power walking, cross country skiing, rock-climbing and perhaps juggling. You'll also see soccer, but probably different than what you're used to. Instead of 15 kids per team with one ball the way we used to set up a class, today you will see several 4 on 4 games with no goalie being played simultaneously. We use smaller teams so that everyone participates.

Throughout the year we offer about 20 different activities. Every two weeks we allow students to choose a new activity.

On one of my visits to Naperville, I learned of another benefit to their program: an increased ability to partner with the community. I would also encourage you to visit the facility in Naperville. As Mrs. Biggert knows, PE4LIFE Institute Director Phil Lawler has done an amazing job not only in this Chicago suburb but with the many folks like myself who have had the opportunity to visit and learn from the Naperville program. I learned that the Naperville fire department was using the high school as their health club, working out in their great facility. In return for the use of the gym, the fire department offers free CPR training to the students. So with this inspiration, I have gone out to the Titusville community and here is what we have accomplished.

The local hospital conducts an annual health fair at our middle school. The fair offers students interactive lessons dealing with healthy lifestyles as well as the opportunity for students to participate in cholesterol and blood sugar screening. Physicians in the community in cooperation with my PE teachers developed a "Can Do List" allowing those students with medical reasons to participate safely while recuperating from their condition.

Senior citizens from our local center have the opportunity to exercise in our high school fitness center during the day.

The physical education department in conjunction with the Central Blood Bank conducts blood drives to support our local hospital three times a year.

I speak to physical education majors at Slippery Rock University twice a year. In addition, exercise science majors come to Titusville twice during the school year to help us conduct fitness assessment using our computer fitness assessment software.

I mentioned earlier we have worked with a local health insurance group who awarded us a grant to help us buy our computer fitness assessment equipment.

And we're committed to sharing the message. More than 100 schools have visited Titusville since 2001 to see how PE4LIFE is delivered in a real-life setting. Just two days ago, I hosted a group of teachers and administrators from Erie County, Pennsylvania.

Providing daily quality physical education to all K–12 students must be an integral part of a national strategy to address obesity and reduce health care costs. Perhaps most appealing is the ease with which physical education can be delivered to all students in an efficient, cost effective manner. Physical education in schools provides an ideal mechanism to promote healthy choices and habits for some of the most in need. After-school sports programs can be a great source as well but these programs tend to better serve healthy and fit young people who want to play sports. This is not the group we need to target. Those who may need the exercise most tend to be those who opt out given the choice. Physical education in schools however, can reach the very students who are most at risk—the overweight child with a bad body image, the uncoordinated student who's never been taught skills or the shy kid with no confidence to join a team or engage with others at recess. It is in many ways these kids for whom physical education can do the most good.

I know this Committee will be looking to develop the next generation of policy on for the School Lunch and Breakfast Programs as well as the Child and Adult Care Food Program. Proper nutrition is an integral part of any national strategy to help

our children. I have found in the last five years that as my students become more physically active and fit they have become more interested in proper nutrition and we have incorporated nutrition as part of our overall program.

As I mentioned earlier in my testimony, I have never been more excited about what we are doing in physical education, the new PE and the PE4LIFE Institute. I love to come to work and more importantly, my students at all levels love to attend my classes.

It is critical we focus on increasing quality PE and developing more PE4LIFE programs. It seems clear we as a nation need to invest in physical education today or be burdened with much higher costs in the future as generations of inactive kids become overweight and unhealthy adults. I would urge the committee in any future legislation to do whatever they can to support schools and school districts in our country to develop their fitness programs. As I have testified, I was able to accomplish a lot with just a small contribution from my community.

Last year my school was awarded a grant from the Carol White Physical Education Program at the Department of Education. When expended, these funds will allow us to grow our program and provide our schools with upgraded equipment and training for our teachers.

I thank the Committee for this opportunity and look forward to answering your questions.

Chairman CASTLE. Thank you, Mr. McCord, we appreciate that, and we look forward to asking you questions, and we'll turn to Dr. Young now.

STATEMENT OF DR. JUDITH YOUNG, VICE PRESIDENT, PROGRAMS FOR THE AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE, NATIONAL ASSOCIATION FOR SPORT AND PHYSICAL EDUCATION

Dr. YOUNG. Thank you very much, Mr. Chairman and panel members. We all know America is experiencing an epidemic of obesity and increased disease risk due to lifestyles that include poor diet and insufficient physical activity. None of our states have escaped.

The public health agenda for our country reflected in Healthy People 2010 and Healthier U.S. calls for school health education and physical education as priorities in the prevention of disease due to these factors.

While families and communities play an important role in the prevention of obesity and other health risks, schools must help all children develop the skills and knowledge needed to adopt and maintain a healthy lifestyle. The old adage of a sound mind and a sound body is even more compelling in our contemporary society, where we have engineered physical activity out of our lives and where super-sized fast food allows us to easily consume more calories than we need or spend.

Lack of physical activity among Americans of all ages is so critical it is considered a major health-risk factor. Of particular concern is the major increase in obesity among children and youth. We also know that children and youth have three to 4 hours a day on average of screen time, some of which we must switch and devote to more physical activity.

In order for our children to be healthier, families, schools, and communities must act now to support increased daily physical activity for all children. We believe that providing a physically active lifestyle from the beginning of life increases the likelihood that children will learn to move skillfully and establish positive feelings about physical activity.

Early motor skills form the foundation for later safe and satisfying performance in work, sports, dance, or exercise. A growing body of research also confirms that physical activity of infants and young children is an important component of early brain development and learning.

Just as children and youth can learn a habit of regular physical activity, they can learn to be inactive if they are not taught the skills and given the opportunities to be active throughout their developing years. Children five to 12 years of age need at least 60 minutes and up to several hours of moderate and vigorous physical activity every day.

Quality physical education is the cornerstone in developing an active lifestyle. Quality physical education can help students to be more active, more fit, and achieve better academically. Physical education class can lay the groundwork for physical activity, as well as reinforce healthy eating. Students also need instruction in health education, daily recess periods in elementary school, time for unstructured physical activity, and co-curricular programs involving sport and physical activity to support healthy lifestyles, not just athletic competition.

School programs should prepare and encourage students to participate in school-sponsored and community-based physical activity programs. Schools must also provide quality extra-curricular physical activity options, especially inclusive intramural programs and physical activity-based clubs, such as dance, hiking, yoga, biking, and so forth.

These programs should feature a diverse selection of competitive and non-competitive, structured and unstructured activities, meet the needs and interests of all students with a wide range of abilities, particularly those with limited interest or skills in the traditional athletic activities, and three, emphasize participation and enjoyment without pressure.

The proliferation of extended day and after-school programs provides an important opportunity to incorporate physical activity into programs that typically focus on crafts, movies, board games, and homework. After-school programs have a unique opportunity to increase physical activity and positive social interactions among children and youth.

By allowing the kids to participate and hone their skills in active games, they not only gain the opportunity to succeed and get fit, but practice the skills that can help them succeed in organized sports and activities that encourage interest in regular participation. And regular participation in extra-curricular programs of all kinds is associated with better academic performance.

Both school and community sport and activity programs are needed to enhance physical activity. Well-trained, qualified coaches and leaders are critical to a child's success and positive experiences in sport. And as Dr. Cooper mentioned, we are experiencing a shortage in both coaches and qualified physical education teachers.

In summary, to get children more physically active, communities must establish infrastructure and a physical-activity-friendly culture. This includes implementing quality physical education programs in all schools with highly qualified teachers that can provide

a contemporary and comprehensive curriculum, such as you've heard about in Titusville.

Make school facilities available in non-school hours, 7 days a week, year round. Create safe and well-lit walking paths and fitness courses on school grounds and other public areas. Monitor and restrict sedentary activity: television, movies, computer games, web surfing, et cetera. Implement special family activities that involve physical activity, and schools can play a part in this with in-line skating, bike rodeos, family fitness nights, et cetera.

Provide before- and after-school programs that include physical activity opportunities for all ages and all students. Offer physical activity programs for school staff so that they model physically active lifestyles. And provide appropriate playgrounds for children two to 10 years of age.

Society must play a critical role in helping children be more physically active. Parents and other significant adults should model active lifestyle. Parents and guardians need to be aware of the school and community resources that they can choose from to assist children in learning to lead healthy, active lifestyles.

All of us must advocate or take responsibility and seek accountability for physical activity in the education of all children and youth. Policy-makers, school officials, and families must join together to provide a comprehensive education of the whole child to prepare each of them for life in our 21st century. Thank you very much.

[The prepared statement of Dr. Young follows:]

Statement of Judith C. Young, Ph.D., Vice President of Programs, American Alliance for Health, Physical Education, Recreation and Dance, National Association for Sport and Physical Education

As you know, America is experiencing an epidemic of obesity and increased disease risk due to lifestyles that include poor diet and insufficient physical activity. It is estimated that poor eating and inadequate physical activity are costing our country \$117 billion per year! Children's obesity has tripled in the past 20 years to the point that today almost 9 million children between 6 and 19 are overweight or obese. No state has escaped! The public health agenda for our country, reflected in Healthy People 2010 and Healthier US, calls for school health education and physical education as priorities in the prevention of disease due to these factors.

While families and communities play an important role in the prevention of obesity and other health risks, schools must help ALL children develop the skills and knowledge needed to adopt and maintain a healthy lifestyle. The old adage of a "sound mind in a sound body" is even more compelling in our contemporary society where we have engineered physical activity out of our lives and where "super-sized fast food" allows us to easily consume more calories than we need or spend.

The lack of physical activity among Americans of all ages is so critical; it is considered a major health risk factor. Of particular concern is the major increase in obesity among children and youth. In order for our children to be healthier, families, schools, and communities must act now to support daily physical activity for our nation's youth.

We believe that providing a physically active lifestyle from the beginning of life increases the likelihood that children will learn to move skillfully and establish positive feelings about physical activity. Early motor skills form the foundation for later safe and satisfying performance in work, sport, dance and exercise. A growing body of research also confirms that the physical activity of infants and young children is an important component of early brain development and learning.

Just as children and youth can learn the habit of regular physical activity, they can learn to be inactive if they are not taught the skills and given opportunities to be active throughout their developing years. Children five to 12 years of age need at least 60 minutes, and up to several hours, of physical activity per day.

Quality physical education is the cornerstone in developing an active lifestyle. Quality physical education can help students to be more active, more fit, and

achieve better academically. Students also need instruction in health education, daily recess periods in elementary school, time for unstructured physical activity, and co-curricula programs involving sport and physical activity to support healthy lifestyles, not just athletic competition. School programs should prepare and encourage students to participate in school sponsored and community based physical activity programs.

Schools must also provide extracurricular physical activity programs, especially inclusive, intramural programs and physical activity clubs (e.g. dance, hiking, yoga) that (1) feature a diverse selection of competitive and noncompetitive, structured and unstructured activities, (2) meet the needs and interests of all students with a wide range of abilities, particularly those with limited interests or skills in traditional athletic activities, and (3) emphasize participation and enjoyment without pressure.

The proliferation of extended day and after school programs provides an important opportunity to incorporate physical activity into programs that typically focus on crafts, movies, board games and homework. After school programs have a unique opportunity to increase physical activity and positive social interactions among children and youth. By allowing the kids to participate and hone their skills in active games, they not only gain the opportunity to succeed and get fit, but practice the skills that can help them succeed in organized sports and activities that encourage interest in regular participation outside of the program. Both school and community sport and activity programs are needed to enhance physical activity. Well-trained, qualified coaches/leaders are critical to a child's success and positive experiences in sports.

In summary, to get children more physically active, communities must establish infrastructure and a "physical activity friendly" culture. These include:

1. Implement quality physical education programs in all schools that provide a comprehensive curriculum.
2. Make school facilities available in the non-school hours (6–8 am, 5–11 pm) seven days a week, year-round
3. Create safe and well-lit walking paths and fitness courses on school grounds and other public areas
4. Monitor and restrict sedentary activity television, movies, computer games and web surfing).
5. Implement special family activities that involve physical activity (in-line skating, bike rodeos, family fitness nights)
6. Provide before school and after school programs that include physical activity opportunities for all ages and all students
7. Offer physical activity programs for school staff
8. Provide appropriate playgrounds for children 2- 10 years of age

Society must play a critical role in helping children to be more physically active. Parents and other significant adults (teachers, coaches, etc) should model physically active lifestyles. Parents/guardians need to be aware of the school and community resources that they can choose from to assist children in learning to lead healthy, active lifestyles. All of us must advocate for, take responsibility and seek accountability for physical activity in the education of ALL children and youth.

Policymakers, school officials and families must join together to provide a comprehensive education of the whole child to prepare each of them for life in the 21st century.

Chairman CASTLE. Thank you, Dr. Young. We appreciate it. Now, we'll turn to questions by the Members, and I will start the questioning and yield myself 5 minutes to do so.

And I want to start with Dr. Cooper. You state under the first law of thermodynamics that thinking of food as fuel, if we eat fewer calories than we burn, we'll have a negative energy balance and lose weight. If we eat more calories than we burn, we'll have a positive energy balance and gain weight.

I'm doing this from memory, but I recall seeing an article in one of the national news magazines last week saying that obesity may be a disease or something to that effect, as opposed to a decision that we make in terms of exercise and nutrition, et cetera.

You've had more experience in this probably than anybody in the country. Do you agree with that, or do you believe that that first

law of thermodynamics is pretty absolute in terms of intake and out-take with the energy involved?

Dr. COOPER. It's quite obvious if you run a mile, you burn about a hundred calories. If you walk a mile in 15 minutes, you burn about 60 calories. To lose one pound, you have to burn up 3500 calories. So it's pure and simple. It's calories in versus calories out.

It's not low carbs. It's not low fat. It's calories that count, whether or not we're going to control obesity in America today. I think the passing fad we have now with the low carb is something that's going to pass. I don't think long term it would be that important.

But as far as—your question basically was what, Mr. Castle?

Chairman CASTLE. Well, my question is do you believe that your law here is absolutely scientifically correct? That in thinking of food as fuel, if we eat fewer calories than we burn, we'll have a negative energy balance and lose weight? Or do you think there are exceptions? That there are people who physically are excepted to that, or there are people who are somehow constructed differently, or whatever it may be?

Because there's a body of thought out there that that may be the case. So I don't necessarily agree with that. I'm just asking you the question.

Dr. COOPER. So is obesity genetic versus environmental? I would say in the vast majority of cases, it has to be environmental. It's not because of some hormone deficiency.

The question you asked, too, which I forgot, was whether or not you considered obesity as a disease? Would you consider cigarette smoking as a disease? No. I think obesity is a lifestyle. I do not think it can be considered as a disease.

And therefore, I don't feel that obesity by itself should be covered by insurance. I think that rehabilitation programs should be covered by Medicare, should be covered by insurance as far as cardiac rehab and things of that type. But as far as having insurance to cover weight-loss programs, should that be considered if we're not dealing with a disease? It's a question that I don't have the answer to.

But, no, I do feel that these are lifestyle situations that are not by and large genetic, but they by and large are environmental that are based upon the first law of thermodynamics. Essentially, what you consume or what you burn up is whether or not you lose weight or gain weight.

What we have had, as I've mentioned, well, like in 1968, when my first book was published, only 24 percent of the adult population was exercising regularly, like some 100,000 joggers. By 1984, it reached a peak of 59 percent of Americans claim to be exercising regularly, and over 30 million people were jogging. Well, that continued up until about 1990.

Remember the baby-boomers during that time led this exercise movement that resulted in a 48 percent decrease in the deaths from coronary heart disease during that time, and also an increase of some 6 years in our longevity. But after 1990, it all flattened out from 1990. We've had an enormous increase in obesity, decrease in physical activity to the extent that the instance of heart disease has stabilized. It's not going down anymore. It may be going up. And we're no longer increasing our longevity.

So my point is it's a combination of both. It's a combination of energy expenditure and energy consumption as to whether or not you're going to gain weight or lose weight. It's going to have a dramatic impact on the health-care costs of America.

Look what's happened. From 1990, we've gone from \$700 billion to \$1.6 trillion the cost of health care. It's going to get worse. We had 400,000 deaths in 1990 from cigarette smoking, and 300,000 deaths from inactivity and obesity, and the projections are by the year 2010, we'll have more deaths as a result of obesity and inactivity than we have for cigarette smoking. That's the future.

Chairman CASTLE. Let me build on that. I'm going to ask this question of all the guests. I'm impressed, Dr. Young and Mr. McCord, by what you've both said, and Mr. McCord, in your case, what you've gotten implemented in Titusville. And I worry that you're a little bit like the gentleman who taught physics to the kids in LA. You know, he could do it, but I'm not sure everybody else can do it. And that's my question, but it's a little broader than that.

And I'll start with Dr. Young, and you all take a shot at this, if you wish. I don't think there's any disagreement up here or down there or in this room, or perhaps in America at large, that we do have a problem with kids.

I'll tell you how it was called to my attention, by the way. I went out to play golf with my wife 1 day, and they matched us up with a couple of English fellows, who were jovial guys. One of them was a minister. And we got talking after a while, and they got laughing, and we said, "What are you laughing at?" And they said, "We're laughing at how fat Americans are."

And it went on for about three or four holes, which is an hour or something like that, and, you know, they just kept kidding about it. And they'd been in America for about 2 months. And it really hit me that, you know, somehow we're different in this country than perhaps we are in other countries. And these were polite people. These were not rude people. They were just highly amused by this.

We talk about changing lifestyles. I mean, there's no question about it. You know, you've all hinted at it or stated it one way or the other. I mean, kids are coming home—well, first of all, they're not getting physical education in school. They may not be eating the right thing at school. They may be coming home and eating the wrong thing. But they're certainly not getting the exercise, and they're not getting out and doing things. They're playing games at home. And no matter how you look at it, they're consuming more calories. They're burning off fewer calories, and kids are definitely a lot more overweight than they were earlier. And statistics also show us if you're overweight early, you're going to be overweight probably most of your life. It's going to affect your health. And I'd love to ask questions about mental health, as well, which, you know, I don't have time for in this round, at least.

But it's going to impact you. So my question to you is not the evidence that this is what's happening, but how do we change it? How do we take the experience in Titusville, for example, and spread it across the country? How do we take the message that you're delivering today—any of you are delivering today—and

make sure that the families and the schools get it enough to actually fundamentally make some changes?

It's not that easy up here to just pass laws right away and get this done. It's more complicated than that. It's very difficult to change lifestyles. I'd be interested in any suggestions you have. And we'll just go across from my right to left, and we'll start with Dr. Young.

Dr. YOUNG. Well, there have been several surveys recently by various groups. We've done some. Robert Wood Johnson Foundation has done some about what parents think about this, and parents are concerned about this. Parents do expect and want physical education and health education and healthy eating reinforced in school.

And I think that schools in general have a big opportunity, as well as a responsibility, because all kids go there, to affect our culture and our perception and our beliefs and our activities around these lifestyle kinds of things. Kids go home from school in Titusville, and they talk to their parents about, you know, the kind of program they've had in physical education, and they say, well, let's go do some of these things on our outside time.

And I think the program at Titusville and some of our other quality programs around the country, the Naperville Program, and some of our national teachers of the year are conducting programs that can give all the rest of us hope that this is possible to do, and that, you know, we don't have to abandon academics. We don't have to neglect other things to have good health education and physical education programs in the schools.

And that we can prepare highly qualified teachers, both staff developing the ones that are here now, as well as preparing the ones to come in the future, to do this work in the schools and help all kids.

Chairman CASTLE. Thank you, Dr. Young. Well, Mr. McCord, you've gotten it done. How do we do it in other school districts?

Mr. MCCORD. I guess the way I look at it is if we can do it, anybody can do it. I come from a small community of only 6,000 people where the economy is not good any way you look at it. And to go to the PE4Life Institute and take those ideas and come back to a small community like Titusville and try to replicate what they have done, in my eyes, it's not—it's just remarkable.

But it can be done in all schools. And what we've done is we've opened our doors to other teachers and other administrators to come in and take a look at what we do. And we encourage them to please come to Titusville and please go to Naperville to the places that have PE4Life institutes and get the training to take back.

I'm very fortunate I have great administrative support in my school district. There's no doubt about that. But that being said, I think that the concept of developing quality physical education programs just by going to see other school districts like ours and like Naperville can be done.

Chairman CASTLE. Thank you, Dr. Cooper.

Dr. COOPER. A couple of comments. One is that obesity is now globesity. It's not just a national problem; it's an international problem. A recent release from WHO, we have an estimated 1.6 bil-

lion people worldwide who are overweight. About 850 million suffer from malnutrition. So it is a worldwide problem.

Secondly, I would say that the practice and principles that we've had at the Cooper Aerobics Center in Dallas for the last 33 years have been successful in lifestyle changing, using a four-step approach. No. 1 is a very thorough comprehensive evaluation. No. 2, making an educational, motivational experience. No. 3, give them an implementation program for how to change their lifestyle, whether it's quitting smoking, losing weight, getting in shape, that is safe, effective, and realistic. And No. 4, just get them back for a follow-up evaluation.

That four-step approach has been highly successful. We estimated 60, 65 percent of the 80,000 patients who have come through our clinic have reached the goals we've established for them. That can be done in children.

As far as the evaluation is concerned, a recent study of adults asking them the question whether children are overweight, and the vast majority said no, because they compared their son or daughter with somebody else down the block, and they're the same weight. So they weren't overweight.

Parents are ignoring the fact—the observation—obviously, that our children are overweight. So we have to do something to change that.

One thing we're doing in Dallas, and we're recommending that health clubs around the country do this, with our Cooper Fitness Center being a very successful health club, is we're adopting a school that my staff will volunteer their time to go down and work with those students at Marino Grade School -- it's a Latin American school in Dallas where 95 percent of the children are on the—have their meals paid for. And so my staff is going down there to work with that school complimentary to try to bring in good physical education where they don't have physical education teachers.

And I'm challenging other health clubs in America to do the same thing.

Chairman CASTLE. Thank you, sir. Let me turn to Ms. Woolsey now. I'll yield to her for 5 minutes.

Ms. WOOLSEY. Thank you, Mr. Chairman. I'm assuming we're going to have more than one round.

Chairman CASTLE. You can have as many rounds as you want.

Ms. WOOLSEY. OK.

Chairman CASTLE. We may not all be here, but you can have—

Ms. WOOLSEY. Well, anyway, I want—before I ask questions, I want to go on record in response to something Dr. Cooper said about charging a little bit more for the school food programs so that we can afford the physical education programs.

I want to be on record saying I think every child in this country in school—elementary through high school—should be offered a free breakfast, no matter their economic status. And I believe that, because this is the beginning of getting them ready for testing, attendance, discipline, the whole thing—they're healthier—and a result of that, the effect of which makes us a healthier nation.

We have to decrease diabetes and disease in our kids. We have to know what obesity is doing to our work force, to our health pro-

grams. The idea that we wouldn't have preventive programs, I think, is shortsighted, and pay for them.

Prevention saves us money in the long run. So that's—I'm on record there, so you know I'm all the way as far as this program is going to have to include nutrition programs.

So, now, Dr. Cooper, I would like you to be on record, so that we all know what we're talking about, so that the people here know that you're a spokesman for Frito-Lay, owned by Pepsico. Because I think that's important. It's important—you're the best on exercise. But when you answer questions about what should be in the vending machines, I think you must be a little bit kind of pushed and pulled on that one.

So here's something, and I have a question. If cheese fries with ranch dressing, one serving, which is 3,010 calories, would require 10 hours and 40 minutes of walking briskly in order to offset that, we cannot—what does that say to you when we look at what we're offering our children? I mean, there's—how can we have enough exercise to offset offering them poor choices?

Dr. COOPER. Ms. Woolsey, to answer your question, we can't, and that's why you're correct in assuming that I am working as a consultant with Frito-Lay and the food industry in general in trying to encourage them and motivate them to provide better products for the children.

For example, as a result of the work we've had with Frito-Lay over the past 2 years, we've now eliminated some 55 million pounds of trans fats out of the American diet over the next 12 months. Yet the work from Harvard School of Public Health, published in 1997, in internal medicine is correct that for every 5 percent you increase saturated fats in the diet you increase the instance of coronary heart disease by 17 percent. But every 2 percent increase in trans fats in the diet increases the risk of heart disease by 93 percent.

If we could eliminate trans fats from our products in America, that in the long term could have a dramatic effect in reducing the frequency of heart attacks and strokes.

Ms. WOOLSEY. OK. That would help.

Dr. COOPER. Now, one of the major problems with trans fats, of course, is the french-fried potatoes, because that's the largest source. Any time you hydrogenate even a vegetable oil to convert it into a solid, as we say, it lengthens the shelf life but shortens your life—

Ms. WOOLSEY. Right.

Dr. COOPER. They do that because of cost and because of taste. That's having a dramatic impact as far as heart disease—

Ms. WOOLSEY. Well, until we've got all of that under control, Dr. Young, what should we be putting in our vending machines, and who do you believe should set the standards?

Dr. YOUNG. Well, I think definitely there should be healthy choices in the vending machines in this whole balance. If someone is eating 30,000 calories a day because they had 10 servings of cheese fries with ranch dressing or whatever, there is no way that they're going to—that exercise is the ultimate solution. There has to be, you know, action on both ends of the equation.

But the amount of expenditure of activity in one's daily life and then what we should eat to fuel that is important for children to learn about in both health education and be reinforced in physical education. So the—having an active lifestyle and reasonable amounts of activity in one's daily life that would spend a reasonable amount of calories for whatever it is that they need to do, is what they need to understand about and learn about, and it's fairly complicated, as these last few minutes have indicated.

If you're working in boundary waters in the winter on a dog-sledging trip, you're expending 9,000 calories a day. Well, most of us here are probably expending two—1500 to 2,000 calories a day. And so how we eat in relation to what we do is the fundamental thing that we need to be teaching children about and how much different kinds of activities demand and so forth.

Ms. WOOLSEY. And may I ask one more question, Mr. Chairman? So, Mr. McCord, given that there's going to be—kids are going to eat—thank heavens. Even if they eat healthy, how much physical activity should be part of a daily lifestyle?

Mr. MCCORD. Could you clarify that for me a little bit, please. As far as physical education is—

Ms. WOOLSEY. Well, giving a kid—I don't know—when I was young, I never stopped moving, so—I still don't. But given—we know their lifestyles. We know they love these games where they sit and play them.

But how much physical activity if they just eat a regular, decent diet with some sugar and some salt and, you know, day in and day out but not just all fast foods and things? What should be a regular routine?

Mr. MCCORD. Well, you're correct in that kids are not as active as they were when I was young, also, but I would have to turn that over to an expert like Dr. Cooper, who understands all the ins and outs of that. I'm not really comfortable in being an expert in that particular and specific area.

Ms. WOOLSEY. OK. Let's go on to the next round, and I'll be back, Dr. Cooper.

Dr. COOPER. Could I respond to that—

Ms. WOOLSEY. Oh, yeah, if he'll let us.

Dr. COOPER.—if I'm allowed to.

Ms. WOOLSEY. OK.

Dr. COOPER. The study we published in 1989 following 13,400 people for a period of 8.6 years published in GAMA has been classified as the landmark study of the century, answering the question how much exercise is enough.

It's the reason why former Surgeon General Satcher in 1996 said, collectively, we should get 30 minutes of activity most days of the week.

Ms. WOOLSEY. Adults or children?

Dr. COOPER. This is both. This was adults, primarily, but I can assure you children will get the same results. We followed it through on that, and now translated to as follows: If you would walk two miles in less than 30 minutes three times a week—this is children or adults—you can walk that fast two miles in 35 minutes in four times a week or two miles in 40 minutes, which is

standard walking speed at three miles per hour, and do it five times per week or—

Ms. WOOLSEY. Well, yeah. But, Dr. Cooper, what if you've had a quarter-pounder with cheese, a super-size fries, and a super-size Coke that day?

Dr. COOPER. Well, preferably, if you exercise vigorously before you do that, you're going to suppress the appetite and won't be eating those, anyway.

Ms. WOOLSEY. Well, that would be good.

Dr. COOPER. But the point is that our studies show in adults at least by meeting one of those standards it can increase your life span for up to 6 years and decrease deaths from all causes; heart attacks, strokes, diabetes, and deaths from cancer by 58 percent. And that's been published in peer-review journals.

So I think the answer is collectively 30 minutes of activity most days of the week would have a tremendous impact on health in American children and adults.

Ms. WOOLSEY. OK. And, Mr. Chairman, in the next round my question to each of you will be why isn't that happening.

Chairman CASTLE. Thank you, Ms. Woolsey. We'll turn to Mr. Osborne now.

Mr. OSBORNE. Thank you, Mr. Chairman. It's nice to see Dr. Cooper. We've had a long-term relationship, and I appreciate all of your work. One thing that I noted—I think I caught in your closing comments was something about with an additional expenditure of maybe five to 10 cents per meal we could do a better job in school nutrition and, of course, making PE mandatory.

And as all of you know, the big obstacle we're facing right now is time and finances. You know, when you talk to school people, they say, well, you put this No Child Left Behind on us, and we're doing all this testing, and we don't have time for PE. And our budgets are constrained, and we can't do any of these things.

And so I'd be interested in—maybe first Dr. Cooper and then Mr. McCord, if Dr. Young has anything to add -- simply to give us your thoughts as to can we do this without adding cost. In other words, do we really need to increase five to 10 cents per meal? And maybe Dr. McCord can—or Mr. McCord can tell us a little bit how you're implementing your PE program and where the money is coming from and what the attitude of your administration is.

So any thoughts you'd have, because that will be the nuts and bolts of what we're faced with. Most people would agree with everything we're saying here today. But when it comes down to paying for it and finding the time to do it, then we're going to have all kinds of barriers are going to be thrown up to us by people in the schools.

Dr. COOPER. Thank you, Mr. Osborne. I have worked closely with the American School of Food Service Association. They're the ones who provide the lunches and breakfasts for over 28 million students every day. They have 28 million sales every day.

And they've advised me with the five cents added onto breakfast and the 10 cents onto their lunch meal that they could bring in more fruits and vegetables into the diet of the American children.

I have a syndicated national radio program. One of our models is "five is fine, nine is divine"—the number of servings of fruits and

vegetables we should be consuming daily. The average American adult, 3.1. The average American teenager, 1.6. That's a problem.

So somehow, even if we don't have the additional funding for that breakfast and that lunch meal—if we can't add additional funding—if we can change the composition of the meals to include more fruits and vegetables, we'd be way ahead. That's one thing we could do.

But even though I understand the budget constraints that are making it difficult to add the additional funding for food service, if we can just somehow get physical education back into schools, because I said it clearly is indicated in all the studies. If we get even the heavier child to exercise regularly, in the long term it reduces their problems.

So we have a choice here. We don't have the funding to change the meals, which I hope that we can, at least those of us working as consultants in the food industry can provide better products for these kids to select; put better products into the vending machines, educate and motivate them somehow to select these products.

We're talking about everything from an incentive of cutting off a logo on baked Lay-type product and sending it in to get a pedometer. Something of that type they can do without any cost. Things of this nature. There's all sorts of things that we could do to motivate those kids.

But I realize the constraints from an economic standpoint, but I realize it wouldn't take that much if we can get corporations to promote this aspect I'm talking about. Get corporations like Frito-Lay, as we're doing now, to try to educate the American public. Full-page ads in U.S.A. Today and the New York Times, encouraging people to look at labels. Start reading labels and look to see.

I compliment the Congress on making it mandatory by the Year 2006 that you must have on the label you must have how many trans fats that are in there. I can't understand why it took you so long to eliminate Ephedra, which we've known has been a killer for years. But I compliment you, at least, making a step in proper direction and try to provide us better foods.

And so these are the things—the comments that I would make. But if we'd just get more fruits and vegetables back in the diet. If we have additional funding. If we can't do that, at least, get PE back in and encourage that.

Mr. MCCORD. Mr. Osborne, we were able to implement our program in Titusville largely because of the administrative attitude that we can still accomplish the goals of No Child Left Behind and still educate the total child. Our administration believes that completely, and as a result of that, we changed our entire school day; the whole set up of the day to accommodate our move to daily physical education.

We cut the travel time between classes. We added a little time at the end of the day, and we cut the class time from 43 minutes to 40 minutes to allow us to do that. It not only gave us daily physical education it gave us more flexibility in the schedule for other classes.

And we did all of this—you mentioned cost. We did all of this at no cost to our school district. We were able to keep the same amount of teachers, same equipment. All the teachers that we had

at that high school were able to pick up the class load of having daily physical education.

Mr. OSBORNE. Thank you. I think my time is up. I just would like to underscore one thing that many of you have mentioned, and that is the correlation between physical activity and intellectual development, which seems to be lost in much of our academic community. And I think that's a very good selling point in terms of the worth of PE in addition to the health aspects. But just the intellectual component. Mr. Chairman, I yield back.

Chairman CASTLE. Dr. Young looks like she wants to say something.

Dr. YOUNG. If I could make one comment. I don't think that we can bring back all the physical education that we need to bring back with no cost, but it's pay now or pay later if we can't educate our children about these things. But we need highly qualified—more highly qualified teachers if we're going to implement physical education in some places where there is none.

They had some in Titusville, and they expanded it, but if there is none there, you cannot start a quality physical education program without teachers. So there is some money involved, but we will have these escalating costs on the other end if we don't figure out how to pay for it.

Chairman CASTLE. Thank you, Dr. Young. And I yield this time 5 minutes to Ms. Majette.

Ms. MAJETTE. Thank you, Mr. Chairman, and I thank the witnesses for being here today and for all that—all of you are doing to promote a healthy America. And I certainly appreciate the challenges that we have. I know in my life I face that challenge continually in trying to balance what I do in getting exercise and eating right, and I know that we continue to have that challenge, particularly, in our schools.

And I agree with you, Dr. Young, that we either pay now or pay later. And, certainly, Mr. McCord, you've got a great example of how you can do that, and I think it's really about setting priorities. And we, as a community and as a nation and as a government, we need to set as a priority—priority one—to do the things that will insure we have a healthy and well-trained citizenry, well-trained workforce, and that begins at an early age with our children.

In terms of the—I guess of all the different pieces, I think you all have—you all have really articulated that very well, but from my experience and even in talking recently to some fifth graders at East Lake Elementary School, when I was trying to describe to them what it is I do as a Member of Congress and we started talking about school lunches, as I talked about the reauthorization of the school lunch program, and it was interesting as we outlined—I asked them to talk about the things they were getting in school—in the school lunch and breakfast.

And then I asked them, well, what is it that you would like to have that you don't have now? And they said, "Kiwis, plums, and strawberries." I mean, nobody asked for anything sweet or sugary or fattening. And I thought it was remarkable that these young folks get it, and that what they're asking for is what we want to give them or what we ought to give them, even it costs a little more, because we're going to pay for it later.

And so I guess my question to Mr. McCord would be do you see other ways that we can do this without a substantial additional expense? I mean, do you think that there is some other ways of implementing the kind of program that you have implemented without it costing—you know, “costing a lot of money.” Or do you think that that’s not something we can do?

Mr. MCCORD. Well, as I stated, in our case it did not cost anything, but the simple thing of—if schools have physical education, the simple way of making sure that your students participate in smaller group activities cost nothing to a district. Just to make sure that they are participating at a high level in that respect. So it can be accomplished that way.

But as far as a total physical education program, I don’t know of other ways, other than what we have done in Titusville.

Ms. MAJETTE. And that’s something that you think can be replicated in places?

Mr. MCCORD. I know that it can be replicated—

Ms. MAJETTE. Other places.

Mr. MCCORD. I’ve seen many teachers from other school districts, from not just around Pennsylvania, but from other parts of the country, who have visited Titusville and taken our concept and the PE4Life concept back to their district and done the same thing.

Ms. MAJETTE. Dr. Young.

Dr. YOUNG. I think there’s two levels. One is making sure that the physical education programs that we do have in place are as good and high quality as they can possibly be, and these kinds of activities of increasing and adjusting and changing the kinds of activities and the curriculum and so forth are things that can be done without great expense, and that would be important in many places to do that.

The putting physical education in place when it doesn’t exist at all is a lot harder to do without any cost.

Ms. MAJETTE. Dr. Cooper, let me ask you—and I -- when we talk about costs, do you really think that it’s a matter of just the schools having to bear that in order to get people to get the 30 minutes of exercise that at a minimum go to improve the quality of life that we have at this point?

Dr. COOPER. Let me make a couple of comments. One is that in the State of Texas a lot of children the only good meal they get per day is a school lunch. A lot of those is school breakfasts too. And some kids in South Texas it’s probably the only meal they get per day. So we really have to concentrate. Whatever is necessary to get the best possible food intake in that period of time that we can.

Secondly, as far as the cost, of course, in Texas right now we have an economic problem with schools’ funding and we can’t get enough money for physical education teachers. So what we’re looking at too is the America-on-the-Move concept by Jim Hill from up in Colorado.

It was mentioned before. The use of pedometers and just trying to get a little inexpensive pedometer and try to get children to get at least 10,000 steps per day. That’s not a formal physical education program. It doesn’t cost much, and I think even corporations would be willing to provide that for students and just get this started.

It's a national movement. It's worked very well in Denver, Colorado. We hope that it will be moving around the country.

So my message is the first step in improving fitness is to avoid inactivity. You don't have to work in the target heart-rate zone like we thought you did in the past to get health benefits. If you just avoid inactivity, you start getting substantial benefits. We can prove that.

But the question is how do we get that message across to the students? How do we get it across to the parents? You in Congress can help us with that. With national incentives or promotions. Corporations can do that. It doesn't take a lot of money to do that. It's just an attitude that has to change.

It's of critical importance. At the present time we got 64.5 percent of our adults who are overweight, of which 31 percent are obese. That's been steadily going up since 1991. I don't see any optimistic future that's going to get better for the adults.

We've already got 20 percent of our kids are overweight. If we can keep that level as these kids become adults, we will win in the long run.

So my major emphasis now is on obesity in children. We've got to get that controlled now. Education, motivation, implementation for programs that work.

Ms. MAJETTE. I think it's important that we try to educate the parents at the same time that we're educating the children. And I just want to make one other point. I represent the district in which the CDC is located, and, of course, in your testimony and in the materials there's of lot—a good bit of discussion about the work that the CDC does. And I guess I would suggest as a matter for—perhaps for this Congress to address is to look at the ways that we can help do just what you described by investing in infrastructure.

By making it easier to have sidewalks that lead to the schools and in neighborhoods, and I think that makes it easier in a pretty inexpensive way of encouraging the kind of exercise—not just thinking, oh, I have to go exercise but, oh, I can walk to the grocery store safely, because there is a sidewalk from here to there and it's a mile, and I don't have to get in my car, and I don't have to buck the traffic in order to do that.

And doing those kinds of things, I think, that's another role that government can play in terms of helping communities meet the challenges that we have with respect to getting exercise and teaching that—getting that into everybody's head that it's a good thing and make it easier to do that.

Chairman CASTLE. Thank you, Ms. Majette.

Dr. COOPER. Let me encourage Congress to continue the Rails to Trails Program. That's something that's been funded in the past, and they're considering eliminating that, because that's what you're talking about.

Ms. MAJETTE. Yes.

Dr. COOPER. Converting rails into trails.

Chairman CASTLE. Thank you, Ms. Majette. I'm going to have to go to another meeting with, actually, the Secretary of Education. Just before I turn to Mr. Keller, if I may, assert the Chairman's privilege here. I want to get in one quick question at this point.

And this is a little bit off of this subject, which is the subject of exercise.

You said something—you said, Dr. Cooper, that Mr. Osborne also referenced, and that was if we put an extra—I don't remember exactly what you said, so you correct me if I say it wrong—but the extra five or 10 cents into school meals—school lunch, I guess, primarily—that we could, I guess, improve the healthy quotient of that.

I must—I'm not going to argue with you, because I don't—this is more antidotal than it is real knowledge. And I believe that our nutrition programs are good programs. I believe a lot of the people involved in these programs do a good job.

But I got to tell when I go out to the schools and I see what's actually happening it makes me question whether what we're saying and writing in laws and what is being purchased is actually being consumed. I see a lot of product in the cafeteria and a lot of it is very healthy and very good. And then I see what the kids are actually eating, which ends up being pizza often instead of the green vegetables that are there.

It bothers me a great deal. My sense is—first of all, we don't have the money, so we can forget the five or 10 cents for the next couple of years. But, second, even if we did have the money, I seriously question what is happening between the mechanisms and the laws and the purchasing and the nutrition people and what is actually being done in the cafeterias and then consumed by these kids.

I think there's a gap there or a flaw there if I might say. So I'm not arguing with you. Of course, you could buy healthier food, but is somebody going to make somebody eat it is the problem I have with it.

Dr. COOPER. Yes, sir. There is no answer to that question either, because you got to educate and motivate these kids to select these products. I've been told by the American School Food Service Association that with the additional five to 10 cents they could buy more fruits and vegetables.

Now, whether they're buying those now and they're not being consumed I can't answer that question. But I agree it's an educational process. We have to educate and motivate the kids to select these changes, and that's why I've spent my career in trying to motivate and educate people to exercise, to select proper foods and diets. And we get a great deal of success.

But it has to be a matter of discipline, something that we're going to accept responsibility for ourselves. And I tell my audience this in my presentations, that you can't expect the government to be responsible for your health. You can't expect the physician to be responsible for your health. You're going to have to be responsible yourself. If we can't accept that attitude in America, whether it's our kids, whether adults, we'll never get ahead in this field. But we've got to put the burden of responsibility back on the individuals.

I wish I could answer the question regarding whether I can motivate these kids in the schools, select the products that are available for them on the cafeteria line. I think that's an educational process that we need to do. That's going to be my responsibility. That's going to be the parents' responsibility. And your responsibility too.

But if you can help us before you leave, sir. If you can help us at least in keeping the Rails-to-Trail Program alive, keep it funded, I think that's a great move in America today.

Chairman CASTLE. I don't have a problem with that, if we have the money.

Let me at this time—Mr. Keller has been very patient. He was here when I walked in waiting for his turn, and I'd like to yield to Mr. Keller for 5 minutes, and Mr. Osborne will assume the Chair. But thank you all very much.

Mr. KELLER. Well, thank you, Mr. Chairman. In your opening remarks, you referred to Dr. Cooper as a legend. And I just want to go on record as a seconding of those sentiments.

I remember back in 1982, sitting in my freshman health class at East Tennessee State reading about Dr. Cooper as the father of aerobics. And it's interesting we meet today, because I'm sort of the prodigal son of aerobics. And if I'd known you were going to be here, I would have kept my New Year's resolution, I assure you.

In your testimony, you mentioned that Americans should get 30 minutes of some type of aerobic activity every day. What is your personal aerobic activity of choice?

Dr. COOPER. Well, I'm glad you asked, and I'm glad you made that comment. I appreciate that about you, your personal interest in aerobics.

Yes, I've been exercising regularly now since 1960. I'll soon be 73 years of age, and still exercise 12 to 15 miles a week. I'm happy to say it's an act of God so much as an act of man, I'm sure, but I have not missed a day from work because of illness since 1956, when I had an appendectomy. I'm still working 60 to 70 hours a week.

I'll be coming back on the 22nd of February to speak to all the Governors here in Washington on the subject of aging. Because aging, that's where most of our health care costs come from. I'm convinced, and we have data to show this, that you can cut the cost of health care by at least 53 percent if you keep people in shape as they get older. That's not just extending life; it's quality of life. And that's what we want in this country anyway.

We've found—and Mr. Osborne, you know, having been to the clinic—that a lot of patients come from all over the country to our clinic. We now discover that men who have been coming to our clinic for 20 years or longer right now have an average life expectancy of 82 to 85 years. The average American male born today is 73 years.

I'm convinced, with just a little lifestyle changing, we can change the whole picture of health, health costs. We're not going to reduce exponentially the cost of health care. But we can stabilize it, and we'll be way ahead. The only way we can do this is by personal responsibility.

Yes, I still engage in my 12 to 15 miles a week, more walking briskly now than running at my age, because I'm listening to my body. If you start breaking down, whether it's knees, ankles, or hips, don't ignore that. But change.

But you can't store fitness. Fitness is a journey, not a destination. You've got to keep it up the rest of your life. You've got to

keep that in mind. And by following these concepts, the quality, the quantity of life is unbelievable.

Mr. KELLER. We hear a lot of people talk about briskly walking 30 minutes a day versus jogging. I'm sure you could burn more calories jogging. But is there a substantial health difference between the two?

Dr. COOPER. Well, as I mentioned, the surprising thing is our study as of 1989 showed that you get almost the same benefit from walking briskly as you get from jogging. Our studies clearly show, too, the faster you walk, the more it is like jogging.

For example, if you can walk at a 12-minute mile pace, that's equivalent to running at a 9-minute-per-mile pace, and you have one-tenth the injury problems. That's a very fast walk. That's aerobic walking, five miles per hour. But the injuries go way down when you walk. The threshold is a 15-minute mile, four miles per hour. If you can walk that fast, you get tremendous health benefits.

So I would say as the population in this country ages, don't try to continue with your jogging. Don't feel that's mandatory, it has to be done. Just don't stop the transition to walking. And you get your 12 to 15 miles a week of walking, and you'll still get great aerobic benefits.

If you were to walk three miles in 45 minutes twice a week, that will give you at least a 58 percent reduction in death from all causes, and a 6-year increase in longevity. That's just twice a week, 45 minutes. That's fast. But again, that tells you what our study is clearly—our research is showing and published in peer review articles.

Mr. KELLER. Let me ask you some questions about personal responsibility. I know you think the government should provide information to help consumers make informed choices, and I share that.

But just an objection. The majority of meals in this country are eaten at home. And in 1990, we had the Nutritional Labeling and Education Act, where it tells people when they go to the grocery store exactly how many calories and carbs and so on and so forth. Yet since 1990, we've still had a dramatic increase in obesity, despite telling them this information.

So ultimately, that tells me that personal responsibility is the key, because the individual has to make their own choices about the food they eat and the level of physical activity they engage in. What do you think of that?

Dr. COOPER. Well, it's documented in the study that 5 percent of meals in America are eaten at home. You're exactly right. Only 25 percent are eaten out. But again, what do the people eat at home that they buy at the stores? They pick up the snacks, whatever it may be.

So one thing our goal has been not only to provide better products in the vending machines for the children in school to eat, but encourage the American adults to start reading labels and start looking at such things as what we've now established in conjunction with Harvard School of Public Health and Dr. Walter Willett, that a sensible snack, one ounce—this is in my prepared report—it should be less than 150 calories. The total fat should be less than five grams, saturated fat should be less than one gram, trans fat

should be zero, and sodium should be less than 240 milligrams, making this as a standard.

This has been recommended by Dr. Walt Willett and myself on snacks, having a national standard that you put on labels, and educating the adults, the parents, the kids to read these labels. We'll get light years ahead by doing this, whether you eat it at home or eat it at school.

Mr. KELLER. Well, let me have a follow-up to that. You and I know that when you go to the grocery store, you could buy the Twinkie, or you could buy a cucumber. When you go to McDonald's, you can get the salad and diet Coke, or you could get the milkshake and Big Mac.

And I can tell you that another witness who testified before the Judiciary Committee not too long ago on the childhood obesity issue, a lawyer, kind of took the other side that you and I are taking. And he essentially said that personal responsibility does not matter, that exercise does not matter, and the solution to childhood obesity is putting extra tax on things like Twinkies and allowing overweight people to sue McDonald's. What's your opinion of that strategy?

Dr. COOPER. It's been tried. It doesn't work. Taxation legislation will not work. It's going to have to be personal motivation to do this. I can assure you that.

And I know we've talked about whether the tax issue. Professor Banzhaf, I know quite well. He's the one that's been promoting it with the cigarette smoking now and attacking McDonald's and things like that. I do not feel that's the approach. We have to go back to the public and educate the public.

But we do have an increase in interest. Look at the consumption, for example, of Frito-Lay and sensible snacks. They're going up exponentially. Why? Because Americans are beginning to get the message that they didn't make those changes themselves. That's not being legislated. That's being educated parents doing this.

We need to make it simple. For example, the Frito-Lay products, we have a logo on the front, the little two runners on the front. It's met the standards that I've mentioned here. So it makes it easy for the housewife going down the aisle at the grocery store to know without reading the label what is good, what is bad.

Why couldn't we have some type of government standard for that? And Professor Banzhaf is recommending that. We should classify foods, whether they're fast foods at the McDonald's, whether they're snacks, whatever it may be. It's a class 1 or class 2 or class 3 food. Maybe indicate them by stars or runners or something of that type to make it easy for the American public to select these foods.

The other thing that he says, and I tend to agree with, is make the best foods cheaper foods. If you go to the McDonald's, you go to the fast foods, you go to the grocery store, and the best foods on the market, make them the cheaper foods to have that financial incentive for people to buy those.

So many people that go into McDonald's that are using food stamps, and they've got to select with their four kids and the two adults the cheapest thing on the menu. So if you make the cheapest thing on the menu—this is supporting Professor Banzhaf. Make

the cheapest thing on the menu the best food for you, and the worst on the menu the most expensive food, a lot of people will be motivated to go that way. That's something you ought to consider.

Mr. KELLER. You don't think the suits against McDonald's are going to make a lot of people any skinnier?

Dr. COOPER. Think they'll do what now?

Mr. KELLER. Do you think those suits against McDonald's are going to make anybody any skinnier?

Dr. COOPER. No, I don't think so.

Mr. KELLER. One final question, and I'll yield back to Chairman Osborne. I guess the reason that some of these PE programs were cut initially in 49 out of 50 states is there were some who, perhaps inaccurately, viewed the PE classes as a luxury, and something that takes away from academics. And is it my understanding from your testimony that it's not a luxury. It's a necessity. And, in fact, there is a positive correlation of PE and enhanced academic performance?

Dr. COOPER. That's a part of my written testimony, as you'll read later. And that is this fabulous study from California that looked at the Stanford Academic Achievement scores versus our fitness gram test we've had in existence for 25 years, used throughout this country in over six million schools—or six million students.

And what we showed in testing six things, from the aerobic capacity to the percent body fats, strength and flexibility, all these various things, in their reading and math skills, in 953,000 fifth-graders, seventh-graders, and ninth-graders, there was a perfect correlation. The children who passed all six of the fitness tests scored the highest academically. Why? I thought you might find this of interest, just published last week, from the University of Oregon, that running increases the brain power. Oregon Health and Service University, OHS, if you're looking at laboratory mice and looking at running on wheels, the slow-running mice grew more brain cells.

Another investigator out there looked at monkeys. They found the same thing, that monkeys that exercised 5 hours per week increased the number of brain cells. In Germany, running improved the mental alertness of reaction skills in older people. That's going into a whole new field of research that's showing that the exercise we're recommending may not only be affecting the heart. It may be affecting the brain.

And we do feel that one way to prevent this major problem that we have with Alzheimer's. At least four million Americans suffer from Alzheimer's now. By the year 2010, it's estimated 10 to 12 million people from Alzheimer's. We feel that a lot of that could be prevented with regular physical activity, perhaps based upon this new research that's now coming out.

So no, I'll argue until I'm blue in the face that if you try to say, "We don't have time for physical education. We've got to put all this time into mathematics and computer sciences and technology. We don't have time," well, that's the ultimate end, as far as the demise of our children as far as this country is concerned.

So these are all things. All are tied together. And it's true what the Greeks originally said. There's a relationship between mental

power and your physical power, and we have to keep these things in mind.

And remember too, it's already been pointed out in the testimonies to date, a big advantage of physical exercise that people tend to ignore is the psychological advantage. We've been able to show in psychological testing on the patients that come to our clinic, based upon their major levels of fitness by treadmill times, that people who are physically fit are less depressed, they are less of a hypochondriac, have an improved self image, much more positive attitude toward life, and they have fewer somatic complaints. You are different psychologically when you're physically fit.

Mr. KELLER. Well, thank you, Dr. Cooper. Mr. Chairman, I'll yield back.

Mr. OSBORNE. [presiding] Ms. Davis.

Ms. DAVIS. Thank you, Mr. Chairman. And I appreciate you all being here. You just mentioned mental health, and I think the question had been raised. My understanding is that perhaps you didn't address it as much in children. And what kind of studies or evidence do we have for the balance of food and energy, and how young people are really affected in the school environment by better nutrition and better exercise?

Dr. COOPER. The study I was referring to earlier from the State of California involving those 953,000 students also did show us, you will see in my written testimony here, that there were dramatic changes in their mental health, too, as far as their receptivity, as far as their mental response time. Their overall attitude and their overall mental state of health—I was trying to look that up right now—was dramatically improved in those who were at the higher levels of fitness.

Dr. YOUNG. I think also that the other side of the coin, the obese children are having social/emotional problems and difficulties because of their obesity and their inability to do certain kinds of things because of it. And so, you know, having a good nutrition and physically activity program for them will improve their status in the short term, not only the long term.

So I think that those things are important. And we also know that exercise in general helps children to tend to be on task, to relieve stress and depression and all the things that it does for adults. So certainly, this is important in their whole school performance.

Dr. COOPER. Ms. Davis, excuse me 1 second. It says, "Physical active children also had improved self esteem, were better able to handle adversity, and had better problem-solving skills." That was from the California study.

Ms. DAVIS. Mr. McCord, perhaps you'd like to respond too. Because I think that in many ways, that's common sense to a lot of us. And yet it's clear that whether it's the Federal Government, state, or even the local school districts haven't provided the kind of incentives, I think, to create the programs that we think will do well by our children. And that goes, I think, to the training of our professionals as well in the school. Can you respond to that, Mr. McCord?

Mr. MCCORD. Well, we've taken it upon ourselves in Titusville to do things because of the importance to our kids with some of the

stuff that Dr. Cooper and Dr. Young have just mentioned, so much to the point where our district has seen that our kids are becoming more attentive after they leave our physical education classes, that our guidance counselors and principals are looking into scheduling some of our students' toughest classes immediately after physical education.

Ms. DAVIS. Are we—what incentives, then, do you think would be important for Federal Government to have? Are they such that if you don't have certain programs that really not just provide the recess time, but that are solid, substantive programs that involve the training of professionals, that incorporate teachers' training across the board in these areas, that I think integrate it with community service learning. I think there are tremendous opportunities there in the community also to have young people involved in exercises which include whether it's aerobic type work or whatever, and certainly in mentoring and working with younger children. Should we be putting so much more into our standards, I guess, or funding requirements that involve that?

Dr. YOUNG. I certainly think that one of the things that the Federal Government can do is to be certain that physical education and health education are considered subject areas along with everything else. And right now, there is a distinction between so-called core academic areas and health education and physical education, which is very damaging and accessing various existing Federal programs to support physical education and health education activities such as staff development or particular funding programs for teachers and teacher development.

So I think that's one thing, to put them in the pool of people that are participating and competing in these various programs instead of separating them out without necessarily costing any more money.

Certainly, the PEP funding has allowed a number of school districts, increasing numbers of school districts, to begin to make a difference in the kind of physical education programs that they're offering. And so certainly, those kinds of things do help put these quality programs that are not just recess or throw out the ball or whatever in place.

Mr. MCCORD. If I may, another thing that we have seen in our school district as a result of our physical education program—and this was noticed by our principal more than by the physical educators—kind of a by-product of what we've done with our kids is we have seen the instances of bullying in our district go down immensely, to the point where last year, we had no fights in our middle school at all. And that was a very remarkable thing.

And then we are also seeing our technical students that go to vocational tech school, they are coming back to our school for the afternoon and taking physical education, and are performing at a much higher level than they ever have been in the past.

Ms. DAVIS. I have the articles here talking about in Los Angeles and other areas around the country, taking sodas away from kids. It's a big effort. Some kids are grumbling. But I think from some of your testimony, I think we would suppose, a greater effort ought to be put into the program. And I think it's partly training our professionals as well, and educating them, our families, of course, to

engage in a lot more of that physical activity. Do you think that would make a greater difference than getting rid of the soda machines? Or are both important?

Dr. YOUNG. I think both are important. And it's not so much getting rid of the machines, but having healthy choices in the vending machines, water and juices and other kinds of beverages. And then that goes with the educational process in helping them to make good choices and learn to make decisions for themselves, so that we don't restrict everything and then turn them loose at some point, and they're so—they've never had to make decisions, and so then they don't make good ones. And so I think it is both.

Dr. COOPER. A few years ago, in Rio de Janeiro, Brazil, they made it mandatory—they have an obesity problem there, too—that they eliminate the vending machines from the schools across the board. Right after that, the mobile vendors came up outside the school and made a killing, because the kids go outside to get what they want.

They passed a second law that said you couldn't have a vending machine within 200 meters of the school. They moved down the block. They finally gave up.

You could put all the vending machines at the bottom of the ocean. It will have no effect on the obesity problem. Because you have to change the kids' habits and attitudes and educate them. That's all there is to it.

And that's why we're starting—in fact, even today, back in Dallas, there's a meeting between the Dallas independent school district and the Frito-Lay organization. And we're trying—we'll be putting in three specialty vending machines in a high school with 2500 students in west Dallas. And these three vending machines will be right along beside the other vending machines.

And I'll be going out there with the superintendent of schools, Dr. Michael Moses, to educate and motivate these 2500 primary Latin American-type students to select these products. And we'll try this as an experimental trial to see if we educate and motivate the kids and have available very attractive-looking vending machines that contain only class 1 foods, the type I mentioned a while ago, that met the standards established by myself and the Harvard School of Public Health. Will the kids buy these products? If successful, we're going to start a city-wide effort in Denver, Colorado, where we have another branch of our institute.

But again, it's an educational, motivational process. I'm not asking for money from the government to do this. I'm going to say, "We'll do this ourselves."

But we've got to get that message across to the kids. And I'm convinced if we get the parents convinced, get them to set the example, the kids will follow suit. But if you start with the kids, at times, they motivate the parents. It goes the other way too.

So we're going to try that effort right away in Dallas, and see if that's going to work.

Ms. DAVIS. Great. Thank you.

Dr. YOUNG. Kids do pretty well with salad bars, so hopefully, they'll do OK.

Mr. OSBORNE. Thank you, Ms. Davis. Mrs. Biggert.

Mrs. BIGGERT. Thank you, Mr. Chairman. First of all, I'd like to thank Dr. Cooper for being here. He really is the guru of physical fitness. And I know that when your military book came out, we all got that. And it was tough to do all those things that you asked us to do. But that really was something, I think, that really started the physical fitness craze, and I thank you for that.

And I think maybe it just has—maybe you need a new book, if it's gone flat in the '90's, to come out and renew the passions that people have about physical fitness.

And then Mr. McCord, I have here my PE4Life pedometer, and I have done 5,601 steps so far today. So, you know, I've got another 4,000-and-some to do to get to my 10,000. And I must admit that it's pretty easy around here, particularly on days of votes, when we're going back and forth to the floor.

But what this does—you know, the PE4Life Program in Naperville, in my district—and I have been to see that, and you have caught the passion of Phil Lawler, and I applaud you, because I think that this is so important. And when I wear this, what it does is, "Let's see. How many steps have I taken?" So I will walk up the stairs instead of getting in the elevator, because I've got to get those steps in.

But my personal best is 23,000 steps in a day. So I'm moving a lot that day, and going to my step classes and things like that.

But it just makes you want to do it. There's something that—you're competitive with yourself, I guess, to make sure that you can do it.

But having visited the program and seen what goes on and seeing the kids on the treadmill having fun, and they'll go, "Oh, I did this much today." And it automatically keeps track of what they're doing, so that, you know, they have a scale of what their physical fitness is, and how proud they are of it.

I also saw the kids learning to do the tango. Now, this is high school kids. And I remember having to do square dancing and things. And there are all these kids, "Oh, I don't want to do that." But they were having so much fun. They really seemed to be enjoying it. All the variety of things that they do, you know, the ropes and the rock climbing. I just think that you have hit on something that is so outstanding.

And I must admit that I've always been somebody who really cared a lot about physical education. And when I was on the school board in Illinois—and we do have the mandated PE. But there is always—you know, they're always trying to encroach on it, trying to say, "Well, we'll have recess," or "We'll waive this for kids that are in sports," or, you know. And I've always been just an absolute advocate for the physical fitness.

And I see my kids that now with their youngsters, their toddlers, all these kids eat vegetables. I mean, and they all are runners. And it's just been—to see the whole family be really involved in fitness and how important it is. And I see that in the kids that are at school, like yours, because they really feel that when they see progress in the fitness, and how much better they feel, and the attitudes, and, you know, just the smiles on faces for dancing, I think, at that age is quite something.

But one other thing that I wanted to say is there are Federal grants for PE, and I know that several of the school districts in my area have taken advantage of it. And I know that the numbers of schools that go to see the program in Naperville is just growing and growing and growing, because I think people are catching that message.

When I was at Stanford, I took 4 years of PE. Everybody thought I was crazy, you know. But I think when you start that in the lower grades, and it's fun for people, that it really increases the commitment that you have to this. And so I hope that all schools will 1 day really realize the value of this. And I'm really happy that you all are here, and I think this has been a great hearing.

I probably don't have any more questions, because I think everything has been answered at least once or twice. But I just want to applaud all of you for what you're doing, and keep it up. Thank you.

Mr. OSBORNE. Thank you, Mrs. Biggert. I believe that Ms. Woolsey maybe had something further. And I would just like to quickly ask a couple of things.

I know, Dr. Cooper, you've been an advocate of some type of vitamin regimen, particularly for people who have cardiovascular disease. I'm going to throw out about three things, if I can get a short answer to each one.

One is a vitamin, maybe just one a day or whatever, in the school lunch. Because I know kids really don't sometimes have very good balance to their diet.

The other—and this may be something you'd rather dodge. But any thoughts on the Atkins diet?

And then any of you on insurance. You know, I know at one time, Mutual of Omaha funded some programs, assuming that if people would get into an exercise and diet regimen, that it would reduce the cost of health care. And I see that as a possible avenue, you know, in terms of funding different kinds of programs. I think you alluded to it earlier.

But that's probably a lot. But if anybody could take a shot at that, maybe particularly the vitamin thing, Dr. Cooper.

Dr. COOPER. Thank you for the opportunity. Vitamins are 20 percent of your medicine supplementation. I really believe that 20 percent of your medicine consists of proper weight, proper nutrition, proper exercise, and proper supplementation.

As you know, we've been looking at the value of exercise in diagnostic preventive rehabilitative medicine over the past 35 years, and our data now is too impressive to be ignored. You must exercise for part of a life and wellness program. Vitamin supplementations have been controversial, primarily because there's so little control because of DSHEA, the Dietary Supplement Health Education Act of 1994, since which the vitamin industry has been out of control. That's being changed gradually by the current Congress and current administration.

I'm pleased to see such things as the Lewin Report recently that showed that in people over 65 years of age, if they took just one vitamin supplement a day over the next 5 years, that could reduce the cost of Medicare expenses by \$1.6 billion, apparently because it does increase your immunity from infectious diseases.

For the past 3 years, we've been studying vitamins under our research institute. And we have a series of supplements we've been evaluating scientifically, including clinical trials. We've now published three major articles in peer review journals on the value of vitamin supplementation by clinical trial, been able to show that it will block the oxidation of the LDL cholesterol by at least 14 percent, lower the homocysteine by at least 15 percent. And the most important thing is to reduce the C-reactive protein by 32 percent, which even this week has been related to macular degeneration of the eye, and last week, colon cancer. So I think the potential for vitamin supplementation, at least for adults, is without question.

Now, could we apply that to children? No one knows. Maybe a single vitamin supplement tablet daily costing pennies would be the best thing we could do to add to the school lunch. No one can answer that question yet. But if we can translate what we're finding in adults to children with their vitamin supplementation, then that may be of great benefit.

I would add, as you know so well, when I started my center in Dallas some 33 years ago, we had no government support, NIH support, for our research linking exercise in relationship to health. We now have 16 NIH grants.

Now, we don't have any grants for vitamins, because that's still so controversial. That's the next thing I think NIH needs to get involved in, particularly vitamin supplementation for children, as well as adults, because there is no data.

The second thing, the Atkins diet. I've never been a proponent of the Atkins diet. The Atkins diet is a quick-fix type of diet. It goes directly opposite to what's been recommended for years by the American Heart Association, the American Medical Association, and still, there is no long-term data to show the benefits or the harm of the Atkins diet. The weight loss that's lost initially is strictly because of fluid loss the first three to 4 days. It causes ketosis, which historically has been associated with increasing risk of kidney problems, causes abnormality in the newborns in a mother who's on an Atkins type of diet. But one of the building problems I'm afraid of, it's going to cause an epidemic of osteoporosis in women, because it leaches calcium from bones if you're on a high protein diet. The quick fix that you get with the Atkins diet as far as losing weight, as far as the drop in cholesterol, is not because of the Atkins diet. It's because when you lose weight, your cholesterol goes down.

A study being funded now by NIH, Dr. Gary Foster from the University of Pennsylvania, is the only legitimate study that's going on. It's 1 year into its study. There's been no studies to date lasting longer than 6 months showing any potential benefit as far as keeping weight off as far as the Atkins diet is concerned.

I would not touch the Atkins diet. I would strongly recommend that we stay with the standard American Heart Association diet or a Weight Watchers diet, something of that type which is valid.

The final point as far as insurance is concerned. At our center in Dallas, 82 percent of our patients are self-pay, because insurance will not pay for preventive medicine. I keep telling health insurance that they need to change the name of your policy. You aren't selling health insurance; you're selling disease insurance.

You aren't selling life insurance; you're selling death insurance. Try to collect on your life insurance when you're alive.

Primary care is secondary care. I take care of patients when they're healthy. Physicians see patients when they're sick. That's secondary care.

I hope 1 day we may regress back or progress forward to the days of the ancient Chinese. We were told that they paid their physicians only when they were well. Once a person got sick, the physician didn't get paid.

Yes, I think those are concepts that are changing. Ten years ago, fifteen years ago, Medicare wouldn't pay a thing for preventive medicine, and insurance would pay nothing for preventive medicine. That's changing dramatically, and I compliment Medicare for doing that. Because if you pick up that early cancer of the colon, which is the third leading cause of cancer death in America today, if you pick that up early as a polyp and remove that cancer, it costs you 75 to \$100. By picking up the polyp, you're saving that person at least \$50,000 long term if they come down with cancer of the colon, and saving their lives.

There's no question about the cost benefits of preventive medicine when applied properly, but it has to be—it can't be an afterthought, as it is for more physicians. It must be a primary program itself, as we've practice effectively for the past 33 years in Dallas.

Now, Mr. Osborne, I do think that the insurance companies are beginning to change. And I think before long, you'll be offered super select health insurance, super select life insurance. And I've found historically that money is still the best motivator, if somehow we can award some type of financial incentive.

As you know, when I was being considered for surgeon general and I had a concept that they called the Cooper Plan to motivate the American people to change their lifestyle and get a reward as far as their income tax was concerned. For example, if you had a body mass index under 25, you get \$250 off of your income tax. Your blood pressure is less than 140 over 90, another 250. Cholesterol is less than 200, another 250. You don't use tobacco products in any form, another 250. That's a thousand dollars in incentive.

Look at the returns on that. We have a hundred million people that are overweight, we've got 60 million people with high blood pressure, we have 50 million people smoking cigarettes, and 40 million people with cholesterol above 240. If we have some type of financial incentive, that might be the thing that would turn America around.

So it has to be resolved from Congress. It has to be resolved from insurance. But I think we're making headway.

Mr. OSBORNE. Thank you. I have more than used up my time here, and I apologize to the other two witnesses. But I'd like to at this time call on Ms. Woolsey.

Ms. WOOLSEY. Thank you. Thank you, Mr. Chairman. Let's just go back to given the lifestyle young people have today and their eating patterns, is 35 minutes a day exercise good enough to offset that? And if so, is it happening, and if not, why not? Just boom, boom, boom. Let's start down here with Dr. Young.

Dr. YOUNG. Well, we believe that children need more exercise than the minimal moderate 30 minutes a day that is recommended

for adolescents and adults. And there is work being done right now to review studies that have been done more recently to look at all the recommendations for specific amounts.

But I think sometimes, this 35 minutes, so someone walks for 35 minutes, and then they have a very, very sedentary life and lots of eating, is a little misleading. And so I think it's, you know, teaching people again in terms of students, especially, kids, young people, understanding about this whole complex. I mean, there's all the other things that you're doing—walking around the halls here, or walking to your car, or shoveling your car out, or whatever has to be done, all of those things are spending calories. And so it's not whatever we decide to do as a workout.

I kind of talk about incidental activity and systematic activity, and we're needing to have more systematic activity, because we get less incidental in our society. And the good news about that is we get to pick what it is we do, whether we go for a walk, or ride our bike, or work out at the gym, or whatever it is.

The bad news is we have to do something. We can't just assume that we're going to have enough because we're doing farm work, or whatever used to happen to human beings. And so I think we need to, especially for kids, not aim for the minimum, but try to get them to be generally active people and enjoy activity.

Ms. WOOLSEY. Just as an aside, parents and patterns and learning to walk. I'm just appalled at how many kids I see in strollers that have their knees up to their chins. I mean, the parents are getting exercise because they're pushing these kids, but they should be walking. Mr. McCord?

Mr. MCCORD. Well, I would agree with you on that. And I would like to see our students get much more than the 35 minutes of activity of which you speak. And as far as what holds them back, there's a lot of reasons that may hold them back. Some of them may be that there's not a parent at home, and they're told that they have to stay at home. There are issues such as safety in the community, and whether or not the kids can come out and play in a safe manner. So you have issues like that that arise once in a while.

But there's no doubt that we would love to have them more than 35 minutes. And a way that we can do that, if they want more than 35 minutes outside a school day that they can do, great, but the school can provide quality physical education to add on to that 35 minutes.

Dr. COOPER. An interesting study we did years ago in children up to 10 years of age, we found that their level of fitness was surprisingly good on their own. And up to 10 years of age, in our studies, the girls were better fit than the boys. This is in San Antonio, Texas. Eleven and twelve years of age, it started decreasing. And once they got 13 years of age, then the level of fitness in girls started dropping dramatically because it wasn't ladylike to get out and run and play like they did when they were 10, 11, and 12 years of age.

So I would say to answer your question, I believe that K through 4, ordinarily up to about 10 years of age, that 35 minutes is enough, 5 days a week, would be adequate. Because it's not those kids that I'm worried about. It's once they start going through pu-

berty that we have the problems. And so I'd say up to 12 to 13 years of ago, then we do need the 55 minutes 5 days a week to have the optimal type of conditioning and training program.

We implemented our K-through-12 program in Texas back in October of 2002 and made it mandatory that kids K through 4 must have at least 35 minutes of exercise 5 days a week. All of a sudden, we had 800 schools, elementary schools, that had no PE teacher. That was the problem. And that responsibility was given to the classroom teacher.

And then the people started complaining in the neighborhood and the schools, saying, "What about art? And what about music?" And so they started phasing in 1 day you had PE, 1 day you had music, 1 day you have art, and they watered down the program until it's nothing. But the big problem was we had no PE teachers.

Ms. WOOLSEY. Thank you very much.

Mr. OSBORNE. Ms. Majette, do you have anything further?

Ms. MAJETTE. In some areas, due to liability concerns, some schools are replacing or eliminating playground equipment, or reducing recess and restructuring that. Do you have any suggestions on how that issue can be addressed, and whether it's something that we can do something about, or some suggestions how we can deal with those limitations that are being imposed?

Dr. YOUNG. Some of that has to do with good staff development, once again, because the two reasons that recess is being—or the most prominent reasons that recess is being eliminated, as we survey around the country, one is supervision, which is what you were alluding to, and the other is time. So we're taking 20 minutes more of time twice a day, which used to be recess, and using it for other things.

But the supervision issue, where there's fighting and all kinds of other kinds of things, unsafe conditions on the playground, is partly a process of training teachers, both physical education teachers, but probably the other teachers, or whoever is going to do supervision on the playground, so that kids are encouraged to be active and still be safe during recess time.

But it's very important for there to be recess time as well as systematic instructional physical education, because recess time, one, it's sort of a little bit of a lab for them to practice making decisions on their own, and they're not making good ones. That's why we're having fights and things. And the other thing is I can't keep a—and I deal with lots of meetings—but I can't keep adults in a meeting for more than an hour without their starting to get up and leave and get coffee and go to the rest room and whatever. And so we can't expect children to stay in their seats or march around in lines for 6 hours a day without recess time.

Ms. MAJETTE. Thank you. I don't know if either one of you have a comment about that. And I just have one other thing to ask, and Dr. Cooper, perhaps you can address this. What kind of influence do you really—or realistically think that—or maybe we can't—but what do you think we can do in terms of marketing and with respect to the food industry to get children and adults to focus on making those wise choices? You know, I think part of the problem, if you see commercials about—and I don't want to call any names—but, you know, you see commercials that promote one type of food

or another, and you don't see those same kinds of commercials promoting strawberries and fruits and vegetables in a way that makes it palatable, then when you're presented with these choices, you're going to—I think it's human nature to just sort of gravitate to the things that you see a lot about and that seem to be appealing to you, or made appealing to you as a result of the marketing.

So with your relationship with Frito-Lay, for example, do you see that there are ways that you could influence that company to help market some of those other things that may not be things that they sell, but in the grand scheme of things would be important to get kids and adults to understand that they need to have those foods, and well as some of the snack foods that are also produced.

Dr. COOPER. Two comments. One would be that if you look at the back of these new Frito-Lay products that are class 1 standard, they have a logo on the front with the two runners, on the back, you'll see a health message. And I've given them over a hundred messages, one-liners, to use to try to get the parents to read these things.

The second thing is that I think you're exactly right. If we can get the food manufacturers to promote physical activities, we're way ahead. Already, Pepsico has done that, Pepsico and Frito-Lay. One thing that they've done is that they sponsored the Marathon Kids' Program in Dallas. And we had over 10,000 kids for 1 year worked on trying to get 26 miles. So they actually went out and funded that, a Marathon Kids' Program that's been so highly successful in Texas.

Another thing they're funding now and putting several million dollars into it is the Run For Your Life Program. And you'll see this year that they're going to be starting some national advertising and promotion of people getting involved in the pedometer program and trying to work up to 10,000 steps per day, and Pepsico is paying for that themselves. So that's corporate responsibility.

In working with Secretary Thompson just the other day, he asked that we're so pleased with what Pepsico is doing in trying to promote and educate the American people as far as good health is concerned, how do we get other corporations to do the same thing?

So I think that already, that is happening, that the Pepsico/Frito-Lay concept is getting out there and setting an example, putting money into it to motivate the American people, the American children, to improve their health. They're setting the example.

Ms. MAJETTE. And do you think that there is a role for the government to play in that regard, or should we just leave it to the private sector to address the issue?

Dr. COOPER. There's been ongoing discussions with Pepsico and Secretary Thompson about the ways that we can collaborate. And Pepsico is actually funding some activities that have been supported by Health and Human Services. So there's a relationship there already. I think it can go both ways.

But I think if we can motivate the big corporations in America to just follow the example. First of all, providing better products, educating the kids to select those products, motivating the kids using—is the type that we're using, that they have responsibility

there, and they can have a gigantic move, a gigantic step in the proper direction by doing that if the government would just support that type of endeavor.

I do not think—as we keep saying, I do not think that taxation or legislation on fat food products is the way to go. It's not going to work. But if you can educate and motivate the people, and get the corporations to do what we're talking about right now, we'll be way ahead.

Ms. MAJETTE. Well, I agree with you. I think it's better to use the carrot than the stick. Carrots taste better than sticks.

Dr. COOPER. That's right.

Mr. OSBORNE. Thank you, Ms. Majette. With that, I ask unanimous consent for the hearing record to remain open for 14 days to allow Members' statements and other extraneous material referenced during the hearing to be submitted in the official hearing record. Without objection, so ordered.

I thank both the witnesses and Members for their valuable time and participation. If there's no further business, the Subcommittee stands adjourned.

[Whereupon, at 11:55 a.m., the Subcommittee was adjourned.]

[Additional material submitted for the record follows:]

Statement of Hon. Fred Upton, a Representative in Congress from the State of Michigan, Submitted for the Record

Obesity and poor nutritional habits are growing problems in our nation, particularly among our children and adolescents. The health costs in the not so distant future will be stratospheric due to our nation's youth's poor eating habits.

The very foods children need for good nutrition are often grown in their own communities. Farm to Cafeteria projects across the country link farmers with local schools to serve students the freshest possible foods as part of the National School Lunch Program. When combined with nutrition education, farm visits, and school gardens, children learn to enjoy and even get excited about eating healthy—and at the same time family farmers strengthen their markets and community ties. While Farm to Cafeteria projects have proven cost-effective over time, schools often need assistance to cover the initial staff resources, training, and equipment required for a successful project.

To respond to this need, our colleague Ron Kind and I have introduced the bipartisan Farm to Cafeteria Projects Act (H.R. 2626), which establishes a \$10 million competitive grant program to provide schools with up to \$100,000 to cover these costs and garner long-term benefits for children, farmers, and their communities.

I ask my colleagues to co-sponsor this piece of legislation, to show the country that we care about what our children are eating.

Statement of Darrell Green, Submitted for the Record

Thank you Mr. Chairman and Members of the Committee for inviting me here today to discuss a very serious mental and physical health issue in our country today childhood obesity.

I am honored to be invited here today to discuss an issue of such importance to the future of our great nation.

In a minute I will speak about children, but first I'd like to say how impressed I am with President George W. Bush's diligence and commitment to physical fitness. There couldn't be a better President to serve as a role model for physical activity in this country. President Bush doesn't just play lip service to physical activity; he plays sweat service. His activities—running and working out—are an integral part of his everyday life.

Now we've all heard lots of excuses why not to exercise, but if one of the busiest men and the leader of the free world can find the time, then so should the rest of us!

I'm here today because I want to help parents, schools, churches, and other community partners support children in making physical activity a regular part of their day.

Now just even ten years, you would laugh at me for making a statement such as this. An inactive child? No one had heard of such a thing! But today, television and computer games have taken the place of physical activity for many American children. And kids are playing more football on their PlayStation than they are on their playground.

American elementary school children are now being diagnosed with type 2 diabetes and high blood pressure. Once thought of as only adult diseases, they have trickled into our homes and schools. We are not giving enough attention to our children's daily nutrition and physical activity.

In the past two decades the proportion of children and teens in America who are overweight or obese has tripled. Nine million kids are carrying excess weight, with millions more at serious risk.

If the trend continues, this generation of school children may be the first in modern times to have a shorter life expectancy than their parents.

It's time for change. Not since a time I can recall has there been a greater need for us to take a stand on the nation's health. And schools, along with parents, must play a vital role if we are to succeed in reversing the troubling trend of obesity.

Did you know that we spend \$117 billion a year on medical costs related to overweight and obesity... And an additional \$100 billion on the costs associated with type 2 diabetes?

Think of the loss of productivity, the pain and suffering caused by obesity, diabetes, and stress! What if we had that \$200 billion available for other things?

What would our schools look like if we had billions more for them?

What would our transportation system look like if we had additional billions of dollars for roads and public transit?

How about our parks and recreation facilities? Or our national defense?

Today, obesity is a major threat to our well being as a nation.

That fight is costing America much more than the \$200 billion I mentioned earlier. It also costs 300,000 lives each year.

Every day, almost 1,000 Americans die because they chose a sedentary lifestyle and a poor diet.

The government can't buy us a healthier nation. It's not a law that Congress can pass. It's a change in the lifestyle and culture of each individual citizen, of our families.

As the President says, "Better health is an individual responsibility and an important national goal."

The benefits of regular physical activity are widely known. Not only will our youth who begin a consistent regimen of exercise feel better, have greater self esteem and less risk of depression, but they will perform better academically in school, be more productive in the workplace, and live a longer, healthier life.

When local schools make a decision to make a serious commitment to help students become more physically active, they will begin to see marked improvements in student achievement and a healthier school community. That's already happening in places like Titusville, Pennsylvania and Naperville, Illinois, as we will hear today from Tim McCord.

I hope we can work together to get all children to be physically active at least 30 minutes a day, five days a week. For even that short amount of time will produce significant physical, mental, cognitive, and social benefits.

Some of you may be thinking, "It's easy for you, Darrell Green, to come up here and talk to us about physical fitness—you're a former professional athlete. A legendary football player, future Hall of Famer with Super Bowl rings."

As a role model for aspiring athletes and regular kids, it is my obligation to help all children improve their health.

Everyone can use help. Once there was a little boy who had to learn how to play sports just like every other young child. He was encouraged him to be a good student, a reliable member of the community, and to have a strong sense of faith. That young boy learned to play football on the playground and improved through hard work and practice in the youth leagues and high school and college, and he eventually made it to the NFL.

But it was a school track program and a dedicated coach where he first found support and guidance. It was the culmination of those positive experiences that helped to shape him into a successful businessman and community leader.

What I learned from sports is this: I didn't know what I was capable of until I tried.

Now I know that not everyone can be a professional athlete. And I consider myself very blessed and very fortunate to have had success on the gridiron.

But when kids and adults begin to be physically active, to play sports, to walk, run, swim or bike, they will be surprised at the things that they are good at.

Of course, some people just aren't good athletes, but even they will be surprised at what they can accomplish and at what they can succeed.

Thank you.

