

MLA Research Paper (Harba)

Harba 1

Sophie Harba
Professor Baros-Moon
Engl 1101
30 April 2013

What's for Dinner? Personal Choices vs. Public Health

Should the government enact laws to regulate healthy eating choices? Many Americans would answer an emphatic "No," arguing that what and how much we eat should be left to individual choice rather than unreasonable laws. Others might argue that it would be unreasonable for the government not to enact legislation, given the rise of chronic diseases that result from harmful diets. In this debate, both the definition of reasonable regulations and the role of government to legislate food choices are at stake. In the name of public health and safety, state governments have the responsibility to shape health policies and to regulate healthy eating choices, especially since doing so offers a potentially large social benefit for a relatively small cost.

Debates surrounding the government's role in regulating food have a long history in the United States. According to Lorine Goodwin, a food historian, nineteenth-century reformers who sought to purify the food supply were called "fanatics" and "radicals" by critics who argued that consumers should be free to buy and eat what they want (77). Thanks to regulations, though, such as the 1906 federal Pure Food and Drug Act, food, beverages, and medicine are largely free from toxins. In addition, to prevent contamination and the spread of disease, meat and

Title is centered.

Opening research question engages readers.

Writer highlights the research conversation.

Thesis answers the research question and presents Harba's main point.

Signal phrase names the author. The parenthetical citation includes a page number.

Historical background provides context for debate.

Marginal annotations indicate **MLA-style formatting** and **effective writing**.

Source: Hacker/Sommers (Boston: Bedford/St. Martin's, 2014).

This paper follows the style guidelines in the *MLA Handbook for Writers of Research Papers*, 7th ed. (2009).

dairy products are now inspected by government agents to ensure that they meet health requirements. Such regulations can be considered reasonable because they protect us from harm with little, if any, noticeable consumer cost. It is not considered an unreasonable infringement on personal choice that contaminated meat or arsenic-laced cough drops are *unavailable* at our local supermarket. Rather, it is an important government function to stop such harmful items from entering the marketplace.

Harba explains her use of a key term, *reasonable*.

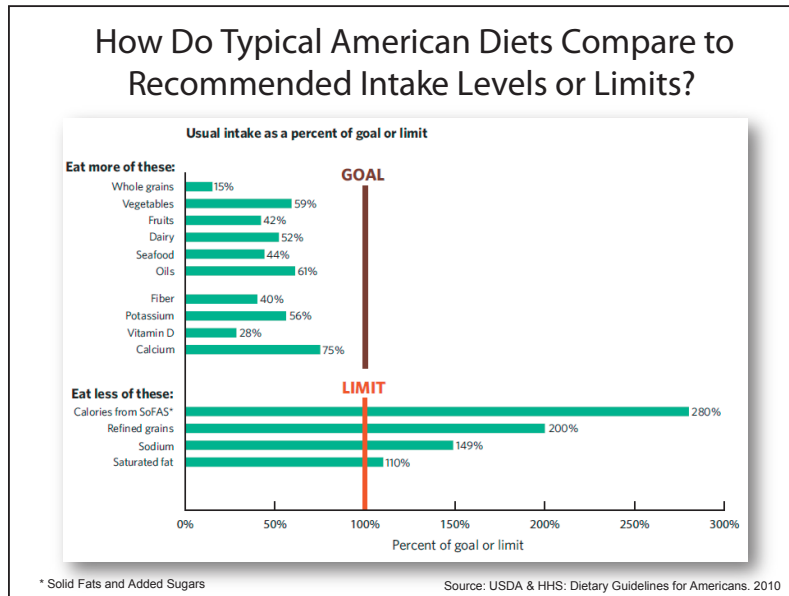
Harba establishes common ground with the reader.

Transition helps readers move from one paragraph to the next.

Even though our food meets current safety standards, there is a need for further regulation. Not all food dangers, for example, arise from obvious toxins like arsenic and *E. coli*. A diet that is low in nutritional value and high in sugars, fats, and refined grains—grains that have been processed to increase shelf life but that contain little fiber, iron, and B vitamins—can be damaging over time (United States, Dept. of Agriculture and Dept. of Health and Human Services 36). A graph from the government's *Dietary Guidelines for Americans, 2010* provides a visual representation of the American diet and how far off it is from the recommended nutritional standards (see fig. 1).

Michael Pollan, who has written extensively about Americans' unhealthy eating habits, notes that "[t]he Centers for Disease Control estimates that fully three quarters of US health care spending goes to treat chronic diseases, most of which are preventable and linked to diet: heart disease, stroke, type 2 diabetes, and at least a third of all cancers." In fact, the amount of money the United States spends to treat chronic illnesses is increasing so rapidly that the Centers for Disease Control has labeled chronic disease "the public health challenge of the

No page number is available for this Web source.



Harba uses a graph to illustrate Americans' poor nutritional choices.

Fig. 1. This graph shows that Americans consume about three times more fats and sugars and twice as many refined grains as is recommended but only half of the recommended foods (United States, Dept. of Agriculture and Dept. of Health and Human Services, fig. 5-1).

The visual includes a figure number, descriptive caption, and source information.

21st century" (United States, Dept. of Health and Human Services 1). In fighting this epidemic, the primary challenge is not the need to find a cure; the challenge is to prevent chronic diseases from striking in the first place.

Harba sets forth the urgency of her argument.

Legislation, however, is not a popular solution when it comes to most Americans and the food they eat. According to a nationwide poll, 75% of Americans are opposed to laws that restrict or put limitations on access to unhealthy foods (Neergaard and Agiesta). When New York mayor Michael Bloomberg proposed a regulation in 2012 banning the sale of soft drinks in servings

Harba treats both sides fairly.

greater than twelve ounces in restaurants and movie theaters, he was ridiculed as “Nanny Bloomberg.” In California in 2011, legislators failed to pass a law that would impose a penny-per-ounce tax on soda, which would have funded obesity prevention programs. And in Mississippi, legislators passed “a ban on bans—a law that forbids . . . local restrictions on food or drink” (Conly A23).

Why is the public largely resistant to laws that would limit unhealthy choices or penalize those choices with so-called fat taxes? Many consumers and civil rights advocates find such laws to be an unreasonable restriction on individual freedom of choice. As health policy experts Mello, Studdert, and Brennan point out, opposition to food and beverage regulation is similar to the opposition to early tobacco legislation: the public views the issue as one of personal responsibility rather than one requiring government intervention (2602). In other words, if a person eats unhealthy food and becomes ill as a result, that is his or her choice. But those who favor legislation claim that freedom of choice is a myth because of the strong influence of food and beverage industry marketing on consumers’ dietary habits. According to one nonprofit health advocacy group, food and beverage companies spend roughly two billion dollars per year marketing directly to children. As a result, kids see nearly four thousand ads per year encouraging them to eat unhealthy food and drinks (“Facts on Junk Food”). As was the case with antismoking laws passed in recent decades, taxes and legal restrictions on junk food sales could help to counter the strong marketing messages that promote unhealthy products.

Harba anticipates objections to her idea. She counters opposing views and provides support for her argument.

The United States has a history of state and local public health laws that have successfully promoted a particular behavior by punishing an undesirable behavior. The decline in tobacco use as a result of antismoking taxes and laws is perhaps the most obvious example. Another example is legislation requiring the use of seat belts, which have significantly reduced fatalities in car crashes. One government agency reports that seat belt use saved an average of more than fourteen thousand lives per year in the United States between 2000 and 2010 (United States, Dept. of Transportation, Natl. Highway Traffic Safety Administration 231). Perhaps seat belt laws have public support because the cost of wearing a seat belt is small, especially when compared with the benefit of saving fourteen thousand lives per year.

An analogy extends Harba's argument.

Laws designed to prevent chronic disease by promoting healthier food and beverage consumption also have potentially enormous benefits. To give just one example, Marion Nestle, New York University professor of nutrition and public health, notes that "a 1% reduction in intake of saturated fat across the population would prevent more than 30,000 cases of coronary heart disease annually and save more than a billion dollars in health care costs" (7). Few would argue that saving lives and dollars is not an enormous benefit. But three-quarters of Americans say they would object to the costs needed to achieve this benefit—the regulations needed to reduce saturated fat intake.

Harba introduces a direct quotation with a signal phrase and follows with a comment that shows readers why she chose to use the source.

Why do so many Americans believe there is a degree of personal choice lost when regulations such as taxes, bans, or portion limits on unhealthy foods are proposed? Some critics of anti-junk-food laws believe that even if state and local laws

Harba acknowledges critics and counterarguments.

were successful in curbing chronic diseases, they would still be unacceptable. Bioethicist David Resnik emphasizes that such policies, despite their potential to make our society healthier, “open the door to excessive government control over food, which could restrict dietary choices, interfere with cultural, ethnic, and religious traditions, and exacerbate socioeconomic inequalities” (31). Resnik acknowledges that his argument relies on “slippery slope” thinking, but he insists that “social and political pressures” regarding food regulation make his concerns valid (31). Yet the social and political pressures that Resnik cites are really just the desire to improve public health, and limiting access to unhealthy, artificial ingredients seems a small price to pay. As legal scholars L. O. Gostin and K. G. Gostin explain, “[I]nterventions that do not pose a truly significant burden on individual liberty” are justified if they “go a long way towards safeguarding the health and well-being of the populace” (214).

Including the source’s credentials makes Harba more credible.

To improve public health, advocates such as Bowdoin College philosophy professor Sarah Conly contend that it is the government’s duty to prevent people from making harmful choices whenever feasible and whenever public benefits outweigh the costs. In response to critics who claim that laws aimed at stopping us from eating whatever we want are an assault on our freedom of choice, Conly offers a persuasive counterargument:

Long quotation is introduced with a signal phrase naming the author.

Long quotation is set off from the text. Quotation marks are omitted.

[L]aws aren’t designed for each one of us individually. Some of us can drive safely at 90 miles per hour, but we’re bound by the same laws as the people who can’t, because individual speeding laws aren’t practical. Giving up a little liberty is something we agree to when we

agree to live in a democratic society that is governed by laws. (A23)

As Conly suggests, we need to change our either/or thinking (either we have complete freedom of choice *or* we have government regulations and lose our freedom) and instead need to see health as a matter of public good, not individual liberty. Proposals such as Mayor Bloomberg's that seek to limit portions of unhealthy beverages aren't about giving up liberty; they are about asking individuals to choose substantial public health benefits at a very small cost.

Despite arguments in favor of regulating unhealthy food as a means to improve public health, public opposition has stood in the way of legislation. Americans freely eat as much unhealthy food as they want, and manufacturers and sellers of these foods have nearly unlimited freedom to promote such products and drive increased consumption, without any requirements to warn the public of potential hazards. Yet mounting scientific evidence points to unhealthy food as a significant contributing factor to chronic disease, which we know is straining our health care system, decreasing Americans' quality of life, and leading to unnecessary premature deaths. Americans must consider whether to allow the costly trend of rising chronic disease to continue in the name of personal choice or whether to support the regulatory changes and public health policies that will reverse that trend.

Long quotation is followed with comments that connect the source to Harba's argument.

Conclusion sums up Harba's argument and provides closure.

Works Cited

- Conly, Sarah. "Three Cheers for the Nanny State." *New York Times* 25 Mar. 2013: A23.
- "The Facts on Junk Food Marketing and Kids." *Prevention Institute*. Prevention Inst., n.d. Web. 21 Apr. 2013.
- Goodwin, Lorine Swainston. *The Pure Food, Drink, and Drug Crusaders, 1879-1914*. Jefferson: McFarland, 2006. Print.
- Gostin, L. O., and K. G. Gostin. "A Broader Liberty: J. S. Mill, Paternalism, and the Public's Health." *Public Health* 123.3 (2009): 214-21. *Academic Search Premier*. Web. 17 Apr. 2013.
- Mello, Michelle M., David M. Studdert, and Troyen A. Brennan. "Obesity—The New Frontier of Public Health Law." *New England Journal of Medicine* 354.24 (2006): 2601-10. *Expanded Academic ASAP*. Web. 22 Apr. 2013.
- Neergaard, Luran, and Jennifer Agiesta. "Obesity's a Crisis but We Want Our Junk Food, Poll Shows." *Huffington Post*. TheHuffingtonPost.com, 4 Jan. 2013. Web. 20 Apr. 2013.
- Nestle, Marion. *Food Politics: How the Food Industry Influences Nutrition and Health*. Berkeley: U of California P, 2013. Print.
- Pollan, Michael. "The Food Movement, Rising." *New York Review of Books*. NYREV, 10 June 2010. Web. 19 Apr. 2013.
- Resnik, David. "Trans Fat Bans and Human Freedom." *American Journal of Bioethics* 10.3 (2010): 27-32. *Academic Search Premier*. Web. 17 Apr. 2013.
- United States. Dept. of Agriculture and Dept. of Health and Human Services. *Dietary Guidelines for Americans, 2010*. Dept. of Agriculture and Dept. of Health and Human Services, 2010. Web. 17 Apr. 2013.

Heading is centered.

Abbreviation "n.d." indicates that the online source has no update date.

First line of each entry is at the left margin; extra lines are indented ½".

Double-spacing is used throughout.

List is alphabetized by authors' last names (or by title when a work has no author).

The government agency is the author of this government document.

United States. Dept. of Health and Human Services. Centers for Disease Control and Prevention. *The Power of Prevention*. Natl. Center for Chronic Disease Prevention and Health Promotion, 2009. Web. 19 Apr. 2013.

United States. Dept. of Transportation. Natl. Highway Traffic Safety Administration. *Traffic Safety Facts 2010: A Compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and the General Estimates System*. US Dept. of Transportation, 2010. Web. 12 Apr. 2013.