

Whelan vs. Bloomberg, Down with the Sickness, H1N1 n' Then Some

By ACSH Staff — February 18, 2010

Dr. Whelan in the *Washington Times*

ACSH's Dr. Elizabeth Whelan took on New York City Mayor Mike Bloomberg ^[1] and his anti-salt agenda in the opinion pages of yesterday's *Washington Times*: “Mr. Bloomberg's actions against salt should be a clear sign to us that the more government gets involved in the provision of health care, the more government will assume the authority to tell us what lifestyle factors (including dietary choices) will be tolerated...the assault on salt is purely diversionary, and Mr. Bloomberg, et al., have no evidence whatsoever that it will save lives.”

ACSH's Jeff Stier, who is traveling in Washington DC for meetings, called to tell us that the article is featured quite prominently on the front page of the *Times* opinion section. “It looks a bit weird that we have an op-ed on a NYC issue in a DC paper, but it is not weird, because it is really about a broader issue than just salt, as the quote explains. It is also a cautionary tale; NYC is at the forefront of these approaches, and other localities tend to follow our misguided lead, as they did with the trans-fat bans.”

“Hopefully Mr. Bloomberg notices it and reads it,” says Dr. Whelan. “Not that I am optimistic it will change the mind of Mayor Bloomberg, M.D.”

Chronic Disease by Choice

According to Reuters ^[2], a new study published in the *Journal of General Internal Medicine* found that “among more than 75,000 Massachusetts patients given drug prescriptions over one year, 22% of the prescriptions were never filled...Between 28% and 31% of new prescriptions for diabetes, high blood pressure, and high cholesterol, for example, went unfilled.”

“Presumably there is an additional percentage of patients who fill the prescription, but then do not take it as prescribed; I find this mind-boggling,” says Dr. Whelan. “They must understand how serious these diseases are. How difficult is it to fill a prescription to prevent the potentially dire consequences of not treating these conditions? Especially when you consider that, at this point, these people have already gone to their doctor and been tested and given this prescription. This reminds me of all the women who will not take medications to reduce their risk of breast cancer. Something must be going on here that people don't want to take these lifesaving drugs.”

“There's a belief out there that unless you actually feel sick, you should not be taking medication,” says Stier. “It's almost as if it's a virtue not to be taking medication. Hypertension is known as a silent killer. This should be a wake-up call. All too often, people think that if we just follow Mike Bloomberg's advice, we won't have a hypertension problem. Just reduce salt in your diet and you'll be fine. It's just not that simple. There is an appropriate place for pharmaceutical intervention here.”

ACSH's Dr. Gilbert Ross agrees: “Hypertension, high cholesterol, and diabetes are often asymptomatic. It is the doctor's responsibility to make sure their patients are taking these medications. Doctors should have them bring in their pills and check. If there's any reason why they're not taking them, find out why. Is it cost? Did their aunt die after she took these drugs? And they should take the time to explain to the patient the ramifications of not taking their medications. When I was in practice, I found that just mentioning the word 'stroke' often got my patients' attention.”

Recycling the H1N1 Vaccine

The WHO recommends that the [stockpiled H1N1 vaccine be incorporated into the seasonal flu vaccine](#) [3] for the fall/winter 2010/2011 flu season. “This is not rocket science,” says Dr. Ross. “The vaccine each year contains three different types of virus, and this year's will have protection against H1N1 as part of that package.”

Chile is also concerned about the H1N1 virus as they approach their flu vaccination season, and [the Chilean government has purchased 2 million doses of the vaccine](#) [4].

“As we all know, there are seasonal differences as to when flu strikes the southern and northern hemispheres,” says Dr. Whelan. “When we put together our seasonal flu shot, we have to go sampling in the southern hemisphere to help us predict what varieties of the influenza virus will be coming north in the fall and winter, so this is a major predictor. If H1N1 is the dominant strain in the southern hemisphere as it became here over the past year, it could be a harbinger of a similar situation for us later. Scientists are puzzled about where the seasonal flu went this year, so it will be interesting to see if it resurfaces.”

Curtis Porter is a research intern at the American Council on Science and Health ([ACSH.org](#) [5]).

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Links

[1] <http://washingtontimes.com/news/2010/feb/17/declaring-war-on-salt/>

[2]

http://news.yahoo.com/s/nm/20100217/hl_nm/us_new_prescriptions_study;_ylt=AgKcYwZ_TiS7YvAaETAGR.bVJRIF;

[3] <http://www.reuters.com/article/idUSLDE61H0KD20100218>

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