



## 2,400 Years of Knowledge... Gone in Two Generations!

By Thomas Morrow MD

***“Let food be thy medicine and medicine be thy food.”***

– HIPPOCRATES, FATHER OF MEDICINE, 431 B.C.

**T**he fastest growing disease in the US... no, actually the entire human race... is type 2 diabetes.

I started medical school in 1973 at the age of 22. Up until then, I had met only two people who had diabetes; a fellow student in elementary school with type 1 (an autoimmune disease) and my employer, who had type 2.

Fast forward to 2018. If you know 9 adults, you will probably know at least one with type 2. And if you know 3 adults, one of them probably has pre-diabetes...which is a condition where the body's ability to handle glucose has already deteriorated to the point where the blood sugar is becoming elevated, but not high enough to actually make the diagnosis of diabetes.

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Why? Why has pre-diabetes and type 2 diabetes become so common?

Most would answer; “because we Americans have become fatter” or “we are not exercising” or “we are eating too much fast food” or even “it is because of the invention of the TV remote control”.

And all of these are correct, but to

quote Paul Harvey let's talk about the “rest of the story”.

First, some history. Until the 1920's, infections were the leading cause of premature death in humans and the average age at death was 47. That all started to change when penicillin was discovered in 1928. After WWII, as longevity increased, cardiovascular disease (heart attacks and strokes) popped to the top and considerable attention was focused on finding the cause. Autopsies of heart attack patients revealed cholesterol in the walls of the coronary arteries and scientists concluded that cholesterol was the enemy. Thousands of acres of trees were felled to make paper to publish the articles on how to prevent and treat this public health menace.

America started a War on Fat; in particular saturated fat. The Department of Agriculture changed our food pyramid to suggest we decrease animal fat and eat more carbohydrates (carbs) and more vegetable based fats. We exchanged animal fat for corn oil, butter for margarine. Overall, we avoided fat like the plague and focused on increasing our carbohydrate intake... because what else could you increase? There are only 3 basic sources of food:

protein, fat, and carbohydrates.

But society was also changing... with more families becoming “double income” families and the move to a “commuter” lifestyle, we started to eat more prepared food and we started to eat out more. Food companies and fast food companies responded in a way that only American business can respond...they industrialized the creation of food...or at least what we were lulled into thinking was food. Prepared foods came to dominate the grocery stores and cheap, fast food filled with processed ingredients became the norm. We turned fruit into juice, grain into white flour.

***“...and we responded by eating more processed food and cooking less. And as a nation, we saw a dramatic increase in our body weight...and we saw an explosion of diabetes.”***

Food scientists found three ingredients that are rare in nature were also VERY delightful to eat: sugar, salt, and fat. Think of it. Before industrialization of our grocery products, sugar was only found in fresh fruit or honey. Salt does not exist on the surface of the earth as rain

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dissolves it and washes it away. Wild meat lacks fat...that is why deer hunters mix venison with pork to give it the desired flavor and consistency.

Our “food” was developed in ways to actually make it “addicting” to our taste buds. One company actually had a slogan: “Bet you can’t eat just one!”...and we responded by eating more processed food and cooking less. And as a nation, we saw a dramatic increase in our body weight...and we saw an explosion of diabetes. We took diabetes, a relatively rare condition, to one where some estimates suggest 1 in every 3 people in the US will develop diabetes by mid-century!

But, our war on fat was based on a lack of a full understanding of what caused coronary disease. We thought it was caused by saturated fat and dietary cholesterol. But over the past few decades, scientific research has resulted in publication after publication on how all of the public policy changes, all of the advertising, all of the marketing, and all of the hype has been based on wrong conclusions. Our here-to-fore poor understanding of what really causes coronary disease was wrong. It is not caused by eating cholesterol, but by... inflammation.

Which gets us to the basic cause of our epidemic... inflammatory compounds, insulin, and insulin resistance.

When we strip out the nutrients, we remove hundreds of natural anti-inflammatories found in spices, berries, vegetables, nuts, whole grains, and fruits. We compound that with

a plethora of processed “white foods” ... sugar, flour, bread, pasta, and of course soda filled with high fructose corn syrup. And we became enamored with corn oil... a very high Omega 6 based oil.

Much of the change was based on facts...but incomplete facts. Sure, SOME oils like alpha linoleic acid, polyphenols and omega-3 fatty acids present in nuts, extra virgin olive oil,

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vegetables and oily fish (that rapidly attenuate inflammation and coronary thrombosis) are healthier than animal fats, but most vegetable oils contain high concentrations of omega 6 fatty acids...and these oil components can lead to inflammation.

**A high stress, low exercise lifestyle, coupled with high refined carb diet, results in huge increases in insulin secretion, which in turn, changes our entire physiology and drives the calories into our cells and eventually results in obesity and insulin resistance and hypertension, lipid disorders, and increases in cancer, heart disease, diabetes, arthritis, and strokes...the list goes on and on.**

Because of our highly refined diet, we are hungrier, fatter, sicker and lack the energy and stamina to make it to our next meal. And a growing body of evidence suggests strongly that we have also changed the composition of the

bacteria in our gut...(but that is another big story!)

Over the last half century, our nation undertook the largest single human experiment in the history of the world. We changed activity levels, our food supply, stripped out the nutrients and changed our preferred fat... and we basically created a population that is less healthy than the WWII generation.

But, what does that mean to you? **Reduce your carb intake and move to healthy fats.** Basically, if it is refined, comes in a box, is white (except for cauliflower), comes with a pop-top, contains high amounts of omega 6 fatty acids, doesn’t require at least a few minutes to prepare; don’t eat it... or at least cut back on it significantly. And you will decrease your risk of diabetes as well as dozens of other illnesses.

Food is medicine...and bad food is bad medicine...move to real food. Hippocrates understood this twenty-four centuries ago. You should too.

To see your risk for pre-diabetes, take this test: <https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>.

Suggested Books: Sugar, Salt, Fat by Michael Ross and The Obesity Code by Jason Fong MD.

### References:

<https://www.medscape.com/viewarticle/885973> Saturated fat does not clog the arteries.

*Thomas Morrow MD is a retired family physician who has been married for 45 years and has 4 adult children and 13 grandchildren. His mission has been to encourage a higher state of health for everyone he touches. He has published over 300 articles and has managed the health of hundreds of thousands of people during his 40-year career. He resides in Birmingham AL.*

See more from Dr. Morrow in our January Advisor newsletter by visiting [http://www.rsa-al.gov/uploads/files/PEEHIP\\_Advisor\\_Jan\\_18\\_web.pdf](http://www.rsa-al.gov/uploads/files/PEEHIP_Advisor_Jan_18_web.pdf).

# Do You Have Medicare Part B?

## General Medicare Enrollment Period

If you did not sign up for Part B during your **Initial Enrollment Period** when you were first eligible to enroll, or you don't qualify for **Special Enrollment**, you can sign up between January 1 and March 31 during the **General Enrollment Period**. Your Part B coverage will begin July 1, 2018. These three enrollment periods are discussed in more detail below.

**Don't delay!** If you are Medicare eligible and covered on a PEEHIP retired account type, you must have Medicare Parts A and Part B to be eligible for coverage under the PEEHIP UnitedHealthcare Group Medicare Advantage (PPO) plan. This means that if you are not enrolled in both Medicare Part A and B, you will not be eligible for the Medicare Advantage plan and you will not have Hospital Medical or prescription drug coverage with PEEHIP, and if you are the subscriber of a PEEHIP family contract, neither will your dependents. So it is imperative that you contact your local Social Security Administration office now and get enrolled before this Medicare open enrollment period ends.

If you did not enroll in both parts of Medicare resulting in a loss of eligibility for PEEHIP's Hospital Medical and prescription drug coverage, you have this opportunity to enroll in Medicare and become eligible for enrollment in PEEHIP coverage again during the next PEEHIP Open Enrollment period (July 1 - August 31) for an October 1, 2018 effective date of PEEHIP coverage.

## Initial Medicare Enrollment Period

You can sign up during your Initial Enrollment Period when you first become eligible for Part A and Part B

If you enroll in Medicare the month you turn 65 or during the last 3 months of your Initial Enrollment Period, your Medicare effective date will be delayed as it will be effective one month after you sign up. You will have a gap in your Medicare coverage. Because you must have both Parts A and B to be eligible for PEEHIP's Medicare Advantage plan, you will not meet the eligibility requirements for this coverage if your Medicare effective date is delayed and you must wait until the next PEEHIP Open Enrollment period to enroll or re-enroll in PEEHIP coverage. Sign up early so you will be eligible for PEEHIP Hospital Medical and prescription drug coverage.

when you turn 65. This is a 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. **Sign up early during the first 3 months of this enrollment period so that your Medicare is effective the first day of the month in which you turn 65.** (If your birthday falls on the first day of the month, your Medicare must be effective the first day of the month prior to the month in which you turn 65.) **Do NOT assume you will automatically be enrolled in Medicare.** If you are not drawing Social Security benefits, you will not automatically be enrolled and you must take action and sign up for Medicare.

## Special Medicare Enrollment Period

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period. If you are covered under a group health plan based on current employment, you have a Special Enrollment Period to sign up for Part A and Part B any time as long as you or your spouse (or family member if

you're disabled) are working, and you're covered by a group health plan through the employer.

You also have an 8-month Special Enrollment Period to sign up for Part A and Part B that starts the month after the employment ends or the group health plan insurance based on current employment ends, whichever happens first. If you enroll using a Special Enrollment Period, your Medicare coverage will begin the month after Social Security gets your completed request. **If you are retiring and you (and your spouse if applicable) are Medicare eligible, make sure your Medicare Part A and Part B are effective the date of your retirement by signing up at least two to three months prior to retiring.**

The information above and more about the PEEHIP UnitedHealthcare Group Medicare Advantage (PPO) plan can also be found on the PEEHIP website at <http://www.rsa-al.gov/index.php/members/peehip/retirees-medicare/>.

*There are three times you can sign up for Medicare – Initial, Special, and General Enrollment Periods. Medicare is for people aged 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).*

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
Sign up early to avoid a delay in coverage. To get Part A and/or Part B the month you turn 65, you must sign up during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to sign up for Part A and/or Part B, your coverage will be delayed.			

# Health FSA Carryover Funds

If you enrolled in a Healthcare Flexible Spending Account (Health FSA) last plan year, the deadline to file for reimbursement was January 15, 2018. Any remaining funds not subject to the Carryover provision are forfeited. The Carryover provision allows you to carryover up to \$500 of unused funds remaining in your Health FSA to use

in the new plan year. Carryover funds become available for use on February 15, 2018. If you did not re-enroll in a PEEHIP Health FSA for the plan year beginning October 1, 2017, but have Carryover funds available, HealthEquity will automatically enroll you into a Rollover Only Account. Members enrolled in a Rollover Only Account will

not have access to the FSA Visa debit card and must request a reimbursement manually through HealthEquity. All rollover funds must be used by the end of the current plan year, September 30, 2018. All unused FSA funds are forfeited if you go on leave without pay, terminate employment, or retire.

## Medicare-Eligible PEEHIP Members

The information below pertains to PEEHIP members covered under the UnitedHealthcare® Group Medicare Advantage (PPO) plan or prospective members who are considering enrolling in this PEEHIP plan. For more information, visit [www.UHCRetiree.com/peehip](http://www.UHCRetiree.com/peehip).

### Get Care in the Comfort of Your Home

#### Say “Yes!” to a UnitedHealthcare® HouseCalls Visit

As a member of the PEEHIP UnitedHealthcare® Medicare Advantage PPO plan, you have the opportunity to receive a HouseCalls visit. Beginning in January and throughout the year, you may receive a call from UnitedHealthcare offering you a HouseCalls visit. We hope you will say “yes” if you have the opportunity.

HouseCalls is a health and wellness program offered by UnitedHealthcare. You can have an annual HouseCalls visit in addition to your covered benefits at no additional cost. It is designed to support everyone, regardless of their health status, from those who are healthy to those who have complicated health care needs.

#### What does a HouseCalls visit look like?

When you agree to a HouseCalls visit, a health care practitioner will come to your home and spend 45 to 60 minutes with you. The appointment includes:

- ◆ Health screenings, nutrition and wellness tips, educational materials;
- ◆ A review of your medical history and prepare for an upcoming doctors visit; and
- ◆ Establishing personalized health goals or creating a healthy action plan

It's another way for you to ask questions and get answers about the things that matter most to you about your health in the privacy and convenience of your own home.

It is also designed to work with your regular doctor visits by providing you and your doctor with additional information that can help your doctor provide the care that you need. At the end of the visit, you will receive a health summary. The health care practitioner will also send a copy to your primary care provider (PCP). Participation in this program is optional and does not affect your health care coverage.

**Completing a HouseCalls visit is another activity that is eligible for a reward. When you complete a HouseCalls visit, you can receive a \$15 Target gift card. So don't miss out. If you get a call to schedule a HouseCalls visit, say, “Yes!”**

## Every day is an opportunity to Renew

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide. With Renew, our member-only Health & Wellness Experience, you'll have access to inspiring and interactive health tools, rewards, and more – all designed to help you live your best life at no additional costs to you. Please see below for some of the great Renew benefits available to you as a member.

- ◆ Online learning courses, lifestyle tips, and learning activities
- ◆ A full library of articles, videos, and interactive health tools

- ◆ A delicious recipe library
- ◆ Games, quizzes, and tips and tricks to keep the mind and body active
- ◆ Inspiring stories and videos plus Renew magazine for interviews, health articles, and wellness activities
- ◆ Music available for streaming and the ability to view and share photos and positive messages
- ◆ Rewards for taking an active role in your health and wellness by completing certain healthcare activities
- ◆ And more - all designed to help you live your best life at no additional costs to you

### Earn Gift Cards for Taking Care of Your Health

As part of your PEEHIP Plan through UnitedHealthcare®, you have access to Health and Wellness experiences like Renew Rewards. Beginning February 1, 2018, sign in to [www.UHCRetiree.com/PEEHIP](http://www.UHCRetiree.com/PEEHIP) and go to Health and Wellness, then click on Rewards to learn more about the program and how you can participate. You can also call Renew Rewards customer service at 1.888.219.4602, TTY 711 Monday-Friday 8 a.m. – 8 p.m. CT, Saturday 8 a.m. – 5 p.m. CT.