LESSON LEARNED At 42, Michael Labou suffered a heart attack. The evidence pointed to lifestyle as the culprit. 80 BCBUSINESS OCTOBER 2014

The corporate lifestyle—eating, drinking, smoking and working to excess—is killing men at an alarming rate in B.C. What can be done about it—and are employees and employers ready to step in to make the necessary changes?

White-sand beaches, turquoise ocean, margaritas, cervezas and fresh seafood: it was a high-flying, sun-filled business trip to Cancun, Mexico, and Michael Labou—then regional director of Manulife Financial's western sales office—had nine expensed days to clinch a new portfolio while on a business holiday that piggybacked upon a prospective client's AGM. The perfect company rep—affable, outgoing, athletic and handsome—Labou was a virtuoso at convincing investment brokers and consultants to bring their multimillion-dollar accounts to Manulife.

by ROBERTA STALEY portraits by CARLO RICCI

One afternoon, Labou took a break from hobnobbing to go for a walk along the shoreline. Temperatures in Cancun hover around 30 C, but the sand—so white it reflects rather than absorbs the sun—is almost cool on your feet. This day, however, the beach felt like quicksand. "I was having a hard time and had to stop and lie down," recalls Labou. "I passed out. When I came to I walked the rest of the way back and sat down on a lounge chair and had a drink."

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skin-Labou, 55, is the

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Several months later, following medical tests in Vancouver, doctors determined that Labou had suffered a heart attack. Only 42 at the time, with a wife and three boys, there was no apparent genetic reason for the cardiac arrest; Labou's parents were hale and hearty heading into their 80s. Yet two main arteries were 95 per cent blocked:

the right coronary artery, which provides blood to the right side of the heart, and the left anterior descending, which supplies blood to the left side.

Labou ended up having an angioplasty in hospital to remove the blockages and two stents were inserted to keep the arteries open. That was on a Thursday. By Monday, Labou was back at work. "If I didn't work my income would drop significantly," he says by way of reason. But there were also corporate expecta-

tions: "You didn't just leave because you were sick; you didn't take time off," Labou says.

Today-slender, dressed in a beige jacket and cream-coloured shirt, with light brown hair and tanned skin-Labou, 55, is the picture of health. However, to use an unfortunate cliché, his heart is a ticking time bomb. He recalls, while supine in his hospital bed, a grim conversation with his cardiologist. If he were to have another heart attack, the doctor told him. Labou had a one in five chance of survival.

How did Labou's health spin so badly out of control at such a young age? The evidence pointed to lifestyle: his high-level marketing and sales job meant restaurant lunches up to four times a week-Labou's guilty pleasure was french fries-as well as several dinners out. Friday afternoons with clients might be whiled away with "five or six

> double Grand Marniers" to launch an evening of food and wine. Being back in the office the next morning by 7:30 sharp often meant Labou was also short on sleep.

> There were no clear warning signs of a pending cardiac arrest. OK, maybe Labou had gone a bit soft: his waist was 34 inches, up from 32 inches, and he was packing an extra 15 pounds. But he was active, coaching kids' sports teams and working with a personal trainer. Peering back at his life

through the lens of hindsight, however, "so much of it was wrong," Labou says.

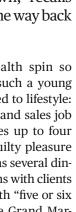
Labou isn't an anomaly: everyone has at least one corporate comrade who has ended up in hospital with a tetchy ticker. But hospitalization is the extreme. More commonly, men develop one or more of a raft of lifestyle-related ailments-low testosterone, erectile dysfunction, Type 2 diabetes, prostate cancer, depression, osteoporosis and cardiovascular disease-that quietly but insidiously dominate their personal life, and which they try to hide from the workplace. All these conditions are influenced by diet, alcohol intake, sleep, exercise, smoking and stress levels. But who has time to exercise and eat right when you're commuting to the office, conducting business over lunch or dinner then scurrying home to help tuck the kids into bed? As Labou says: "You create your best relationships not on business time but personal time. To establish a great relationship with somebody that will translate to business being put your way, you do that over drinks and dinners and spending the weekend together, which in the end creates more profit for the company."

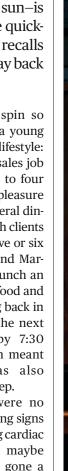
For an ambitious man like Labou, the journey to success-expense accounts and the exhilaration of bettering the competition-was sweet. Success was even sweeter. After one halcyon selling year, Manulife sent Labou to the company's world conference, which was held on a cruise ship, putting him up in a \$25,000-a-week state room with a butler, living room, dining room, separate bedroom, dressing room and a 20-foot balcony. "It was amazing," Labou says.

The rewards seem worth it in the moment, but over the long term the health statistics indicate otherwise. According to Vancouver health economist Dr. Hans Krueger–who studied the link between certain lifestyle choices and health costs in his 2012 report, *The* Economic Benefits of Risk Factor Reduction in British Columbia-for B.C. men. things like smoking, excess weight and inactivity cost \$864 million a year in direct costs, including hospital stays, physicians' time and drugs. The indirect costs-premature mortality and the consequential wage losses as well as short- and long-term disability-cost another \$1.97 billion. And it will only get worse: by 2031, the implications of these lifestyle behaviours will rise to \$3.52 billion a year for men, Krueger says.

The question is: do businesses and the corporate world shoulder any responsibility for men becoming overweight from eating the wrong foods and getting insufficient exercise? Or should we blame society? Most would point fingers at the individual himself. Labou has another take: all three share responsibility. "It's not like anyone says you can't be healthy if you want. You don't have to go out and drink wine; you could drink soda water and no one would blink an eye. Well, some people would. It's part of the culture and you kind of go with it."

Certainly it's an issue that causes disability insurance providers and







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businesses—usually proud to parade their employee support and benefit programs—to duck like they were behind enemy lines. But can you blame them? Businesses set up gyms for employees, include stress counselling in their wellness and benefits packages and encourage biking to work. Is it time to impose incentives such as some American businesses have done, making weight loss and/or quitting smoking conditional to receiving company benefits?



n the Department of Urologic Sciences on the sixth floor of Vancouver General Hospital (VGH), Dr. Larry Goldenberg, with silver-grey hair, a black suit and a black-

and-white check shirt, leans back in his office chair, surrounded by the hallmarks of an illustrious medical career. This includes a large photograph of him with Jimmy Pattison, who donated \$20 million in 1998 to VGH's Vancouver Prostate Centre, a National Centre of Excellence that Goldenberg founded. In general, says Goldenberg, men are oblivious to the lifestyle habits that cause them to seek his help. Decades of "work hard, play hard" take a toll on the corporate soldier. For many men, the first signal that something is wrong begins down south, says Goldenberg. "A guy who is losing his erections-that's his big complaint-and I say, 'You've been drinking and smoking and you're overweight-guess what, the result is sexual dysfunction." That dysfunction can also be symptomatic of two encroaching and more life-altering conditions, he adds: Type 2 diabetes and cardiovascular disease.

Goldenberg is the founder of a new national initiative called the Canadian Men's Health Foundation (CMHF), which was officially announced this past June and is launching a national campaign, You Check, this month via an advertising campaign. The mandate of the CMHF is to encourage men aged 30 to 50 to become proactive about their health, helping them identify habits that are detrimental in the long term to their quality of life. The 10-minute online survey You Check, funded in part by Sun Life Financial, helps men

identify habits that lead to conditions like Type 2 diabetes and cardiovascular disease. It is anonymous and not only identifies an individual's lifestyle habits that act as precursors to ill health but gives men a simple action plan to follow that facilitates risk reduction through specific lifestyle changes. The survey was designed and created by Goldenberg's specially selected team of experts in men's health from UBC, including urologists, population health and public health professionals, and epidemiologists. (Goldenberg, a global leader in prostate cancer, oversaw development of the survey.) By making a few small lifestyle changes, the payoff for men is huge, says Goldenberg, helping men achieve 10 additional years of good health in their lifespan and helping delay the average onset of lifestylerelated disease to 72 from 62. "It will add an additional 10 years of good health to men in mid-life." And all it takes is for "men to prioritize themselves a little bit."

Standing in the way of change is the male sense of invincibility, Goldenberg says. "Testosterone is the culprit. It is the most potent hormone in biology. It makes men lovers and fighters and somewhat crazy and stubborn." Still, Goldenberg believes that You Check, which is just one small part of the CMHF initiative, will encourage men to become more cognizant of their health and act in ways that will support longterm health goals. (The CMHF website and its complementary site "Don't Change Much" provide numerous tips and initiatives related to diet, exercise and disease prevention.)

In addition to the testosterone factor, the workplace still drives men hard, although it has gotten better in the 13 years since his heart attack, says Labou, who is now TD Insurance's Pacific region sales manager. Corporations are increasingly acknowledging the need for work/life balance. The reality is, however, that the balance must always be "skewed towards work," says Labou. "It doesn't matter how many hours you have to work, goals have to be met because the company asked for it and the company demands it."

The rungs on the ladder to success begin and end well outside the nine-

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to-five workday. Vancouver's Dr. Jennifer Newman, a psychologist who specializes in organizational wellness and creating healthy workplaces, says that the *Mad Men* archetype of masculinity-the hard-drinking Don Draper type whose long hours and risk-taking behaviours constitute a public display of alpha maleness—is still a powerful influence within today's corporate culture. Business spills over into workers' social lives, with deals clinched and relationships nurtured over the bond of breaking bread. However, in Western society, socializing takes place in restaurants, sports arenas and the golf course, where food is fatty, salty and high in calories-and the alcohol flows. This latter factor can contribute to the development of what Newman calls the "high-functioning alcoholic"people whose accomplishments and high achievements contradict the alcoholism stereotype. Drinking alcohol to excess and powering through the next day becomes a sign of prowess. "The rationale is, 'I'm still a high performer," says Newman. "There is this sense of pride in constantly working. It's a huge health issue."

There's also a sense of invincibility, she adds: "Acknowledging a need to look after yourself is like admitting vulnerability, which from the male point of view is not OK."



t can take a shakeup for men to realize two things: they aren't invincible and taking care of their health isn't an affront to their masculinity. Praveen Varshney's

epiphany went even further. Maintaining a healthy lifestyle is an extension of the masculine protector role, says Varshney, who suffered a heart attack three years ago, at age 47, while watching a Batman movie with his kids one Sunday night in his Vancouver home. The main thing Varshney—a director at Varshney Capital Corp., a private family merchant bank, venture capital and corporate advisory services firm—took away from that alarming incident (the right coronary artery was completely blocked and had to be opened with a stent) was a profound understanding

that a man must make his health "the number one priority, above family—but for unselfish reasons." Protecting yourself from ill health is protecting the family, he says. "It's like a plane: in case of emergency, put on your own oxygen mask before the children's."

Dressed in a pink business shirt that is open at the neck, and slender from a regimen of exercise, yoga and a mainly organic vegetarian diet, Varshney believes that, in his case, his cardiac arrest was due to work-related stress as well as years of poor diet choices (his family tree is free of heart disease). His Indian immigrant parents, although well-educated, allowed the Varshney kids to chow down on treats like Twinkies, Ding Dongs and Wagon Wheels. An outing to McDonald's was commonplace and Varshney continued the habit after university, devouring burgers and fries on his way to floor hockey, soccer or beach volleyball after work. Varshney, who was always slim, says that his cardiac arrest emphasized that a slight frame won't protect you from poor food choices.

Today, Varshney, in addition to an improved diet, prioritizes daily exercise, making it as important as his many boards of director and volunteer board meetings, as well as his consultations with science and medical startups. Michael Labou, meanwhile, has opened a home office where he spends at least two days a week, which allows him more time to exercise, while giving him greater control over daily meals. He has made other changes, too, switching up his beloved fries for yam chips and working out at the gym several times a week. As a sales manager, he now focuses on training others in the nuances of financial insurance products, which has reduced his salary by 60 per cent from his high-flying days as a salesman.

Labou admits he misses the camaraderie and competitiveness of that time, "that feeling of winning." He pauses. "It's a pretty easy trade-off," he concludes. Labou looks to his parents, now in their 90s, happily living on their own on Vancouver Island. "I'm going to defy the odds," says Labou. "I'm going to live to be that old."

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Men Overboard The cost of sick behaviour in B.C.

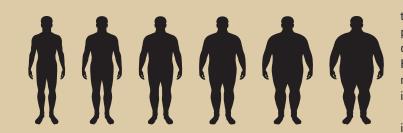
Dr. Hans Krueger is a Vancouver health economist who has developed an economic model showing the direct and indirect costs of smoking, excess weight and lack of exercise—three main risk factors that are directly attributable to lifestyle-related diseases in B.C. Krueger has also calculated the economic benefits of reducing these lifestyle-linked risk factors. His findings are published in *The Economic Benefits of Risk Factor Reduction in British Columbia*.



\$864 MILLION These risk factors are implicated in cancers, cardiovascular, respiratory and musculoskeletal diseases and diabetes. Direct costs include money spent on hospital stays, physicians' time and drugs.

\$1.971 BILLION Indirect costs include premature mortality and consequential wage losses, as well as short- and long-term disability.

An example might be someone with osteoporosis in the joints related to obesity that prevents them from gainful employment, Krueger says.



TOTAL COSTS N 2012

\$2.835
BILLION
TOTAL COSTS FOR WOMEN \$2.479
BILLION

Other risk factors associated with lifestyle behaviours that add to the direct costs of health care include high blood pressure, high blood sugar levels (a precursor to Type 2 diabetes), alcohol use and a diet low in fruits and vegetables, Krueger says. However, these additional risk factors are more difficult to quantify and thus are not currently included in Krueger's report.

Krueger's statistics were compiled from sources including the 2010 Canadian Community Health Survey and the Canadian Institute for Health Information, 2012. ■



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