naafa national association to advance fat acceptance

NAAFA Newsletter

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About NAAFA

Founded in 1969, NAAFA is a non-profit human rights organization dedicated to improving the quality of life for fat people. NAAFA works to eliminate discrimination based on body size and provide fat people with the tools for self-empowerment through public education, advocacy, and member support.

Quick Links

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Our Government is Funding the War Against Fat

by Darliene Howell, NAAFA Volunteer

Weight cannot be legislated, but the White House seems to believe throwing money at it will make a difference.

I recently ran across an announcement of a $540,000 grant being given to a school district in Wisconsin to "fight childhood obesity". I thought, "Huh? I wonder who gave them the money." So, I read the article and saw that the grant was "stimulus" money. Again, HUH?!

Traumatized during the recession and looking for assistance from our elected officials, the citizenry of the US stood by trustingly while those officials passed the now famous "Stimulus Package". Surprisingly (or maybe not), they slipped in some things that many didn't notice. I am referring specifically to funding that will try to legislate the fat right off of us.

HR-1, "American Recovery and Reinvestment Act of 2009" (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf), was passed:

> (1) To preserve and create jobs and promote economic recovery.
> (2) To assist those most impacted by the recession.
> (3) To provide investments that increase economic efficiency by spurring technological advances in science and health.
> (4) To invest in transportation, environmental protection, and other infrastructure that will provide long-term economic benefits.
> (5) To stabilize State and local government budgets, in order to minimize and avoid reductions in essential services and counterproductive state and local tax increases.

However, there were also designations "for other purposes". I wanted to know how obesity elimination and prevention fell under these "other purposes" so I conducted a search of this document for the term "obesity" and, interestingly enough, found nothing. So where is the grant funding being used for obesity prevention coming from? After searching through the Act, I found the funding included in the $1 billion provision made to the Department of Health and Human Services, more specifically for the "Prevention and Wellness Fund", which was introduced by HHS Secretary Sebelius on September 17, 2009 (http://www.hhs.gov/news/press/2009pres/09/20090917a.html), where "$650,000,000 shall be to carry out evidence-based clinical and community-based prevention and wellness strategies authorized by the PHS Act, as determined by the Secretary, ***that deliver specific, measurable health outcomes*** that address chronic disease rates" (emphasis added).

Okay, improved health is a good thing . . . for everyone. But, with the grants that are now being awarded to counties, cities and tribes under the "Community Putting Prevention to Work" (http://www.hhs.gov/recovery/programs/cdc/chronicdisease.html) programs, they are targeting fat people and using BMI (body mass index) as an indicator of health status.

What they are missing is that BMI is **not** an accurate measure of health. (A fat activist friend has referred to this as "body profiling".) Fat ≠ Unhealthy and Thin ≠ Healthy (http://ije.oxfordjournals.org/cgi/content/full/35/1/55). There ARE NO "evidence-based" preventions for being fat.

NAAFA had concerns with specified "measurable health outcomes" which indicates weight loss as an indicator of success (as presented in the Healthcare Reform bill) last summer. This resulted in visits to our congressional representatives while in Washington, DC during the 2009 National Convention. What we asked our Senators and Congress persons to do was to change the "decreases in weight" requirement as a measure of success of wellness programs to "improved health indicators". Little did we know that these outcomes were already being required of potential grant recipients of stimulus funds. It seems that the government has done an end run around their constituents.

So now we have 44 counties, cities, and/or tribes that have received grants (http://www.hhs.gov/recovery/programs/cppw/granteedescriptions.html) to fight obesity. Don't misunderstand; I'm very sure that every one of these grantees has good intentions and wonderful plans to help improve their communities in a variety of ways. All good intentions aside, I fear that programs that require weight loss and/or obesity prevention as an outcome will also have unintended outcomes of furthering prejudices against fat people. Should the measured "outcomes" indicate these recipients have not succeeded in reducing weight, what then? Will funding be withdrawn? Will fat people be even further pressured to conform to an unrealistic goal?

I am not alone in my concern. "Eating disorder groups assert that this well-intended, but under-informed and unproven strategy of focusing on BMI fuels weight-prejudice and neglects groups which may be in equal need of improving their health and lifestyle. There is concern that, in some cases, the programs contribute to negative self-esteem, body dissatisfaction and eating disordered behaviors among young people. Neither the scale nor BMI calculation provide the full picture most relevant to health status, such as lifestyle and activity patterns, and physical and mental health measures. Thus, assuming ill health based on weight alone is not only inappropriate but harmful and discriminatory, and should be discontinued." (http://eatingdisorderhope.blogspot.com/2009/12/eating-disorder-organizations-join.html)

ASDAH (Association for Size Diversity and Health) was quite eloquent in stating their concerns in their letter to the Speaker of the House and the Republican Leader of the House and in their request to "limit programs, incentives and rewards to health-promoting programs rather than adherence to outcome criteria such as weight loss or BMI." (http://sizediversityandhealth.org/content.asp?id=34&articleID=71)

That's not the end of it. H.R. 3590, the "Patient Protection and Affordable Care Act" (aka Healthcare Reform Bill, http://www.govtrack.us/congress/billtext.xpd?bill=h111-3590) includes $500,000,000 **additional** fundingfor:

Section 4004(c) - A **media campaign**
Section 4004(d) - A **website**
Section 4004(i) - A **public awareness of preventive and obesity-related services campaign**

Obesity is being used as evidence in evaluating reduced risk factors for Medicare and Medicaid populations (the poorest populations), along with evaluation of Community Prevention and Wellness Programs.

Section 4306, Funding for Childhood Obesity Demonstration Project,was allotted $25,000,000 for fiscal years 2010 through 2014.

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (http://www.reversechildhoodobesity.org) shows **52 different Bills pending to fight Childhood Obesity alone** [as of April 2010].

All our concerns about improving health and quality of life for fat people while not stigmatizing or "body profiling" us at this point may be too little, too late. What can we do?

The grantee programs will be evaluated at the end of one year and a report submitted to the Secretary of Health and Human Services. The Secretary, in turn will submit a report to the Senate and a variety of Congressional Committees. **Here's what we can do:** We can leverage our government representatives and the Secretary of Health and Human Services to look at the Health at Every Size (HAES, http://www.sizediversityandhealth.org/content.asp?id=131) approach, where size diversity is embraced, and which promotes health-centered, rather than weight-centered, outcomes. That, or just sit by and watch while our civil rights are taken from us.

Darliene Howell is a NAAFA member and key volunteer as well as partner in www.chunkEbusiness.com

Jamie Oliver's Solution for America

by Peggy Howell, NAAFA Public Relations Director

As many of you are aware, British chef Jamie Oliver recently launched a television show in which he attempts to turn around the eating habits of a town in West Virginia, and in particular change the food served to children in the schools. If his changes are well received at Central City Elementary School, he hopes to take his "revolutionary" plan nationwide.

There has been a lot of controversy around both his approach and his message. Many believe that Oliver doesn't see the obvious link between income level and body size. Many believe that trying to change our government controlled school lunch programs is a far more daunting task than Oliver realizes. Many others look to the results of his efforts in his own country where thousands of parents pulled 400,000 kids from the school-lunch rolls, choosing to brown bag it rather than have their kids eat Oliver's "healthier" options.

It has been reported that in the Feb/March issue of his magazine, *Jamie*, Oliver recommends several recipes for "wholesome meals to take to school." One such recommendation is a tuna Waldorf pita with hot vanilla milk, an oat biscuit, and a banana. According to the nutrition information provided in *Jamie*, this lunch contains an astonishing 1,183 calories, 55 grams of fat (20 of them saturated), and 65 grams of sugar. That's 73 calories, 12 grams of fat (11.5 saturated), and 3 grams of sugar more than a student would get from eating **both** a McDonald's Hamburger Happy Meal (hamburger, fries, Sprite) and a Chicken McNuggets Happy Meal (McNuggets, fries, Sprite). This will help our children how?

I believe all of us would like to see the children of America receive nutritious meals in school. We know that, in some poor neighborhoods, these are sometimes the only complete meals that children receive. We also know that our government and food processors control the food being served in our schools. This is a problem much higher up the ladder than in the cafeterias of American schools. Starting at the bottom of the ladder is not a solution!

This month's video speaks to the subject of Jamie Oliver's Food Revolution: http://youtube.com/watch?v=dCcHVagMMCc

Guidelines for Health Care Providers in Dealing With Fat Patients

[Editor's Note: NAAFA's general brochure is available for download here: http://www.naafaonline.com/dev2/about/Brochures/naafagbrov5.pdf]

Many fat patients avoid seeking preventative health care and health care when they have symptoms, because they either assume that they will get another lecture on weight loss or that accommodations will not meet their special needs. Therefore, NAAFA has made this brochure available to help remind health care providers of the special needs of their fat patients.

PHILOSOPHY OF HEALTH CARE
Attitude

- As a responsible health care professional, you should acknowledge each of your patients as an individual. This is especially true for fat patients, who may avoid health care when they feel they are only perceived as being fat, and that the knee-jerk treatment for any problem is "lose weight." If they could lose weight, many would have done so by now.
- As fat people are often not taken seriously by health care providers, please treat them with tact and concern. Remember that many fat people have had years of negative experiences with health care providers, and some have been denied treatment, or given inappropriate treatment, because they are fat.

Weighing Patients

- Do not automatically weigh your fat patients, unless there is a compelling reason to do so.
- If weighing is necessary, ensure that it takes place in a private setting, and not in the presence of other patients or staff.
- The fat patient's weight should be recorded silently, free of any commentary.

MEDICAL TREATMENT
Medical Procedures

- Have several sizes of blood pressure cuffs available. Using a small blood pressure cuff on a fat patient can cause false readings.
- Have longer needles and tourniquets available in order to draw blood from your fat patients.
- Your lavatory should have a seat that is split in front, to enable fat patients to more easily hold urine specimen cups in place. A urine specimen collection device with a handle is preferable.

Diagnosing Medical Problems

- Do not automatically assume that the cause of your fat patient's condition is his or her weight.
- Remember to perform the same diagnostic tests on your fat patients as you would on your patients of average size for a suspected condition.

Treating Medical Problems

- Do not insist that your fat patient lose weight prior to receiving treatment for conditions that are not weight-related.
- Demonstrate care in ordering medication dosages. Some fat patients react sensitively to small dosages of some drugs, while other drugs require a higher dosage, due to the patient's higher weight.

ACCOMMODATIONS
Waiting Room

- Have several sturdy armless chairs in your waiting room. Chairs with arms often cannot accommodate a fat person.
- There should be six to eight inches of space between chairs.
- Sofas should be firm and high enough to ensure that your fat patients can rise easily. Exceptionally low and soft sofas can be a nightmare for the fat patient.

Examination Room

- Examining tables should be wide, and bolted to the floor or wall, so that the table does not tip forward when your fat patient sits on the end.
- Provide a sturdy stool for fat patients to assist them in getting on the examining table.
- Provide super-large examining gowns for your fat patients.

My Knee Replacement Adventure

By Phyllis Warr, NAAFA Membership Director

The first thing to remember when dealing with health care providers is "Be politely persistent". OK, so perhaps one should always be "politely persistent" with most people, but both are important when dealing with doctors because they don't always readily tell us what we need to know. Instead, they tell us what they believe we need to know -- go on a diet and lose weight, at which time our health concerns will be cured. A person who has been fat for any length of time knows this is not true, nor is it helpful. No doubt some health problems may be helped with weight loss, but not all. Generalities are generally wrong.

I have needed a knee replacement for more than ten years, but could not find a doctor willing to perform the surgery. According to one surgeon, anyone with a BMI over 43 is at great risk of having life threatening blood clots and/or serious infections which could cause many complications. A person who is 5' 5" inches tall and weighs 260 pounds has a BMI of 43. Since I am that height, but weigh 330 pounds, that meant no surgery for me! My BMI was somewhere around 54; I needed to lose 65 pounds before he would perform my much needed operation. One very arrogant surgeon told me to have bariatric surgery, lose half my weight then return for surgery. Sounds easy, right?!

In addition to being "politely persistent" we all need to take a risk or two. After having seen or called several surgeons, I found the web site of one of the most well respected hospitals in Chicago and e-mailed a question: "I am a Black, 55 year old woman who weighs approximately 330 pounds and needs knee replacement surgery. I realize that at my weight there is a high risk of blood clots and infection; however, I am willing to take those risks. I am looking for a terrific surgeon who is willing to take the risk with me."

I sent this e-mail with no expectation of getting a helpful and positive response. Boy was I wrong! Sort of . . . . I received a response, restating the risks of surgery at my weight. So, I wrote again and reiterated that I knew the risks and was willing to take them, but needed a risk taking doctor to take the trip with me.

That is when I got the answer for which I had so hoped. I went in to see my bold, fearless knife-wielder without great expectations. There was still time for him to say no, so I was loaded for bear and ready for battle. This is where shock entered the exam room. I did not need to fight. After examining my year-old x-rays and having new ones taken, the surgical physician's assistant stated the obvious and the surprising; "Yes, you need a knee replacement, two in fact. And yes, we will do it for you." I had to have him repeat what he said. Amazing! I didn't know what to say, since I was still in argument mode. Then this bright, compassionate young man said the sublimely ridiculous thing, "We do this surgery on people much larger than you." The surgical practice serves ordinary people and is the orthopedic staff for the Chicago Bulls, Chicago White Sox and the DePaul Blue Demons basketball teams. They are accustomed to working with large people, perhaps large people with more muscle than fat, but large people nevertheless. Great news!

Between the day surgery was scheduled and the actual operation, I heard from several knee replacement patients. Stories ranged from: "It hurts like blinkin' hell!" to "It hurts, but not horribly." Two dear friends had knee replacements just prior to mine; both agreed that the pain was not intolerable for them. Interestingly, women seemed to have found the

pain more tolerable than men. Two men told me the pain was horrible, however, two lovely fat female friends said it wasn't all that bad. Interesting. This led me to a theory; I have many of these and seem to create more almost daily. My theory on the pain of knee replacement surgery, or any surgery perhaps, is that the pain following surgery just may depend upon the amount of pain you had prior to surgery. I had a hell of a lot of pain for years prior to my operation. What I experienced afterwards was not so bad.

I told my surgeon I wanted to go to an inpatient rehabilitation center following release from the hospital since I live alone and would not have help. I knew I would get far better physical therapy. The doctors at both the hospital and the rehab center agreed that pain medication should be given liberally, as needed. While in the rehab center, I did not take the drugs as often as offered, sometimes only enough to curb the pain. Oddly, pain meds are designed not to completely rid the patient of pain, but only to make it tolerable.

My surgery was brilliant! No blood clots! No infection! I was at a great hospital and two days after surgery I went to a great rehab center. The day after the operation, I began physical therapy twice a day. I was out of bed and walking down the hall with help.

I received lots of support and encouragement from the staff and other patients. Since the patients took meals together in a dining room, there was time for socializing and chatting. We compared injuries and recovery plans, offered each other encouragement and told jokes. Laughter is the best medicine! The occupational and physical therapy staffs were mild task masters; encouraging us to push our limits, but never so far that we did damage or harmed ourselves. Stretching muscles that hadn't been used in forever, I realized that I had to start thinking differently about what I can and cannot do.

It has been nearly three months since my surgery. I still need to push myself to walk and stretch those muscles, but all has gone well. My outpatient therapy has gone well. Remembering to do things on my own is important and I have to remember that at all times. I have to start pushing myself to be more active than I have been in years. I have fewer excuses to be sedentary. I know that I can walk for an hour or more before needing to sit, so there is no reason not to go out more.

One thing that I did not know prior to this experience is that I have to be careful when I have dental work in the future. People who have had replacement surgeries must take antibiotics before and after any dental work, even a simple cleaning. Like the close relationship between gum disease and diabetes, there is a close relationship between gum disease and problems with the replacement site. Both situations give us all more reason to take care of our teeth and gums. Hurrah for brushing and flossing regularly!

The most important thing to remember when needing medical help is not to give up. Ask friends and family for referrals. If you are a member of an e-group or visit a chat room frequently, ask the folks there. You never know who might be able to point you in the right direction. Go to the Net and search. All university hospitals have web sites. Watch out for quacks, of course, but contact doctors by phone or e-mail and ask questions about your needs. The worse they can say is no. On the other hand, they just might say yes!

OPPOSING VIEW: Sorry, But I Luv Southwest Airlines

by Susan Fairbrook, NAAFA Member

I know this may not be a popular view within NAAFA, but this particular fat woman really appreciates Southwest Airlines' "Customer of Size" program. When the policy that fat people would be required to buy two seats was first announced some years ago by Southwest, like most fat acceptance adherents, I was horrified. They were adding to the anti-fat and discriminatory environment, stigmatizing and penalizing large people, and generally adding more misery to the miserable experience that flying can be.

As I found it more and more difficult to avoid flying Southwest Airlines (they have the most flights out of my home airport of San Jose and by far

the best prices), I swallowed my distaste and bought two seats. What a personal revelation! I loved it. First, I get to pre-board, which lets me sit right up front and not have to navigate that long, long narrow aisle. They have an ample supply of seat belt extenders, delivered with a smile. By far the best part is the freedom from that very high anxiety I used to feel during the boarding process: that I would be seated next to someone who both hated sitting next to me, and was impolite and obvious about it. One of my personal worst memories is of a (tiny) woman loudly and very publically complaining that I was taking up some of her seat and demanding that the flight attendants move her or me. The following five minutes of public debate and finding a "volunteer" willing to sit next to me are among the worst in my life. Enough said. On Southwest, when you buy two seats they give you a ticket-size card that says "SEAT RESERVED" which you place next to you and no one tries to take that seat. No more anxiety during boarding. In fact, sharing my seat row is a major coup for the cognoscenti -- the middle seat will stay empty!

As to the extra expense, there usually isn't any. The second seat price is refunded (upon request by telephone or mail) if the flight is not 100% full. Surprisingly, that is usually the case. Even on over-sold flights, one or a few seats remain open and that is enough to trigger your right to a refund. Even if I end up paying double (like for Fridays or Sundays or holidays), if I plan ahead and get the web special prices, two fares is often less than one regular ticket. I have found that more and more airlines are adopting similar refund policies. They may not publicize it but upon request I have found, for example, that Alaska Airlines and Virgin America also refund the second seat price if the flights are not full.

So, on balance, I am grateful and happy to fly Southwest when I can. I see the arguments for treating everyone the same but, in the case of flying, we're simply not the same. For those of us who cannot fit in one coach seat, travel by air can be a demoralizing, humiliating experience. For me, that is no longer the case. But, if I ever find out who decided an 18" wide seat was "normal". . . .

Media and Research Roundup

[Editor's Note: We're still catching up, so go to the NAAFA News RSS Feed at http://naafa.org for the latest news.]

September 3, 2009: A study in the *British Medical Journal* shows that people with thin thighs die sooner. Since there are already many studies showing that having a low BMI raises morbidity and being pear shaped lowers morbidity, this should not be much of a surprise to anyone.
http://www.foxnews.com/story/0,2933,546500,00.html
http://www.bmj.com/cgi/content/abstract/339/sep03_2/b3292

September 9, 2009: An article in the *Journal of the American Medical Association* recommends that fat people with diabetes get priority for weight loss surgery (WLS). But since the death rate from diabetes is 3 per thousand among those with diabetes, whereas the death rate for WLS is 46 per thousand, the cure is worse than the disease!
http://jama.ama-assn.org/cgi/content/extract/302/10/1055-b
http://www.statehealthfacts.org/comparemaptable.jsp?ind=74&cat=2
http://jama.ama-assn.org/cgi/content/full/294/15/1903

October 2009: The initial thrust of a vitality project in Albert Lea, MN was on eating less and weight loss. What they found out was that healthy behaviors such as walking more improved health even though weight loss was negligible (3 pounds).
http://www.bluezones.com/programs/vitality-cities

October 2, 2009: Carleton Bryant of *The Washington Times* advises women to love their bodies the way they are in his open letter to average women. Thank you Mr. Bryant, and thank you *Huffington Post* for reposting the letter.
http://www.huffingtonpost.com/carleton-bryant/an-open-letter-to-average_b_307748.html

October 6, 2009: Focusing on poor neighborhoods and fast food restaurants, a study by New York University found that requiring restaurants to post calories led to people ordering food with even more calories on average.
http://www.nytimes.com/2009/10/06/nyregion/06calories.html

http://content.healthaffairs.org/cgi/content/abstract/28/6/w1098

October 9, 2009: Mark Rubi of the *San Francisco Examiner* uses Liz Taylor's recent heart surgery to discuss how fat people seem to do better after heart surgery than average or thin folks. He makes many interesting statements but unfortunately the article lacks any direct cites to back up his assertions.
http://www.examiner.com/x-7150-Extreme-Weight-Loss-Examiner~y2009m10d9-LIz-Taylor-doing-well-showing-again-the-benefits-of-extra-pounds-or-even-obesity-for-heart-patients

October 11, 2009: NAAFA calls upon the people of North Carolina to oppose a proposed "fat fee" on state workers who have a BMI of over 40. NAAFA correctly points out that fat people are already paid less than thin workers and there is no hard data saying such a policy would save the state any money.
http://groups.yahoo.com/group/naafanews/message/412

October 11, 2009: The *Washington Post's* David S. Broder condemns politicians in the New Jersey governor's race for stooping to a new low by using fat as an issue in ads. Broder says this issue has no place in politics. We believe this issue has no place in society as a whole.
http://www.washingtonpost.com/wp-dyn/content/article/2009/10/09/AR2009100903010.html

October 12, 2009: After getting criticism and bad press after denying coverage for a large but healthy baby, Rocky Mountain Health Plans has changed its policy so that all healthy infants, regardless of weight, will be covered. Now if we could get the same policy applied to fat adults.
http://big.assets.huffingtonpost.com/RMHP_to_Cover_Heavy_Babies.pdf

October 12, 2009: This seems to be the fat-acceptance issue for *The Los Angeles Times* thanks to three excellent articles by Marnell Jameson: "Seeking Fat Acceptance", about size acceptance not being just a personal issue but also a societal issue; "Do Extra Pounds Always Equal Extra Risk", questioning the idea that fat always equals unhealthy and exploring HAES; and "Diets? Not for These Folks", profiling one woman's journey to size acceptance.
http://www.latimes.com/features/health/la-he-fat-activists12-2009oct12,0,2666405.story
http://www.latimes.com/features/health/la-he-fat-health12-2009oct12,0,1663814.story
http://www.latimes.com/features/health/la-he-fine-with-fat12-2009oct12,0,5001495.story

October 12, 2009: Fat Talk Free Week (Oct. 19-23, 2009) is an international body activism campaign launched by Tri Delta to draw attention to body image issues and the damaging impact of fat talk and the "thin ideal" on women in society.
http://www.examiner.com/diets-in-orlando/participate-fat-talk-free-week

October 15, 2009: As the health care debate rages, Daniel Engber compares the correlations involving health and fatness with strikingly similar ones involving stature; that is, short people have more health issues. Should we then, he asks, start a war on shortness?
http://www.nytimes.com/2009/10/18/magazine/18fob-essay-t.html

October 16, 2009: A truly frightening article on "wellness" programs and incentives in *The Washington Post* outlines how employers, insurance companies and our own government will be able to continue discrimination against fat people.
http://www.washingtonpost.com/wp-dyn/content/article/2009/10/15/AR2009101503036.html

October 16, 2009: *Time's* article on taking fat children from their parents paints a disturbing picture of a trend that helps no one, particularly the children involved. As though taking someone's child away isn't bad enough, now the parents are being threatened with charges of child abuse.
http://www.time.com/time/health/article/0,8599,1930772,00.html

October 16, 2009: A new study in Germany shows that being overweight has not increased the country's death rate, even though most Germans are fat. Also, the study found that as you get older, being fat matters less and less.

http://www.sciencedaily.com/releases/2009/10/091016094032.htm
http://www.aerzteblatt.de/int/article.asp?id=66217

October 20, 2009: *Moveon.org* proposes an ad campaign for a public healthcare option depicting the "evil" insurance companies as fat people. So if all else fails, the answer is fat scapegoating? We don't need to fall back on stereotypes to oppose insurance companies.
http://www.huffingtonpost.com/2009/10/20/heather-graham-becomes-pu_n_328037.html

October 22, 2009: Not only did social workers take the 6 children of a fat mother, they came to the hospital and took her newborn child. Denying that a child would be removed from a home because of weight issues, this appears to be exactly what happened.
http://www.dailymail.co.uk/news/article-1222044/23st-mothers-newborn-girl-taken-care-obesity-fears.html

October 27, 2009: NAAFA's Lisa Tealer represents the fat flyers in *USA Today*'s article on the trials and tribulations of fat and tall travelers, pointing out that the airlines' policies are discriminatory especially to women.
http://www.usatoday.com/MONEY/usaedition/2009-10-27-bigfliers27_ST_U.htm

October 27, 2009: In an editorial in the *Journal of the American Medical Association*, Dr. Christopher Varley raises the alarm on putting children or adolescents on antipsychotic drugs, not because their effectiveness is in question, but because they may make the patient fat.
http://www.nytimes.com/2009/10/28/business/28psych.html
http://jama.ama-assn.org/cgi/content/short/302/16/1765
http://jama.ama-assn.org/cgi/content/extract/302/16/1811

October 29, 2009: Thank you Daniel Engber for taking on Safeway's "wellness program" and pointing out the foolishness of tying health insurance premiums to BMI. (See related October 15 item.)
http://www.slate.com/id/2234003

November 2, 2009: A new study by the John Hopkins Bloomberg School of Public Health debunks the theory that a decrease in adolescent activity has led to an increase in weight. However, they find considerable differences due to age, sex and ethnicity. To see the research article in *Obesity Review* you will need to purchase a back issue.
http://www.jhsph.edu/publichealthnews/press_releases/2009/wang_physical_activity

November 4, 2009: Laval University's study on the effect of HAES on eating behavior found that focusing on health rather than weight usually lead to better eating behavior and weight loss. Ironically, the study concentrates on the weight outcome instead of health outcomes.
http://www.drsharma.ca/obesity-weight-acceptance-prevents-weight-gain.html
http://www.adajournal.org/article/S0002-8223(09)01435-7/abstract

November 5, 2009: Marilyn Wann and Linda Bacon team up to use facts to battle the fear mongering behind an alleged "obesity"/cancer link.
http://www.bbc.co.uk/worldservice/news/2009/11/091105_fat_nh_jg.shtml

November 7, 2009: *The New York Times* finds it surprising that fat people are using the healthcare reform debate in their fight to end fat discrimination by asking that healthcare be about health and not weight.
http://www.nytimes.com/2009/11/08/health/policy/08fat.html

November 10, 2009: The government of Japan sets limits for waistlines (if you exceed the limit, your company may have to pay an extra fee), to the dismay of some doctors. As Dr. Satoru Yamada points out, in his study (published 2 years ago) doctors measured the waist of the same person and the results varied by as much as 7.8 cm (3.1 inches).
http://www.globalpost.com/dispatch/japan/091109/fat-japan-youre-breaking-the-law
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61656-0/fulltext

November 19, 2009: Lincoln University (in Pennsylvania) adds to its curriculum a one-credit course that is mandatory for graduation for any

student with a BMI above 30, showing once again the disconnect in society's perception of healthy and fat. NAAFA quickly issued a press release pointing out that the University's policy was discriminatory and should be stopped, which was then followed-up by an article by Kate Harding, and many others. On December 7, 2009, the University announces that they are dropping the requirement.
http://chronicle.com/article/Lincoln-U-Requires-Its/49223
http://groups.yahoo.com/group/naafanews/message/439
http://www.salon.com/life/broadsheet/feature/2009/12/01/lincoln_university
http://www.universityworldnews.com/article.php?story=2009121108221414

November 20, 2009: In Allysia Finley's opinion all fat people eat too much and the "cure" for being fat is to punish fat people with higher health insurance costs. *The Wall Street Journal*, unfortunately, finds Ms. Finley's opinions worth publishing.
http://online.wsj.com/article/SB10001424052748704204304574546031179826584.html

November 22, 2009: Steve Siebold lost 40 pounds 7 years ago. Can you guess what comes next? He wrote a book about how easy it is to lose weight. All you have to be is tough-minded, which in Siebold-speak means be totally and implacably fat phobic and a fat bigot. No surprise he says he got three death threats after a TV appearance.
http://blog.syracuse.com/healthfitness/2009/11/is_your_mind-set_fat_or_fit.html

November 22, 2009: Professor Esther Rosenblum offers an interesting synopsis of fat studies and why it is important as a part of a university curriculum.
http://www.signonsandiego.com/news/2009/nov/22/weight-loss-industry-masks-its-economic-interests-

November 24, 2009: JD Roth, executive producer for *The Biggest Loser* feels that the show is "batting 1000" in inspiring America to make a change. That change, apparently, includes dehydration to the point of urinating blood. The show's trainers and producers admit that unsafe practices can occur. Some doctors feel a death on the show is a foreseeable danger.
http://www.nytimes.com/2009/11/25/business/media/25loser.html

November 26, 2009: Despite the prior furor about how your fat friends will make you fat, *The Los Angeles Times* now tells you we need our connections, good and bad; every one of them. How's that for a newsflash?
http://articles.latimes.com/2009/nov/26/news/la-OE-FOWLER26-2009nov26

November 28, 2009: It is eye opening and refreshing to read an article that focuses only on the issue of size discrimination. *DC 10's* article touches on most types of size discrimination and provides cites for its sources.
http://dc10.cityspur.com/2009/11/28/does-size-really-matter

December 5, 2009: In an article about lookism in the workplace, Bill Fabrey speaks out for the fat woman and the discrimination she is likely to face. The article summarizes that, rightly or wrongly, how you look will probably affect your career.
http://www.forbes.com/2009/12/05/appearance-work-pay-forbes-woman-leadership-body-weight.html