



NAAFA Newsletter

Official Publication of the National Association to Advance Fat Acceptance

End of Year 2007

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New Years Eve Dance, Capital NAAFA, Monday, December 31, 2007, www.capitalnaafa.org

Chapter Meeting, NAAFA Los Angeles, Sunday, January 6, 2008, groups.yahoo.com/group/naafala, www.naafala.org, 1-888-NAAFALA

Planning Meeting, Chicago NAAFA, Saturday, January 19, 2008, groups.yahoo.com/group/TheChicagoChapterofNAAFA, www.chicagonaafa.org

Chapter Meeting, Rocky Mountain NAAFA, Date TBA, groups.yahoo.com/group/rmnaafa

Chapter Meeting, New York City NAAFA, Date TBA, groups.yahoo.com/group/NYC-NAAFA

Chapter Meeting, SF Bay Area NAAFA, Date TBA, groups.yahoo.com/group/sfba-fat-hub

Chapter Meeting, Northern Ohio NAAFA, Date TBA, www.ltech.net/naafa

National NAAFA Convention, July 9-13, 2008, Los Angeles, www.naafa.org (details to come)

Three Ways to Help NAAFA at No Cost to You!

by Terri Weitze, NAAFA Member Relations

Last year, search engines generated close to \$8 billion in revenue from advertisers. GoodSearch.com has developed a way to direct some of that money to the causes you care about most - like NAAFA. It's easy: every time you search the Internet at GoodSearch.com, NAAFA earns money, and the more you search, the more we make. Add up the money generated from all your searches and those done by all the other people who we hope will use GoodSearch, and we can make a real difference.

GoodSearch.com was developed by Ken Ramberg (the former founder of JOBTRAK, now a division of Monster.com) and JJ Ramberg (an MSNBC anchor and the former Director of Marketing at Cooking.com). GoodSearch is dedicated to Ken and JJ's mother, who passed away from cancer and who taught them both that by working together with dogged dedication, we can make this world a better place.

You use GoodSearch exactly as you would any other search engine. Because it's powered by Yahoo!, you get proven search results. And GoodSearch donates fifty percent of its revenue to the charities and schools designated by its users. The money comes from its advertisers -- the users and the organizations do not spend a dime!

In 2007, GoodSearch was expanded to include GoodShop, an online shopping mall of world-class merchants dedicated to helping fund worthy causes. Each purchase made via the GoodShop mall results in a donation to the user's designated charity or school - averaging approximately 3% of the sale, but going up to 20% or even more.

You can designate GoodSearch.com as your home page, or download the GoodSearch.com toolbar to maximize your benefit to NAAFA by using GoodSearch.com and GoodShop.com.

Like GoodShop, iGive.com, established in 1997, operates an online shopping mall (with over 600 retailers), and a percentage of each purchase made through iGive.com goes to the charity you designate. You can choose to have iGive give you a heads up (with a pop-up) every time you access the website of one of their retail partners. This helps make every purchase count!

Just to be sure, I have been using GoodSearch as my home page at work and my search engine at home, and it works great. It took a little getting used to, but after a few uses, I'm convinced it works as well as using Yahoo! (which was my search engine of choice anyhow). I did as much of my holiday shopping using GoodShop and iGive, and while not all the stores I wanted were affiliated with the programs, I was surprised at how many were. The only extra effort was going to the GoodShop and iGive sites and searching for the retailer, and then linking to the retailer through either GoodShop or iGive. That's the only difference, and because of my extra effort NAAFA got some extra dollars, at no cost to me!

Please go to <http://www.goodsearch.com>, <http://www.goodshop.com>, and <http://www.igive.com>, and be sure to enter NAAFA as the charity you want to support.

Quick Links

Our Website

:: 916-558-6880

The Human Rights Approach to Health

by Lily O'Hara, Lecturer in Public Health, University of the Sunshine Coast, Queensland, Australia

[Editor's Note: This article was excerpted from Ms. O'Hara's Keynote presentation at the 2007 NAAFA Convention in Chicago.]

"Obesity" is now presented as an issue of global concern, and the term "globesity" has been used to illustrate this notion that everyone, everywhere is at risk of becoming too fat. Recent reports in the United States of America, Canada, the United Kingdom, New Zealand and Australia have each claimed that their country is the fattest in the world, or warned that it is at imminent risk of overtaking the USA to become number one in the fat stakes.

Do you know what the number 1 fattest country in the world is? The World Health Organisation's World Health Statistics 2006 report states that the top 10 fattest populations in the world in order of prevalence are:

- Nauru (where 75% of the population are classified as "obese"),
- Cook Islands,
- Samoa,
- Marshall Islands,
- Micronesia,
- United Arab Emirates,
- Bahrain,
- Kuwait,
- Jordan and
- Fiji (24% "obese").

New Zealand adults are the 14th fattest in the world (23% "obese"); the United States of America comes in at 20th (21%), Australia at 35th (15.1%) and Canada at 37th (14.9%). Clearly the real epidemic in these countries is the epidemic of obesity hysteria.

However, billions of government health dollars are being allocated to the "obesity epidemic." The overarching weight-centred health policies and programs of the WHO and governments around the world address the issue of "obesity" through strategies focused on making changes to diet and physical activity. Focusing on strategies to improve nutrition and opportunities for physical activity is not necessarily a bad thing -- everyone is entitled to adequate food and opportunities to move. The problem is that all of the physical activity and nutrition policies and programs are singularly predicated on the impact they will have on the "epidemic of overweight and obesity."

An increasing number of researchers, health practitioners and activists are questioning the evidence for operating within a weight-centred health paradigm. Various research has demonstrated that the problem with the weight-centred health is its ID. I'm not talking about its lack of identity. I'm talking about the Is and the Ds that sum up the limitations of this approach.

The first I stands for Inaccurate - scientifically inaccurate. There is significant evidence that demonstrates that weight is actually a very poor predictor of health outcomes, particularly when other factors are accounted for. For example, when the statistical calculations that look at associations between two factors incorporate just one more factor - physical activity - the correlation between body mass index (BMI) and a whole range of health outcomes just disappears.

The second I stands for Ineffective. Medically sanctioned weight-hate has been present in western societies for over 100 years now, and there is absolutely zero evidence that it has been effective in reducing or even maintaining average body weights. And yet the weight-centred health paradigm just gets louder and louder. Einstein once said that the definition of insanity was doing the same thing over and over and expecting a different result. I think that the weight-centred health paradigm is suffering from a bout of self induced insanity.

The third I in the weight-centred health paradigm's ID problem stands for Iatrogenic. Iatrogenic means any outcome that is induced or created by a healer. It is almost exclusively used to refer to any harmful outcomes that

are caused by an individual health worker. However, iatrogenic harms are created at a systematic level by the health paradigm in which the health worker operates. There is now significant body of evidence that the weight-centred health paradigm is indeed actually harmful to health - physical health, mental health, spiritual health and social health. The range of harms make up the second part of the weight-centred health paradigm's ID problem - the Ds.

The iatrogenic harms to health from the weight-centred health paradigm include dissatisfaction, disassociation, delayed living, delayed health care, dieting, disordered eating and exercising, discrimination and other forms of oppression, disease, and death. For example, numerous studies have demonstrated for example that dieting causes mental distraction, disassociation from one's body, disordered eating, and most paradoxically, weight gain. Other studies have demonstrated that weight fluctuation brought about by constant dieting - known as the 'yo yo syndrome' - is associated with higher rates of all cause mortality.

Almost ten years ago now, the editors of the New England Journal of Medicine were so concerned with the health establishment's focus on weight that they warned, "Until we have better data about the risks of being overweight and the benefits and risks of trying to lose weight, we should remember that the cure for obesity may be worse than the condition". Whilst all of the weight-centred "anti-obesity" public health and health promotion policies and programs in the countries state that their implementation will result in public good (via reduced prevalence of "overweight" and "obesity"), they do not make any reference to the potential harms that might arise from their focus on weight:

- Millions of people throughout the world have their right to dignity breached every day via the health-sanctioned vilification of fat and fatness.
- Very few jurisdictions in the world have antidiscrimination legislation that allows fat people recognition before the law.
- Fat people are considered to be acceptable targets for attacks upon their privacy, honour and reputation.
- Fat children have been removed from families because of their body weight, and potential parents have been denied access to invitro fertilisation and adoption because of their body weight. Some states, such as China, have even introduced laws officially prohibiting people with BMIs over 40 from adopting children.
- Fat people have been denied access to housing because of prejudices related to their size.
- Discrimination against fat people in all aspects of employment has been demonstrated, including hiring, promotion, access to professional development, remuneration and retrenchment.
- Fat people are less likely to attend college or university, irrespective of their level of competence to do so.

These are violations of our human rights, as codified in a range of international human rights treaties administered by the Office of the United Nations High Commissioner for Human Rights. Australia, Canada, New Zealand, United Kingdom and the United States of America are all signatories to the treaties on racial discrimination; civil and political rights; social, cultural and economics rights; torture; the rights of the child; and discrimination against women.

There is growing concern in the scientific and general community about the health and human rights impact of weight-centred public health and health promotion policies and programs. Such policies and programs at the World Health Organisation and in all of the countries examined are based on the notion that weight is a fundamental determinant of health, and that being "overweight" or "obese" is automatically unhealthy. However, these policies and programs do not implicitly or explicitly acknowledge or address in any meaningful way, the potential human rights violations arising from their implementation.

This would be bad enough if the weight-centred health paradigm was simply ineffective. It would be more problematic if it was just scientifically inaccurate. The biggest problem with the weight-centred health paradigm is that it breaches the human rights of every citizen in every country that develops health programs and policies based on the notion that weight is central to health. As citizens of these countries, it's time we stood up and said that we're not going to take such human rights abuses anymore.

Letter to a Fat Woman

by Bec Eakett

[Editor's Note: This article is adapted from a response to a woman who confessed that she did not want to be fat.]

Thank you very much for posting. Your "confessions" show exactly why resources for fat acceptance are so important. Observant, thoughtful, articulate people like you are being distracted by our culture's foolish stigmatization. Imagine the power that would be unleashed should your fat-negative thoughts metamorphose into self-positive ones! Such a heavy weight off your shoulders.

I used to feel the same way as you, and the doubts sometimes voiced by fat activists deepened my resignation to the "intrinsic badness" of fat. But the things you're mentioning have nothing to do with fat and everything to do with socialization. The fact that you personally do not want to be fat does not mean that fat itself is bad. All of your complaints are secondary factors that have nothing to do with your fat.

There are many fat people who have bad joints. There are many thin people who have bad joints. But athletes such as runners often have the worst joints of all. You are fat and your knees hurt, but that the two have coincided do not imply causation.

Your fat does not make your clothes cost more -- "The Market" does. And "The Market" would like you to continue feeling personally responsible for how much your clothes cost so you will keep paying it while blaming yourself instead of lazy retailers.

I am fat, and I am very comfortable with the act of eating. In fact, I now enjoy food very much despite my uneasy relationship with eating while growing up. While enjoying a self-cooked meal with my partner and me, a fat friend of mine said she could tell that food is "sacred" in our home. This "sacredness" is something that I had to rediscover. Fat does not make eating uncomfortable. Guilt, shame, and cruelty make eating uncomfortable.

I don't know which is more difficult: Finding someone with genuine Fat Pride, or finding it in yourself. Finding Fat Pride in myself made me feel sheepish because it's SO SIMPLE. ATTENTION EVERYONE!

If you are fat and you genuinely want to be proud of yourself, but you just can't do it because of the pain caused by others . . . THAT is something special to be proud of.

I know you value independent thinking on at least some level because of what you posted and where you posted it. So you should agree with me when I point out that in many ways, you're smarter than someone who has never been fat. Think of the experiences you've had that would have been different, were you not fat. The experiences were painful, but they taught you a lot. At the very least you know what it's like to be a pariah, and how it feels to be utterly unaccommodated.

You're obviously suffering a lot, and the suffering is centered around being fat. But if your joints didn't hurt, if you could afford any clothes your imagination could dream of, and if people celebrated your beauty more than they denied it . . . In such a situation, I doubt you would still feel bad when you eat, exercise, or go shopping.

Keep asking yourself the important questions. Oh, and by the way . . .

FAT PRIDE!

Media and Research Roundup

[Editor's Note: I'm still playing catch-up on these items; lots of good stuff to come!]

January 2007: Dr. Frank Hu of the Harvard School of Public Health and colleagues publish research in the journal *Diabetes Care* concluding that "magnitude of risk [of type 2 diabetes] contributed by obesity is much greater

than that imparted by lack of physical activity." But Dr. Paul Ernsberger (NAAFA Board of Advisors member and nutrition researcher at the Case Western Reserve School of Medicine) argues that weight is a better predictor because it's easy to measure accurately, while physical activity was measured based on self-reporting, which is much less accurate. Also, clinical psychologist and author Dr. Deb Burgard points out that a separate factor such as genetics could be affecting both weight and diabetes, making weight a symptom, not a cause.

<http://care.diabetesjournals.org/cgi/content/abstract/30/1/53>

January 22, 2007: Researchers at the Center for Social Epidemiology and Population Health, University of Michigan, find that people with high body mass index (BMI) have a lot of cynical mistrust and this tracks with inflammation, a major risk for heart disease. The results, published in the *Archives of Internal Medicine*, are consistent with the idea that societal discrimination and widespread hostility directed at fat people may be a significant contributor to the risks that are currently blamed on body fat alone.

<http://archinte.ama-assn.org/cgi/content/abstract/167/2/174>

February 4, 2007: In her article "White House Race is a Thin Field" in the *San Francisco Chronicle*, Vicki Haddocks writes about our contemporary, national tendency to regard slenderness as a necessity and a virtue in a political candidate. "With the country becoming more health-conscious," she comments, "politicians tend to come in two varieties: the trim ones and the ones working hard to trim down." In the article, NAAFA Public Relations Chair Peggy Howell responds, describing the concept of a slender politician equaling a better politician as "ridiculous," since slenderness and personal character are unrelated traits.

<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2007/02/04/INGGNRN9U1.DTL>

February 5, 2007: The Center for Science in the Public Interest announced it is suing Nestle and Coca-Cola for making fraudulent claims that their green tea soda, Envigra, has negative calories that will help consumers actually lose weight after consuming it (according to its website, Envigra is "much smarter than following fads, quick fixes, and crash diets"). Let's hope this is the first of many lawsuits against companies using anti-fat hysteria and weight-loss mania to hawk their useless products!

<http://www.cspinet.org/new/200702011.html>

February 6, 2007: Arena Pharmaceutical, Inc. announces Phase 3 of their plan to "evaluat[e] the efficacy and safety of its lead drug candidate, lorcaserin hydrochloride, for the treatment of obesity." Previous phases demonstrated during 12 weeks of study that the average person receiving the drug (and participating in exercise) experienced a net weight loss of 7.2 pounds. Given that the initial average weight was 220 pounds, this is perhaps not life changing news. Also, as Dr. Paul Ernsberger notes, the costs might not be worth the heady 7.2-pound weight loss, since the "primary adverse events were headache, nausea, dizziness, vomiting, dry mouth, nasopharyngitis, fatigue, and urinary tract infections." He also notes that "blood pressure was not improved; LDL cholesterol and triglycerides showed an insignificant trend for improvement; [and] HDL cholesterol actually decreased." Back to the drawing board?

<http://www.medicalnewstoday.com/articles/62366.php>

February 7, 2007: Big Moves dance creator Marina Wolf-Ahmed is one of five finalists for Queen Latifah's Curvation Project Confidence Awards, which honors women who "project . . . the power of confidence and encouraging other women to gain confidence and self-esteem, ultimately helping them live more fulfilling lives." All finalists received a \$3000 grant, congratulatory flowers and balloons, and the opportunity to fly to New York to meet Queen Latifah and participate in an awards ceremony.

http://www.bigmoves.org/release_2_7_07.pdf

February 12, 2007: "Fat Liberation: The Last Frontier?" In this editorial for *The BG News*, from Bowling Green State University, Joelle Ruby Ryan points out the many places that fat persons experience discrimination: in the movie theaters, the workplace, and the doctor's office, for starters. She touts the benefits of health at every size (HAES) and NAAFA even though, as she claims, "In a fat-hating society, it is hard for people of size to shout from the rooftops: I'm fat and I'm proud!" In spite of how difficult it may be to do, Joelle Ruby Ryan did a fine job of it herself.

<http://media.www.bgnews.com/media/storage/paper883/news/2007/02/12/Opinion/Fat-Liberation.The.Last.Frontier-2712391.shtml>

February 16, 2007: FitCommerce.com features a story titled "Prejudice against Fat People Still Common - Tyra Banks Excluded" that states "the most misery and unhappiness in being overweight, is not the health threat, per se, but the negative attitudes and prejudices." Using Tyra Banks' excursion in her fat suit to highlight discrimination, the article introduces such terms as "weightism"

and "fatphobia" while also addressing rather depressing statistics concerning fat characters on television and in movies. The article ends in an introduction of NAAFA's existence and its primary goal of fighting for the rights of fat persons.

<http://www.fitcommerce.com/Blueprint/Page.aspx?pageid=276&announcementId=1113&cid=631>

February 2007: The February edition of *The Obesity Society Newsletter* reports that West Virginians on Medicaid will soon become eligible for free participation in Weight Watchers. This announcement follows the "success story" of Tennessee's trial run, in which 1400 Tennessean Medicaid recipients lost a total of 8000 pounds. However, as NAAFA Board of Directors member Jeanne Toombs comments, "This works out to 5.7 pounds per person, with no evidence that they have kept it off. I wonder how much Tennessee paid per pound." (A recent study shows that a six pound weight loss over two years is average for Weight Watchers.)

<http://www.naaso.org/newsletter/nl200702.html>

http://www.chiprehab.com/news/pounds_shed.html

February 2007: Fresh Yarn, "the Online Salon for personal essays," publishes an essay by Kimberly Brittingham that deals with public avoidance of fat folks and one fat woman's brilliant response. Hooray for fat activism!

http://www.freshyarn.com/42/essays/brittingham_fat1.htm

February 25, 2007: A *New York Times* article by Sam Dillon examines anti-fat bias in the Delta Zeta sorority at DePauw University. In an effort to upgrade its image, the sorority ejected 23 sisters deemed insufficiently committed. This happened to include every "overweight" woman, as well as the only black, Korean and Vietnamese members. The dozen students allowed to stay were slender and popular with fraternity men. Six of the 12 were so infuriated they quit.

<http://www.nytimes.com/2007/02/25/education/25sorority.html>

March 12, 2007: Some people who have weight-loss surgery, particularly younger women, develop a neurological condition most often seen in severe alcoholics and linked to a vitamin B1 deficiency. A study led by Dr. Sonal Singh of Wake Forest University School of Medicine in Winston-Salem, North Carolina, and published in the journal *Neurology*, described the cases of 27 women and five men who developed the condition, Wernicke encephalopathy, after bariatric surgery. The condition is colloquially known as "wet brain" or "pickled brain", and in its later stages is irreversible.

<http://neurology.org/cgi/content/abstract/68/11/807>

March 13, 2007: Teens who diet are more likely to skip breakfast and binge eat, which may partly explain why they put on more weight over time than those who don't diet, a study in the *Journal of the American Dietetic Association* shows. The researchers, led by Dr. Dianne Neumark-Sztainer of the University of Minnesota in Minneapolis, set out to uncover why previous studies had shown dieting by adolescents to predict later weight gain. More proof that diets don't work.

<http://www.adajournal.org/article/PIIS0002822306026800/abstract>

March 17, 2007: Actor and model Joy Nash posts her groundbreaking video "A Fat Rant" on YouTube. Written years before and intended as a showcase for her acting ability, the video features Joy playing every role, and taking on clothing stores, size attitudes, and even other fat people with head-in-the-sand attitudes. If you haven't seen it yet, do it now!

<http://www.youtube.com/watch?v=yUTJQIBI1oA>

March 22, 2007: Members of the Capital (D.C.) chapter of NAAFA are highlighted in the first episode of Season 5 of *Penn & Teller's B.S.* (name abbreviated from the scatological term), debunking the "obesity epidemic". Also featured are NAAFA Advisory Board members Paul Campos (law professor, University of Colorado) and Glenn Gaesser, Ph.D. (professor of exercise physiology, University of Virginia). Conclusions: The "obesity epidemic" is a myth concocted by the diet/fitness/drug industry, BMI is meaningless, fatness is healthier than yo-yo dieting, and you can be fat and fit. If you don't mind foul language, take a look:

<http://www.sho.com/site/ptbs/prevepisodes.do?episodeid=s5/obesity>

March 23, 2007: Thirteen flight attendants deemed "overweight" by Indian Airlines win a partial victory in court after the carrier told them to lose weight or lose their jobs. A court orders the airline to pay the lost wages of the flight attendants.

<http://news.bbc.co.uk/2/hi/business/6483791.stm>

April 04, 2007: Will you lose weight and keep it off if you diet? Probably not, UCLA researchers report in the April issue of *American Psychologist*. "We found that the majority of people regained all the weight, plus more," said Traci Mann, UCLA associate professor of psychology and lead author of the study.

<http://www.physorg.com/news94906931.html>

<http://content.apa.org/journals/amp/62/3/220>

http://www.dailymail.co.uk/pages/live/articles/news/news.html?in_article_id=447651&in_page_id=1770

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