



## NAAFA Newsletter

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**Fat Phobia and the Schiavo Case**



**by Paul F. Campos, PhD**  
*Author, The Obesity Myth*

This column originally appeared in the Rocky Mountain News.

Almost everyone has heard about how, fifteen years ago, Schiavo's heart stopped for several minutes, causing massive brain damage that left her severely disabled.

### Greetings

Hi, and welcome back for another newsletter. If you still haven't signed up for this year's Convention, come on over to <http://bigsummerfun.com> and do it now. The convention package price is great; it's less than last year, and you get one more meal than last year. We've also negotiated great room rates, \$14 less than last year. Come on and have Big Summer Fun with us! And now, the newsletter.

### • **Size Related Deaths Greatly Exaggerated**

**by Bill Weitze**  
*NAAFA Newsletter Editor*

Last month, the Journal of the American Medical Association published a paper by Katherine Flegal and others of the Centers for Disease Control and Prevention (CDC) stating that the CDC's previous estimates of the deaths caused by "overweight" and "obesity" per year in the United States were off a bit. Well, more than a bit. More like a factor of fourteen off. That's right; the old estimate was fourteen times too high, 365,000 versus the new number of 26,000.



Some of you are saying right now, "Why is Bill using words like 'overweight' and 'obesity'? Doesn't NAAFA use the word 'fat'?" Because the terms "overweight" and "obesity" refer to ranges of body mass index, or BMI, not fatness. BMI only tells how heavy a person is in relation to his or her height, not how fat. For example, California Governor Arnold Schwarzenegger is considered "obese" based on his BMI, but he is clearly not fat.

In fact, old numbers or new, these studies don't look at much other than BMI. They don't look at lifestyle (although the current study looks at alcohol and tobacco consumption), they don't look at eating habits, they don't look at exercise. They don't even consider weight loss or gain after the initial categorization!

Getting back to the death numbers, didn't we go through this already back in January? Last fall, the "overweight/obesity" deaths were 400,000, then this past January the CDC changed the number to 365,000 due to

What very few people are aware of, because it has gone largely unreported, is that Terri's heart stopped as a consequence of an eating disorder.

Terri was a chubby child, in a culture that tells children, and especially girls, that not being thin is both a disease and moral failing. And our children get the message: fully half of all nine to eleven-year-old girls either are or have been on a diet.

Terri was one of these children. She spent much of her childhood and adolescence dieting, in a desperate effort to deal with having the "wrong" kind of body. Like most dieters, her weight fluctuated a great deal, but she was unable to remain thin.

Eventually, according to evidence introduced at the trial following her collapse, she started forcing herself to vomit after meals. This, combined with a regimen of 15 glasses of iced tea per day, made her thin and "beautiful." (More than two hundred articles have commented on Terri's beauty. Almost none of these mention her eating disorder).

On the night she collapsed Terri had just eaten dinner.

She went into the bathroom and forced herself to vomit.

Apparently, the chemical imbalance brought on by her bulimia stopped her heart.

Approximately ten million Americans, 90% of them girls and women, suffer from eating disorders. Anorexia nervosa, the best-known ED, has the highest fatality rate of any

"statistical errors". Quite a difference, roughly 10%. But nowhere near as drastic as last month's reduction.

And it gets better. The "overweight" category, meaning a BMI of 25 to 30, actually had *fewer* deaths than the "normal" (BMI of 18.5 to 25) category, 86,000 fewer. The "obese" (BMI above 30) had 112,000 more deaths than the "normal", so 112,000 - 86,000 yields the net 26,000 deaths. Is there some good in being a little chubby? Maybe; in fact, the study showed that having less than the "normal" BMI of 18.5 to 25 was a much greater danger than having a BMI over 25. This was especially true of those aged 70 years and older.

Is a BMI of 30 a magic line that we shouldn't cross? No. A deeper dig into the numbers reveals that the 30 to 35 BMI range had essentially no excess deaths, and other studies show that deaths increase gradually with BMI. What does this mean? It seems like supersized folk have more health issues than average sized folk, but nothing in the study tells us *why* this is. Anecdotal evidence confirms that the supersized do have health issues, and also shows that losing weight alone doesn't cure the health issues.

The reaction to the new numbers in the press is interesting. After some outrage on editorial pages over the magnitude of the previous error, many health care professionals have been downplaying the new study. No one has said, "My goodness, I'm so relieved to find out that the 'overweight' are doing well!" What we have heard is, "'Obesity' is still a serious health problem," and "This doesn't mean you can pig out." (Who said it did?) Part of this is stubbornness, part is financial self-interest, and part is perhaps misguided goodwill.

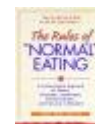
Here's what the numbers mean to me. There is clearly lots of uncertainty about how much of an effect body size has on health, if numbers can jump by orders of magnitude. The correlation between size and health is weak, and cause and effect is by no means proven. There are plenty of other factors (such as physical activity, dieting, healthcare access, poverty, and discrimination) that could be responsible for what weak correlation there is.

The message to health care professionals should be, treat the illness, not the fatness. The message to the rest of us is, fat is not a death sentence.

#### • **Book Review: The Rules of "Normal" Eating**

**Book by Karen R. Koenig**

*Reviewed by Terri L. Weitze*



This book is a perfect example of "don't judge a book by its cover". The initial reaction of the NAAFA members who saw the book when a copy was sent to NAAFA for review was to throw it out. But I decided I would give it a try. It turns out to be a good book for people who are interested in normalizing their relationship with food. Ms. Koenig takes great pains to present a balanced view that the relationship with food had by

mental illness. Somewhere between five and twenty-five percent of anorexics die from their illness.

The day before Terri's feeding tube was disconnected, an article appeared in the New England Journal of Medicine, claiming that, if there were only some way to convince all fat Americans to become thin, life expectancy would be improved by four to nine months (that's right - months). Among the article's many absurdities, one in particular, given the circumstances of the Schiavo tragedy, deserves comment: the authors don't bother to specify how this life-enhancing weight loss is supposed to take place.

There's little doubt that increasing the prevalence of anorexia and bulimia would help reduce the number of fat people in America, both by making them thinner, and by killing a significant percentage of them. Of course those who advocate continuing to shame little girls about their bodies, as Terri Schiavo was shamed, are outraged when it's suggested that what their obsession with thinness will actually produce is yet more eating disordered behavior.

Such people, naturally, believe they're "helping" our "overweight" children. And how do these experts know a child is "overweight?" Answer: if she's in the top 15% of body mass for children her age. The insanity of such a definition - one that ensures exactly 15% of our children will always be labeled "overweight" - is

restrictive eaters is just as non-normal as people who binge.

Her message boils down to eat to satisfy your hunger and to take pleasure in food. That's right, she acknowledges that sometimes you eat food just for the pleasure of it! And that is a normal behavior. Of course, if it were that simple, you wouldn't need to read the book. The book points out that while the rules of change are simple, implementing them in our lives can be very difficult. She discusses how people arrive at having a disordered relationship with food, and offers suggestions on how to normalize that relationship. She acknowledges that this is a difficult journey as our relationship with food tends to be established in our formative years.

I wish Ms. Koenig had used the title of her final chapter as the title of the book: "I Get It - Keep the Body, Change the Attitude"; because, to me, that is really what the book is about. And she admits that, even for her, it is the hardest part of normalizing your relationship with food. To forget about what society tells you is acceptable and to concentrate on learning what is right for yourself, irrespective of what the scale or the mirror says.

Reading the book, I found many instances where I would recognize certain food relationship issues that did not apply to me but that I recognized in others. Since reading the book, I catch myself engaging in the behavior that I was so sure was not part of my relationship with food.

The book is well written, has much to offer, and I recommend it.

### • **Fitness Column: Intuition**

**by Rochelle Rice, MA**

*President, In Fitness and In Health*

Summer is here and it's time to embrace the light. As I personally move forward, there is a slight tug at my heart that gently reminds me to stay connected deeply to my intuition and myself. The movement in your personal life will be real and successful if it comes from within.



You've accepted yourself as you are, you can now look in the mirror and love yourself. Best of all, you've started a new routine, a new lifestyle. You exercise regularly, you eat and enjoy good, wholesome food, you get a good night's sleep. Then, in a moment of confusion, frustration, weariness, or anger, there is a disconnect in the body - a place where everything isn't quite in alignment to complete the task. Your new routine begins to break down. In that moment, the disconnect occurs . . . when your mind's voice far overrides the deep sense of self and intuition.

All of us have the gift of intuition - a profound sense of knowing that is inexplicable in the medical world. It is this

part of the same madness that killed Terri Schiavo.

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instinct that helps us become aware of danger, as well as the things in life you "know are right." To take that skill and apply it to your daily life is extraordinary and incredibly healing. It's in those split seconds that you must muster the courage to feel what it is you need, observe it, and try to blaze a new path.

What is it that triggers the disconnect? Lack of sleep, boredom, anger, crying, a chemical imbalance? Something about your routine isn't working, and you try to give your body what you think it needs at that moment. But what do you really need? At the moment when you break away from that routine, stop, feel where you are, and then continue. See if your intuition, your deep understanding of self, can tell you why you needed to break away.

I know it may all sound a bit far fetched, but I hold on to this sense of connection as a means to heal from the inside. For far too long, you may have searched externally for the right diet, weight loss program, or miracle cure. Start within, very slowly, and discuss it with others. The benefits are endless. The results of following your intuition will take you beyond your wildest dreams. You only need to trust yourself first.

In health,  
Rochelle

- **Announcement: nolose conference**

The conference for fat lesbians, dykes, bi-women, trans folks, and queer allies

Featured Performer: Dynamic performance artist **Grabrie'l J. Atchison** fuses visionary choreography with personal narrative and the healing arts. Must not miss!

Keynote Speaker: **Charlotte Cooper**. Come hear the provocative author, zinester, and founder of the notorious Chubster Gang chew the fat!

Drag, music, dancing, fat art, activism, workshops, pool parties . . . and fancy moves

**[Register online at www.nolose.org](http://www.nolose.org)**

- **Activism Column: Clandestine Activism**

**by NAAFA Member  
Elizabeth Fisher**

A website, tens of thousands of emails, an endless string of media, and five continual years of seat belt advocacy. These are the tools of my "out there" fat activism. But over the last few years I've also branched off into using a sneaky new tactic to fly in the face of fat stereotypes--I'm infiltrating the ranks of the



skinny people. And no, this doesn't involve the FBI, WLS, or even VLCD.

I want to be the fat girl poster child for folks in my daily life. Instead of the fat equals lazy, sloppy, and unattractive stereotype some of them have in their mind when they think FAT, I want them to have a picture of me in their head -- working alongside them bagging and delivering fire ant treatment to the 750 homes in our neighborhood, on local television giving a workshop on using technology in the community, serving as webmaster for my civic association, and teaching classes to fellow employees on how to use software my team has developed.

My personal activism is about pushing myself to do things that dump me out of my safety net. It had become effortless to stand in front of a group of fat people and our allies talking about a cause we all cared about. Making friends with Nita, a thin woman 20 years my senior who knew nothing of the fat culture, was a great leap for me. At a recent birthday party with her girlfriends, I think the tables may have been turned as they buried some stereotypes I held of 65-year-old women. I'd tell you more, but I suspect they'd hunt me down for sharing their secrets.

Won't you go undercover with me? Push yourself to go beyond what you've done in the past to dismantle negative fat stereotypes by making yourself visible as a positive and productive member of our society. If each one of us could teach just one other person to be blind to size prejudice, perhaps the fat acceptance movement will have finally completed its task.

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