

# NAAFA Newsletter Supplement

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SPEECHES GIVEN AT THE 1982 NAAFA CONVENTION IN COLUMBUS, OHIO

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## EXCERPTS FROM THE SPEECH OF

WILLIAM BENNETT, M.D.



Thank you for having me here. Joel Gurin and I are deeply honored by your award.

Today, I am going to discuss some thoughts we have had that are not developed in our book, The

Dieter's Dilemma. Specifically, I would like to explore with you some implications of the modern tendency to regard fatness as a disease. Before the last hundred fifty years or so, being fat was a fact of life. Some people were, some weren't. Although there were many theories about the reasons for getting fat, fatness itself does not seem to have been considered a disease. Since 1900, however, there has been an increasing tendency to regard fatness as a "medical problem" or an illness.

Several factors, I think, have favored this development. To some extent, the fat person may find emotional relief in the notion that his or her condition is a disease with a proper-sounding medical name, "obesity." After all, when we classify people as ill we acknowledge that they are not responsible for their condition. Illness carries an implication of innocence. On the whole, however, I think that fat people have been deprived of the moral comfort that a diagnostic term usually implies, and I'll go into the reasons for that in a moment.

Although there may be some psychological motivation for the fat person to accept the notion that he is a patient, that is "ill," from the doctor's point of view I think there is a much greater incentive to medicalize the condition. By declaring fatness to be a disease, the doctor annexes territory for his professional turf; he enlarges his area of presumed competence. For some doctors, who specialize in the shadowy realm of "bariatric medicine," this means new patients and a source of larger income. Even for doctors who do not specialize in this area, the notion that so-called overweight or obesity are medical conditions has the effect of greatly extending their area of authority, of making them presumptive experts on a condition that many people have or are worried about. (Perhaps the most powerful influence still restraining the medical profession from treating fatness wholesale as a disease is the insurance industry, which has been exceedingly reluctant to pay the bills for treatment of "overweight.")

Now, once doctors have a disease to deal with (however they define it), they can start looking for a treatment or, preferably, a cure. This seems like a perfectly natural instinct. And, indeed, medical science has blessed us with a "cure" for obesity. Yet the result, for fat people, has been physiological, emotional, and moral disaster. The reason, quite simply, is that medicine settled on the reducing diet as its "cure". By appealing to a few fundamental laws of physics and chemistry, physicians and nutritionists have been able to offer a hard-and-fast prescription to any person who was overweight by some arbitrary standard; eat fewer calories than you need, and you're bound to lose weight. The theory on which this "cure" is predicated is rock-solid, but as we all know, it has major practical problems. For starters, it has never been proved to work. I am unaware of any weight-loss regimen based on dieting that has been shown to produce and maintain significant weight loss in a majority of the people attempting it. Moreover, the theory does not really take account of the complexities of human metabolism or behavior. The body and brain are treated as passive components of a chemical machine, and that is simply an unrealistic assumption.

Nevertheless, the reducing diet has taken hold. It is regarded as the cure for obesity, and virtually the entire medical research and treatment effort has been focused on dieting. Even innovations in the field -- drugs, surgical operations, applications of behavior theory -- are really just ways of tricking people into dieting or of forcing people to diet by changing their anatomy.

So here you have the basic elements of a medical success story. First, a "disease" is discovered. Then a simple "cure" is found. The cure is based on sound scientific principles derived from fundamental research. There's only one drawback: it doesn't work. Then who do you blame? The "patients", of course.

Unlike most "sick" people, who get some benefit from the presumption of innocence that goes with having a disease, fat people have been subjected to a guilt trip -- because they have a "disease" with a "cure" that doesn't happen to work for them. Instead of seriously re-examining the theory and exploring the possibility that the story is more complex than a simple balance of calories-in and calories-out, health professionals have been inclined to stick with their theory and their cure. As a result, fat people come to be seen not only as patients but as bad patients -- in the same class with those who sign out against medical advice, refuse to take medication, or don't show up for appointments.

This state of affairs has disastrous consequences for the health care of fat people. Seen as a patient who refuses to cooperate with treatment, the fat person is likely to suffer from antagonism on the part of health-care providers. He or she is likely to encounter second-rate or third-rate care, which is rationalized in several ways. Examinations may be done carelessly with the excuse that "the fat gets in the way."

Symptoms may not be pursued and treatments may be half-heartedly offered with the thought, often unspoken, "If he doesn't care about his health, why should I?"

"THE STOCK APPROACH TO THE FAT PERSON IS TO START HIM ON A DIET AS THE FIRST ORDER OF BUSINESS AND TO WORRY ABOUT THE REST LATER, AND, OF COURSE, 'LATER' NEVER REALLY COMES."

And weight reduction has come to be seen as the most important measure to be taken: nothing else matters as much. So there's a tendency to disregard other kinds of health care for fat people -- including preventive measures and physical rehabilitation that might be of great benefit. The stock approach to the fat person is to start him on a diet as the first order of business and to worry about the rest later. And, of course, "later" never really comes. The diet fails, the failure is blamed on the dieter, and health care becomes almost incidental to the struggle over weight.

Because weight is not lost -- at least not permanently -- the "patient" comes to be seen as a chronic case, as an "invalid." And that also means that both physical and emotional health suffer, because invalids are expected to restrict their activities, to stay out of circulation, and generally to "nurse" their disease. Invalids are not active, outgoing people -- by definition.

These thoughts lead me to some recommendations for reforming the health care of fat people. In particular, I want to focus on preventive measures -- the kind of effort everyone, fat, skinny, or whatever, should be doing to maintain and improve general health. These are not particularly medical matters but general recommendations that health-care providers should be promoting with everyone they see. My worry is that fat people are likely to be excluded from this sort of effort because they are seen as "bad" patients or as invalids, or because the provider is so intent on making them stick to a futile diet plan that no attention is paid to anything else.

Let's begin with diet. The word has come to be synonymous with "reducing diet" or just plain "hunger" for millions of people of all sizes. But there are several nutritional issues that have nothing to do with efforts at weight loss and are as important for the fat person as for anyone else.

First, we Americans get more than 40 percent of our calories from dietary fat. That probably is too high a proportion. We ought to be shifting our menu back toward a higher carbohydrate content in what we eat. That means going back to bread, potatoes, rice, and all those lovely foods that are often -- and erroneously -- regarded as "fattening." This kind of modification in what we eat need not be drastic or unpleasant to produce desirable effects on blood cholesterol. If we eat fewer breakfasts with bacon and more with muffins or hot rolls (light on the butter), we're unlikely to suffer a real sense of deprivation, and our hearts are likely to benefit from the switch. Second, we should also be consuming a somewhat higher proportion of vegetable oils as opposed to animal fats. Third, the carbohydrate-rich foods that we eat should probably be based more on whole grains and vegetables than on white flour or sugar. I don't believe that any of these changes has to be drastic; I'm not advocating a conversion to macrobiotic or Pritikin-type eating. But a little conscious thought given to making these changes -- choosing brown rice sometimes instead of white, eating somewhat less red meat and substituting chicken, fish, or a vegetable dish -- is likely to produce a cumulative benefit for all of us.

"IF WE CAN REMOVE THE NOTION THAT EVERY FAT PERSON SHOULD BE ON A DIET, WE MAY OPEN THE WAY FOR FAT PEOPLE TO EAT IN A HEALTHIER PATTERN."

Now, I think the psychology that has been forced on fat people works against this kind of sensible approach to diet (or, if you prefer the term, menu). The stated (or sometimes implicit) message of many doctors or dieticians is: "You really should be eating only 800 calories a day. If you're not doing that, you are a bad girl (or boy)!" And the natural reaction to this message is, "If I'm going to be bad, I might as well go the whole nine yards." There's good psychological evidence that people who think they should be dieting but somehow fail, proceed to eat in highly abnormal ways and potentially unhealthy ones. (I recommend the forthcoming book by Janet Polivy and Peter Herman, Breaking the Diet Habit.) If we can remove the notion that every fat person should be on a diet, we may open the way for fat people to eat in a healthier pattern and to choose food according to reasonable nutritional principles -- without their having to suffer pointless deprivation or to eat endless amounts of broiled swordfish and lettuce with lemon juice.

Fat people who have internalized the health professions' image of them as uncooperative, bad patients may come to feel that their own health isn't worth caring for. This outlook is related to the "failed" dieter's thought process: "I should diet, but I can't, so I might as well go ahead and be really bad." The fat person may be inclined to think, "I'm already fat, so I might as well go ahead and smoke," for example. Yet we have every reason to believe that smoking is exceedingly dangerous, especially in people with other risk factors such as high blood pressure, high cholesterol, or diabetes. The rational approach would be to say, "Because I have these other risk factors, it is especially important for me not to smoke." But the person who has been induced to think that he or she is not worthy of health or a long life may be disinclined to put the effort into giving up smoking, controlling alcohol use, or preventing accidents -- the common things that we all need to watch, regardless of our weight.

Finally, the image of the fat person as an invalid, and the enormous pressure of discrimination in our society, work against one of the most important health measures of all: physical activity.

Feeling that his or her weight is the problem, and it isn't going to go away, the fat person may come to believe that exercise isn't worth the effort and potential embarrassment. The role of embarrassment in immobilizing people should not be underestimated. I think it's going to require a major effort to create a climate in which fat people can get out and exercise in an atmosphere that accepts them as being just like all the other people out there exercising (many of whom, like me, look downright silly, if you stop and look at them, but the point is that we should not be stopping to look and criticize).

Again, the health professions have done virtually nothing to help in this area. I suppose it's because they think they have a cure for fatness that they have not made any significant effort to develop what might be called "rehabilitative" care for fat people. I have spent time looking in the medical literature for articles on physical activity for fat people and have found virtually nothing. Instead, there is an endless stream of papers on drastic diet regimens, modifications of bypass operations, jaw-wiring -- all the usual stuff.

"...PHYSICAL ACTIVITY SHOULD BE REGARDED AS A VITAL PRIORITY IN THE HEALTH CARE OF FAT PEOPLE. BEING FAT DOES CREATE SPECIAL DEMANDS FOR THE BODY, AND THE BODIES OF FAT PEOPLE SHOULD ACCORDINGLY BE TRAINED TO DEAL WITH THESE STRESSES."

But physical activity should be regarded as a vital priority in the health care of fat people. Being fat does create special demands for the body, and the bodies of fat people should accordingly be trained to deal with these stresses. Strength is important, no doubt, and flexibility. But aerobic capacity -- the ability of the heart to work efficiently and easily in response to exertion -- is probably the most important. Yet I am aware of virtually nothing in the way of serious programs emphasizing aerobic activity for fat people.

There are several reasons to think that such programs would have considerable benefit. First, they are likely to help in weight control. (I'm not suggesting this as a sneaky way of implying that fat people should lose weight. But those who are troubled by their weight or are experiencing weight gain are likely to find that regular aerobic activity helps them to stabilize.) Second, the sedentary fat person (as opposed to an active fat person), exposes himself or herself to the worst possible kind of activity pattern: occasional, short periods of high demand, for which the body is not prepared by a regular conditioning program. By exercising regularly, the fat person can protect his or her heart from the hazards of unexpectedly high loads. Third, both high blood pressure and diabetes, commonly regarded as complications of fatness, have been shown to improve after a period of regular exercise -- even when no weight is lost. Fourth, fat people need better than average psychological strength to deal with the discrimination they experience. There is suggestive evidence that regular aerobic conditioning helps to combat anxiety and depression. Moreover, the fat person who improves her condition and exercise capacity can find a new source of pleasure and pride in her body, can feel good about what her body does, as opposed to worrying about how it might look to other people.

Unfortunately, the health professions have given only rudimentary attention to exercise for fat people, and there are, obviously, problems to be worked out, especially for those who are very fat and not easily able to participate in the usual aerobic activities. The exercising fat person has special needs, depending on relative weight, past injuries, and other factors. Temperature factors can be difficult for the fat person.

Jogging may not be the solution for very many people. Brisk walking, however, can be very effective exercise, though finding a suitable place, with minimal risk of exposure to bigoted or hostile onlookers, may be difficult. Exercise bicycles, perhaps with modified seats, could be used by some. Swimming may actually not be demanding enough exercise, especially in the buoyant individual. These are all areas that call for study and experimentation. One promising development that was recently reported grew out of an experiment with weight loss. The main purpose of the experiment was not fulfilled, but a wonderful device was invented: an exercise bicycle mounted inside a cool-water bath. The subjects who used this apparatus found that it made fairly intense exercise possible and even pleasant, thanks to the physical support of the water and the temperature control it provided. Such devices should be further developed and applied in exercise programs for fat people.

I hope that NAAFA members will consider including the development of suitable exercise opportunities as one of their health-care priorities. At the same time, I trust the Association will continue to assail the sadly mistaken, and destructive, notion that reducing diets are the "cure" for the "disease" labeled obesity. ★

## EXCERPTS FROM THE SPEECH OF OHIO SENATOR MICHAEL SCHWARZHALDER

"WHEN I INTRODUCED SENATE BILL 37, THERE WAS SOME LAUGHTER ABOUT IT...THEY SAID THIS IS NOT A PROBLEM AND IF IT IS, MAYBE THESE PEOPLE DESERVE TO BE DISCRIMINATED AGAINST."

"WE CAN'T CHANGE HUMAN BEHAVIOR AND ATTITUDES THROUGH LEGISLATION, BELIEVE ME WE CAN'T, BUT WE CAN SET A STANDARD...WHEN PEOPLE ARE SEEKING EMPLOYMENT AND SEEKING HOUSING."



I would like to say a couple of words about Ohio Senate Bill 37. [renumbered Bill 130 - Ed.]

I hold as the basic tenets of my faith as a human being that people in our society should be treated as human beings and respected as human beings, and

irrelevant physical characteristics should not be used to judge the worth of a human being. That seems fairly elementary, doesn't it? People ought to be judged as human beings who have worth as thinking, caring people and not based on how they look, whether they are tall or heavy or short or green or black or orange or any other physical characteristic. Somehow that idea has not quite permeated all the way down through our society.

When I introduced Senate Bill 37, [which adds the words "height and weight" to existing civil rights legislation -Ed.] there was some laughter about it. People said that this discrimination is not something we have to deal with in the state of Ohio. They said this is not a problem and if it is, maybe these people deserve to be discriminated against. You know those attitudes better than I, but the point is that this legislation has been pending now for about a year and 3 or 4 months, and since it has been there, more and more people have started to come around to the point of view that maybe this is a problem. I hear stories all the time and I receive some of the greatest letters from people all over this country reciting the problems that they have had with discrimination, in particular in housing and employment. I think the momentum is growing.

We can't change human behavior and attitudes through legislation, believe me we can't. But we can set a standard for people in this state when people are seeking employment and seeking housing. We want people to be treated fairly and equally based on their human characteristics, not on their physical characteristics. So I think the momentum is building, I think the pressure is mounting, and with your help, I think over the next several years we will be able to get something adopted in the state that will help protect people from that kind of discrimination.

Unfortunately, as Dr. Bennett indicated to me from his information, this kind of legislation in the United States is unusual. Of course, in Ohio, we don't ever pass anything until at least 25 or 30 other states have passed it! The first question that is always asked when you introduce a new piece of legislation is, "How many other states have passed it?" If we can't recite at least half of the states, we have a hard task ahead.

We're pushing a new concept here -- something that needs to be developed both in this state and other states. We will be successful because the basic principle is universal and all people ought to be able to identify with it, and that is, treat me as a human being, forget about this short, tall, large, small kind of analysis and let's get on with judging people based on their individual worth and not on these irrelevant details.

I think we will be able to make some progress and I intend to continue to work on this idea. If it does not succeed, it will be due to the extremely conservative tone in the Ohio Legislature which is not conducive to trying to prevent discrimination in any area. I invite your help and participation, and with all of us working together, I think we will get it done. ★

[ The Ohio Senate passed Senate Bill 130 (formerly 87) in June 1983. At this writing, the Ohio House of Representatives must also consider a similar bill, probably in the fall of 1983, before the bill can be signed into law in Ohio.]

EXCERPTS FROM THE STATE OF NAAFA SPEECH BY

WILLIAM J. FABREY

CHAIRMAN OF THE BOARD OF NAAFA



I would like to speak to you about some trends in the fat liberation movement. First of all, not everyone is comfortable with the term "fat liberation". Some people dislike the word "fat" and others aren't sure that "liberation" is a good word, either! By "fat liberation"

we mean, of course, the process by which we go about shedding all the guilt, fears, anxieties, and problems that we have had because we live in a society which hates fat people.

The fat liberation movement consists of the sum total of all of those people in this country who are trying to promote the well-being of fat people. It includes NAAFA, its chapters, and also various unaffiliated local organizations around the country, mostly, but not entirely, feminist groups. It also includes segments of the fashion and publishing industries, as well. For example, it includes Basic Books, Inc. when they publish an enlightened book like The Dieter's Dilemma. It includes BBW and It's Me, fashion magazines catering to fat women. The fat liberation movement is the whole of which NAAFA is an important part. We are a pioneer in helping fat people, but we are not the only game in town.

Now, I would like to tell you why I think the movement is self-sustaining at this point. I am going to briefly discuss regionalism versus nationalism. I want to talk a little bit about the fashion industry and what is known in some quarters as the "fat market". I am going to touch on medical research, speak briefly about fat sexuality, and finally, what we should do to cope with the trends that are developing.

"A LOT OF FAT PEOPLE ARE GETTING 'UPPITY.' THEY ARE IN THE SITUATION NOW THAT BLACK AMERICANS WERE IN THE 1950'S...FAT PEOPLE WOULD LIKE A SEAT ON THE BUS...THAT FITS THEM."

THE MOVEMENT IS SELF-SUSTAINING

I think the movement is now assured of survival. I mentioned this last year and I think it is even truer this year. A lot of fat people are getting "uppity". They are in the situation now that Black Americans were in the 1950's when they no longer wanted to sit in the back of the bus. Fat people would like a seat on the bus, or train, or plane, that fits them!

Many fat people are becoming more assertive. Obviously we see this in our own members but it is also true among fat women who read BBW Magazine, which encourages assertiveness. It's true of those who attended Dr. Susan Wooley's seminars sponsored by Lane Bryant last year. Dr. Wooley told fat women that they should be more assertive.

Dr. William Bennett and his co-author, Joel Gurin, helped the movement with their book The Dieter's Dilemma. Other excellent authors are helping, too. In

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"THE ONLY WAY I KNOW OF MAKING NAAFA WORK IS TO MAKE IT A VERY HIGH PRIORITY IN YOUR LIFE."

-- W. J. FABREY

short, there is a lot of data available to fat people to help them improve their self-image.

As you can see, NAAFA is not the only game in town. The movement, I think, would survive in some form even if NAAFA no longer existed. I wouldn't like to see that happen because I think that NAAFA should continue to have a leadership role in fat liberation.

#### REGIONALISM VERSUS NATIONALISM

Fat liberation would seem to exist on the national level and on the local level. At present, local groups can't afford a full-time office, a telephone, and an employee. Our national office serves as a place where we can be reached at any time during the day, and that's crucial to a reporter or to somebody who's doing research. They need someone to contact during the business day who will answer their questions. In fact, if we couldn't do this, our movement would tend to be ignored. Many reporters would wonder how much support we could have if we don't even have an office.

On the other hand, there are certain things that local groups can do much better than any national organization can. A good share of NAAFA's value probably be as a support group on a personal level. It is nice to be a NAAFA member and receive the things in the mail that NAAFA members receive, but there are certain problems in life that are best handled if you have a close support group of people who understand your individual needs.

However important NAAFA's national role may be, we only have 90 to 100 people at this convention. NAAFA has close to 1500 members throughout the country, yet fewer than 10 percent are able to make it to national functions. The cost of transportation in this country is bound to go up and there seems to be a general trend towards regionalism within the United States and Canada. It will therefore be increasingly important for us to have strong chapters in Chicago, in Seattle, in Dallas, in Columbus and in other areas, if for no other reason but that people can't travel continually around the United States.

I think that the proper role of NAAFA is as an umbrella organization to provide some of the glue that helps to hold the local groups together and to offer more aid and support to them than we do now. In fact, we hope to introduce several proposals to the Board to increase the amount of aid and assistance that we have been giving to local chapters.

#### THE FAT MARKET

The fashion industry has discovered that there are "big bucks" to be made in selling clothes to fat people, which is great because it is what we needed all along. Actually, twelve years ago they laughed at us when we told them that there was a market for large-size clothing. They said, "Well, you know there really aren't that many fat people who would know a decent dress if they stumbled over it!"

Lane Bryant and Roaman's led the way in distributing "large" clothing, but are now threatened by some of the independent clothing distributors and retail outlets. BBW Magazine, as I mentioned before, is one of the pioneers in promoting the concept that fat women can dress nicely. But even before BBW Magazine, there was a tremendous increase in the number of manufacturers of large-size clothing. Some of them even offer unisex clothing.

Of course, other aspects of the "fat market", including billions of dollars worth of dieting aids and gimmicks, weight loss clinics and farms, low-calorie foods, plastic surgery, other kinds of experimental surgery, books and magazines, and so forth, are all too extensive to explore in this talk.

The only trend that I perceive is that most of the market exists by capitalizing on fat people's miserable feelings about themselves, and will probably do a thriving business for a long time to come! Efforts by the FTC to enforce truth in advertising has had a minimal effect, and the few convictions for mail fraud doesn't seem to stem the tide of the

"operators" who simply set up shop with new mail-order companies and post office box numbers.

#### HEALTH AND MEDICINE

Medical research has produced a lot of interesting news in the last ten years. It is now impossible for conscientious medical practitioners to ignore the evidence that their fat patients need a different kind of help than they have received in the past. Many doctors are making these discoveries on their own. Perhaps some of the others need additional help from us. I am not quite sure how to go about doing this. As Wayne Genres pointed out in a workshop today, doctors considerably outnumber NAAFA members.

Researchers are all hampered by a lack of funds for basic research on obesity. Funds are available in this country to find cures for diseases of all kinds but for those who propose research to find out more about how someone gets fat and how to make them healthy, there do not seem to be many funds available. But I do think there is an increase of tolerance and understanding towards fat people among the medical profession in general.

#### FAT SEXUALITY

It's probably worth talking about a trend in fat sexuality. It goes without saying that sexuality is an important component of most people's personality, and their lives. Fat people, particularly women but also men, have had their sexuality taken away from them. But there is a trend to restoring that sexuality, and saying that, for example, a woman can be attractive and sexual even though she's fat. Of course, the increased availability of stylish attractive clothing is a key part of this.

There is, whether we like it or not, an increase in fat pornography. I don't know whether or not it's a healthy trend -- that depends very much on how one feels about pornography. I think if we're going to have pornography, we might as well have equal footing with thin people.

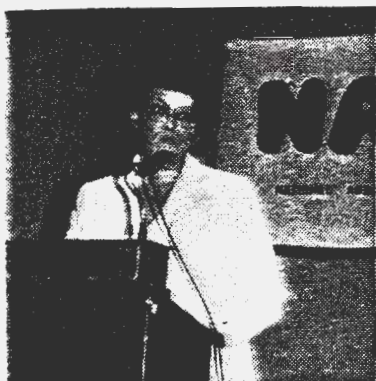
There is increasing research into the whole phenomenon of "fat admirers". There was nothing published about us fat admirers years ago, and now there have been several studies and there seems to be more coming along. I don't care whether I'm studied or not; my taste is my taste. But at least it's nice to see that someone knows that we F.A.'s exist and thinks we're interesting enough to make a study.

Esthetic standards in this country may be shifting too, but this is a longer term trend and it's very hard to put one's finger on it. Some say that in countries that have a surplus of food, thin tends to be fashionable, and in countries where food goes through scarce periods, the ample figure comes to be admired. I don't know what lies ahead in this country as far as our food supply is concerned, but I do think that the pendulum may swing and fat women may soon come to find themselves again in style.

These have been some of the trends that I wanted to tell you about. We have to cope with a changing situation at all times. NAAFA will not be able to continue complaining about the lack of stylish clothing if, three years from now, they start supplying enough clothing. Right now, stylish clothing is still scarce in some sizes, and many of the stylish designs never make it to the retail stores, so we still have some very legitimate complaints. But the minute that any organization stops being responsive to change, is the minute that it starts to die and no longer serves a useful purpose.

I'm glad NAAFA is in the forefront of helping to make these trends come about, and I think most of them are healthy. I think we should help NAAFA do more. The only way I know of making NAAFA work is to make it a very high priority in your life. Those of you who want to contribute to these trends and be front runners in the battle against size discrimination, must have some degree of dedication; I'm very glad to say that there are many people in NAAFA who have such dedication. Thank you very much.★

EXCERPTS FROM THE KEYNOTE ADDRESS BY  
JUNE BAILEY  
1982 NAAFA CONVENTION



Thank you for inviting me to speak to you today. I am excited and anticipating each activity. One of the reasons I am here is because I know this will be a learning experience for me. I am here to listen to you, to hear you, to speak with you, so that I will be able to share this experience with others.

I would be pleased if you share your experiences with me. I need to know them. My reasons are clear and valid. This is a beginning for me.

Much of what I have read has dealt with fat people who feel isolated and depressed, who are not actively involved in presenting a positive, confident image. They feel the anger, the guilt, the ridicule and discrimination and the stress. Deep in their minds they know they should feel better and not be condemned to unhappiness. They know they deserve dignity and respect as human beings. They are the fat people who have been brainwashed into believing they should be something they were never meant to be. They look to the pat answers, the slick books and magazines, the silver-tongued promoters for answers to questions which have no answers. I know where they are, I have shared their frustrations. I was there and I almost destroyed a very special person -- me.

"INSIDE THIS FAT PERSON THERE WAS NO THIN PERSON TRYING TO GET OUT. THERE WAS A FAT PERSON. A GOOD FAT PERSON."

When I discovered my special self, I realized I had been meandering, wandering and wondering for 36 years of my life, searching for what I wanted and who I was. The morning I found myself, and it was a long morning many months ago, I realized I had to do something to make myself feel better, to protect myself. It wasn't easy. It took something I didn't know I had. I knew I was intelligent but I thought I lacked will-power and was a weak and spineless creature. I thought about it and the thoughts filled my every waking moment. I recognized the value of the search and, gradually, began to feel better. So, I thought some more. Inside this fat person there was no thin person trying to get out. There was a fat person. A good fat person. I'm not going to stand up here and tell you the good things I had to ferret out. I found the pearls and cherished them. I ate the oysters and threw out the shells. The pearls were the good things I discovered in myself, the oysters were the pleasures I had so long denied myself, the shells were the trash which was cluttering up my mind. I felt really good about being fat for the first time in my life.

I thought again and realized there must be others who had found their own pearls, reached their own conclusions. There must be fat people who do not feel isolated, who do not fit the stereotype, who are not sloppy, lazy, dirty people. I looked around and I found them. They were right under my nose the whole time. I just had not looked in the right place. I set out to meet them, to speak with them, to share experiences with them. I found them, hundreds of them. I learned something from them.

"Well, June Bailey," I said, one time when I was talking to myself, "You found a wealth of goodness in yourself and other fat people who have also. Are you going to forget about those fat people who are still feeling bad about themselves?" No, I couldn't do that. "Are you going to share?" Yes, I could do that. "So, how are you going to do that?" I thought about it. If I could bring the message from the fat people who had found their pearls to the people who had not, maybe it would work. Maybe some fat person could feel better with a little support and some thought. I piled myself with more questions, as I do so often. I asked, "How are you going to do this? Are you going to set out to save the fat people of this world. Are you an attention-seeker? Some kind of messiah?" No, I couldn't be that. That would be a heavy burden and I didn't think I would want to try it.

I talked to a lot of people about my fatness and somebody told me I should write a book. They may have said that just to shut me up, but it did it. I made a real commitment. I borrowed the money and published the book myself. It wasn't published by a big publishing company although I have a stack of hate rejection notices. I had a personal conversation with a publisher in New York who told me the book had merit, it was well-written BUT, (and you know that fat people get a lot of big buts), it was alright to say one can be fat and happy, but I wasn't allowed to say one can be fat, happy and healthy. She said nobody would believe it. That publisher forgot that I was one of those people who had destroyed her health by dieting. I knew something she didn't know. I knew that, according to my doctor, I had been in the hospital three times as a direct result of trying to lose weight. I grew weary of being told I must be emotionally and physically ill because I am fat. So, I paid my money and said it anyway.

No, I'm not going to save the world with a book about fat people. I never intended to do that. I wrote Fat Is Where It's At because it's alright to say one can be fat and healthy, but how does one get to that point? I knew how I arrived there, and other fat people had told me how they did it. I had never seen it all written down, so I wrote it and published it and marketed it. I did attempt to stimulate the thought processes of frustrated fat people who were where I had been. Maybe I believe in the miracle of the human mind.

The book works; I have been told it works; I have seen it work. We all have, within us, the ability to think ourselves through our problems. We don't need any special, complicated equipment, just our own heads and some support from other fat people. I have seen it work in the Fat Is Where It's At Seminars I conduct. When I am asked if the unhappiness ever goes away, I can say, yes, it can, but you have to make it go away.

Miracles? Yes, I saw them. I saw a woman who was afraid to face the pressures of family and friends learn to deal with her problems. I saw another who put her life into focus and get some goals for herself and yet another who built enough confidence in herself to go job-hunting. They are out there, you know. They are here today. They are the Fabreys, the Bennetts, the NAAFans, the people in big cities and small towns who put their pens to paper, who raise their voices in protest, who think and question, who hold themselves up with dignity, who bend to lift another, who reach out a hand in friendship. They are the pioneers, you are the pioneers. You, out there, you have licked a

lot of postage stamps. you wrote a letter to your local newspaper. You objected to a television program. You don't need me to tell you that Fat Is Where It's At. some of you already know that.

I didn't help the people who came to me. They helped themselves. When I hear things like "guaranteed weight loss" I have a tendency to say, "Put it in an ironclad contract...in writing." There are no guarantees for happiness but is it worth the search? Sure, it is. I believe in those miracles in the human life. Somewhere in each of us is the capacity for happiness. You may not think I am qualified to help you but I think you are qualified to help yourself. I believe in you. You show me that you can help yourself and I'll give you full credit for it. If you need me, I'll be here to support you, to share with you, to listen to you and hear you. I urge you to channel the anger into positive, constructive action, to develop a positive self-image and portray it to others. If you have the confidence of your knowledge and beliefs, show it. If you have gotten to know yourself, accepted yourself, and changed the things you didn't like about yourself, say it, tell it, share it. You can be anything you want to be. It's your choice. If you meet discrimination, fight it. If you are ridiculed, fight it. Fight it in your own way; it will work. This convention is your sabbatical. When you get home you'll be facing a different reality again. Write that letter! Speak out! Be there, ready when you are needed! Volunteer for something! Take time to educate yourself and others! You can do it and you don't need me. But I need you. I need your help and support. I am new to NAAFA. I am learning and I thank you for the knowledge you have given me.

Thank you for sharing this convention with my husband and me. We have been made to feel very welcome in the NAAFA family. You have made me feel like a celebrity here. I am not one. I'm trying to do the same things you are trying to do. I don't do it better than you do, I just do it in my own way, like you do.

I don't have any pat answers. I have to think about each situation as it arises. People often come to me with problems and we put our heads together to solve them. The Fat Is Where It's At Newsletter includes an advice column because I often take exception to the advice in the daily papers. The answer to every problem a fat person has is always "lose weight". There are, and should be, other answers. In this advice column I attempt to stimulate people into thinking through these problems and disassociate those which have to do with their fatness and those which do not. It helps. I point out the choices and, for those of us who have chosen to be selective about the kinds of diets we will accept for ourselves, we do have a choice. If this is a cop-out, I plead guilty. Some may think I have soft answers but this is my way.

"LET US NOT WASTE TIME ON PETTINESS, ON NIT-PICKING; THAT IS DIVISIVE. LET US PUT UP A STRONG SOLIDARITY, WE HAVE THE MEANS, IT IS CALLED NAAFA."

Let us not waste time on pettiness, on nit-picking; that is divisive. Let us put up a strong solidarity, we have the means. It is called NAAFA. Together we can change the attitudes, overcome the discrimination and reinforce the positive image of fat people as productive contributing human beings. We can do it by supporting each other. We can do it by supporting those NAAFA's who have worked so hard to accomplish the strength and unity of NAAFA. Solid, strong, united, together. There is no time for anger, jealousy or argument, the time is now. The day, our day, is coming soon. We

need to face the issues squarely, to help and support each other. This is logical and real. Life is people and their relationships with each other. Tall, short, fat, thin, it doesn't matter. What does matter are our relationships. Our day is coming and with it will come the dignity and respect and peace we so dearly want. We need to continue to earn that dignity and keep close and careful vigil - together. Bill Fabrey did it in his way...William Bennett did it his way. wow. Did they ever!

Dr. Bennett's and Joel Gurin's book The Dieter's Dilemma, is the tip of the iceberg in the frigid waters of fat research. It expresses something which fat people have always known: that there is a reason for our fatness. Thank you, Bennett and Gurin, thank you for what you have done for me. Thank you for something which at long last makes some sense, is logical and which will shine like a beacon in the dark void which has been obesity research. Thank you from me and from the anorexic and bulimic people who have destroyed their lives in pursuit of unrealistic fantasies. Thank you from those who have been threatened and frightened, brow-beaten, ridiculed and discriminated against. Thank you from those who have learned that in some cases, fat is where it's at. I, for one, believe in you. You have given us new direction. Go with it.

I have this new fantasy. I.D. cards could be issued to people with their setpoints on them to pass around to squelch cruel remarks. Or we could have bracelets with our setpoints engraved on them so we can flash them around. We may even get snobbish about it and say, "My setpoint is higher than yours!" Well, maybe not. Maybe we'll get remarks like, "You have such a pretty face. Too bad your setpoint is so high." Maybe my next book will be How To Accept Your Setpoint or How To Find Happiness With A High Setpoint. We'll see. My husband is a very wise man. He advised me to sell the first book before I attempt the second one. I called it Fat Is Where It's At because it's honest. It says FAT in big, red letters. It may be a bit indelicate for some, but it's honest and, I hope, compassionate. That is what it was meant to be.

I would like to end with one thought. The principle of tolerance which so attracted me to NAAFA is a lesson to me every day of my life, a lesson I hope I will never stop learning. I don't need to explain it to you, it's all there, in the NAAFA brochure. We all have to go our own way. Think about it.

I hope that you will realize now how much I need you and appreciate the opportunity to be with you. Thank you, Jerry and Mary Jo Hoxworth, for coming to me with the NAAFA message, for your sincerity and honesty, your humor, your friendship, and thank you, all, all of you NAAFA's who have enriched my life so much. Thank you, all you NAAFA's from across the country who have written me and supported me. If you need me, I'll be here. You can't miss me. I'm the fat lady from Fairview Park, Ohio, who always says FAT IS WHERE IT'S AT! I know because I'm there, and I care about you. ★

#### READ MORE ABOUT IT \*\*\*\*\*

Readers who desire more information from June Bailey and from William Bennett, M.D., can refer to the following books:

Fat Is Where It's At (H.F.S. Publishing Co., 1981, 229 pages, \$5.50 from June Bailey, 21139 Lorain Rd., Fairview Park, OH 44126. "A positive self-help book as only June Bailey can write it."

The Dieter's Dilemma, William Bennett, M.D. and Joel Gurin (New York, Basic Books, 1982, 315 pages) \$14.95 from your local bookseller. "The scientific case against dieting as a means of weight control." ★