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NEWS AND COMMENT

DIETING A DISASTER, OBESITY CONFERENCE TOLD

A recent conference on human obesity at the New York Academy of Science received wide publicity when those present heard that diet-based approaches to permanent weight loss are "a disaster" and should be abandoned.

Dr. William Bennett, Editor of the Harvard Medical School Health Letter, coauthor of The Dieter's Dilemma, and a member of NAAFA's Advisory Board, said "I can see no ethical basis for continuing research or treatment." He went on to say that "these (diet-based) studies involve a great deal of effort on the part of patients and investigator. They lead to almost inevitable failure on the part of participants--and the failure is blamed on the participants, not on the researcher."

Dr. Bennett included research on behavior modification in his indictment. He said that "most of this research does not include serious study of potential adverse effects, particularly of the dropouts, about whom we know nothing. We can hope that they are angry at the investigators, but in fact, many of them are suffering from severe loss of self-esteem."

In an exclusive interview with this Newsletter, Dr. Bennett clarified his remarks about the lack of an ethical basis for research. "Such research is ethically complicated," he said. To be ethical, research should be conducted with follow-ups for a "minimum of three years, preferably five;" they should have a "much higher quality of study" than most of them do now; and they should "document the heights of those in the study" (apparently most studies do not currently include the participant's height, making it impossible to compute body mass index). In addition, researchers "should present the program as being experimental and advise participants that the method of weight loss is not proven".

Furthermore, Dr. Bennett emphasized the point that participants in experimental programs should be assured that if they fail to achieve permanent weight loss, they should not necessarily feel that they are to blame for the failure. According to Bennett, for someone whose setpoint is higher than they wish, the only safe, permanent way to lose weight may be to follow steps outlined in The Dieter's Dilemma or those mentioned by Dr. Paul Ernsberger in this Newsletter. Such weight loss should be gradual, and may not be as great as desired.

The media, including the Washington Post syndicate, reported that some attendees at the conference were lukewarm to Dr. Bennett's remarks about ethics. However, some doctors were quoted as objecting to the emphasis the medical profession and the weight loss industry places on dieting.

Dr. Albert J. Stunkard of the University of Pennsylvania said that "there is not one single commercial weight loss program that makes available any data on its results or even wants to know what they are...there's not a single bit of scientific evidence that they are effective. Studies are actively opposed by the (weight loss) industry." According to Dr. Stunkard, dieting can produce emotional symptoms (in fat people) that are even more difficult to manage than being victimized by prejudice and discrimination.

According to conference attendee Dr. Trevor Silverstone, "there is an unholy alliance between the fashion industry, the media and us, the doctors, to coerce what are plump, but not physically at risk, young women into the corset of conformity of the slim-line dress...the whole train of eating disorders" is the result.

COMMENTARY

Many researchers are beginning to recognize the futility of all, or nearly all, methods of weight loss, especially those which promise rapid results. Individuals like Dr. Bennett are not convinced that people SHOULD be fat...just that some are destined to be that way, and no weight loss method known today is both safe and effective for most people. Others, like Dr. Stunkard, never give up the search for an effective method of weight control, but are willing to acknowledge the defects of existing methods as they become known.

Either way, the pressures for honesty in weight loss research is increasing. It is a healthy trend--one that may help to offset the NIH panel "killer disease" consensus report of 1985!

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BALLOON ALERT UPDATE

American Edwards Laboratories, the manufacturer of the stomach balloon (Garren-Edwards Gastric Bubble) has warned the 2000 doctors, trained to insert the device, to cut back on its use. In a letter mailed on October 30, the company warned of more serious side effects than originally expected.

According to the New York Times, a representative of the manufacturer admitted that 2% of all bubbles inserted have deflated within the first three months of use, and that "delayed removal of a deflated bubble may be associated with death."

The warning letter advised doctors to remove the bubble after three months, not the originally recommended four; to use it only as a last resort for patients whose lives are threatened by obesity and for whom other therapies have been ineffective; and to inform patients to notify their doctors immediately if they experience any symptoms such as abdominal pain, vomiting, or increased appetite.

As we reported in the September issue of the Newsletter, the FDA is investigating 75 reports of medical complications including one death associated with the bubble. Surgical removal of the device, stomach ulcers and perforations, and gastrointestinal blockage are some of the known complications.

An FDA spokesman said that the FDA was "in agreement" with the recent action of American Edwards.

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MEDIA AND PUBLICITY WATCH

A newspaper in the United Kingdom, The Observer, has published an article called "Fat People Fight Back...Why Large is Lovable" (August 24). The focus on the article is on Radiance magazine and on fat women in America. NAAFA is mentioned as a group which, along with fat women, "choose to call themselves fat because 'fat is honest, descriptive, non-judgemental and powerful.'"

Mary-Jane Grace-Brown (NJ) spent one hour "under fire" on the November 18th Phil Donahue Show (delayed broadcast in some cities). The show featured Mary-Jane and three "big losers", people who had lost large amounts of weight and had their own diets to promote. Despite the three-to-one odds, the rude behavior of the other guests, dramatic props like discarded "fat pants" and a huge food display demonstrating what one guest ate on a typical day before his diet, Mary-Jane managed to remain composed and make some excellent points. Some of the audience (including husband Jim Brown) and phone callers were sympathetic to Mary-Jane's position; others were very hostile. In fact, the hostilities helped to illustrate Mary-Jane's contention that society has trouble accepting her size. NAAFA's name and address was aired.

Other NAAFA publicity will be summarized in our year-end roundup in December.

NOW IN PREPARATION - It looks like the upcoming wedding of Judy Weeg (PA) and Helmuth Skowronek (NY) may be videotaped for possible press coverage on Lifetime cable television. This column will publicize air-times when they become known.

OTHER MEDIA ITEMS - The November issue of Reader's Digest is being promoted on the newsstands with the headline, "Does Dieting Make You Fat?" The editors of the most widely read magazine in the world have chosen to headline an article which advocates the concept that reducing diets actually lead to weight gain, and that yo-yo dieting is dangerous! The article is important, but where it appeared is even more important...

The November 17 issue of Forbes magazine carries a cover story, "American Lifestyle: Thinking Thin But Growing Fatter--Losing the battle of the bulge." The coverage is perceptive, especially for a business-oriented magazine. Women from Pat Swift's Plus Models beautify one of the pages, but on the

same page, advertising executive Bob Levenson, vice chairman of the ad agency Saatchi & Saatchi, is quoted as saying, "We don't use fat people in our commercials because they are unattractive" and "We're in the business of attracting people, not repulsing them." Mr. Levenson, perhaps one reason some people think fat is repulsive is because it is portrayed that way in advertising!

In the November issue of Ms. magazine, "The Politics of Style--Why I look the way I do", a woman called Aurora tells how she received compliments about her ample size during a visit to Puerto Rico, while in the United States, the reverse was true (p. 66). (Hispanic cultures are almost always more complimentary toward fat people.) Also, in the same issue, Drs. Wayne and Susan Wooley, members of NAAFA's Advisory Board, are quoted extensively on the subject of eating disorders, and why some women who are dangerously thin, nonetheless feel like they are still too fat (p. 90).

November Family Circle has a cover story titled, "Look Sensational When You're Size 16 or Over." Inside, the title becomes "Size 16+ and Smashing" which is even more positive-sounding (p.39). Author Hara E. Marano (who also created the two supplements in Vogue magazine dedicated to "plus" sizes) claims that 40 million women wear large sizes, and uses photos of several plus-sized models. Of course, not one of them is "super-size", but at least they're fat by fashion industry standards... Marano also includes uplifting text on feeling good about yourself, and quotes Nancy Roberts, whose book Breaking All the Rules, and her public appearances recently won her NAAFA's Distinguished Achievement Award.

The August 11 edition of USA TODAY had pleasant news: "Big, Beautiful, and in Fashion...Today, large ladies are looking good!" Beginning with coverage of the New York-based Big Beauties modeling agency's Big Beauties Talent Search, which focussed attention on models from size 14 through 22, the article went on to interview other notables. A partial listing would include Nancy Roberts (Breaking all the Rules), and several NAAFA advertisers, such as Alice Ansfield of Radiance magazine, Linda Martin Designs, and Rosezella Canty-Letsome of Light of Your Feet.

October Cosmopolitan magazine published an enlightened article about the short shrift given to women's sizes in most department stores! Unusual coverage for Cosmo...

The December issue of Mademoiselle has an article announcing that curves are back in style. Of course, they do not suggest that it's okay to be fat, but women are now allowed to be curvaceous like Sarah Ferguson, the new Duchess of York. It's a slight move in the right direction.

Recent negative articles appearing in Parade magazine will receive more coverage in next month's column...

(Material for this column is submitted by the Publicity Committee--Eileen M. Lefebure, Chairperson, and NAAFA members around the country who continue to send us newsclippings and articles of interest.) □

LETTER TO THE EDITOR

Dear Editor:

I am a NAAFA member whose husband recently completed illustrating his first children's book, THE NIGHT BEFORE CHRISTMAS. All the characters within the book, including Santa, are round, cuddly, colorful teddy bears.

To our delight, most of the reviews of the book have been favorable. Unfortunately, those reviewers who have not enjoyed my husband's version of the Christmas classic have found one aspect of the book particularly disturbing: the round shapes of the bears. Indeed, as the prestigious School Library Journal put it: "...their (the bears) chubby rounded shapes look like inflated balloon figures that have escaped from a Macy's Christmas parade. A NIGHT to forget."

Needless to say, we found the criticism of the bears' rounded shapes to be reflective of strong anti-fat bias. To which we respond: May we never stop loving and enjoying our fat teddy bears, our fat Santas, and, most importantly, our fat selves.

With respect, Jeanne Modesitt (CA)

This letter reminded me, once again, of the "thinning" of many of the fat characters familiar to us all. Aunt Jemima, the Campbell's kids, and sometimes even Santa Claus and Teddy bears are not allowed to be rounded or fat in our thin-crazed society.

As a fat child, I was comforted by the presence of larger characters...it made me feel less "different". Today's chubby kids are confronted with insulting children's books like "Little Miss Plump" (the book warns kids not to be a greedy, compulsive eater like Miss Plump and implies that all plump people are like her,) and trimmed down Campbell's Soup kids in olympic sportswear.

Are you considering purchasing a holiday book? Check out THE NIGHT BEFORE CHRISTMAS by Clement C. Moore, illustrated by Robin Spowart, published by Dodd, Mead & Co. I found the sample illustrations to be quite charming. --Ed.

ELECTION BALLOT-COUNTING PROCEDURE EXPLAINED

A member wrote a note with her 1986 ballot complaining that there was no privacy in the balloting as all ballot envelopes must be signed. The comment called to the attention of the election committee that it has been a number of years since the election procedures was explained in the **Newsletter**. A brief explanation is offered as follows:

When you vote according to instructions, you seal your ballot in the small envelope provided. There are no identifying marks on the ballot or on the small envelope. You then place the small envelope in a larger envelope that has your name and address on the back flap, and you are required to sign your name on the front of the larger envelope in the appropriate place. Ballots must be mailed according to the instructions and by the deadline indicated in the election cover letter.

Ballots are received by the NAAFA office manager, date stamped, and kept in a locked cabinet until the Election Committee retrieves them for counting. Ballots postmarked (or received) after the indicated deadline are disqualified. Ballots that have been cast without following the rules as indicated may be disqualified.

The Election Committee members, with the help of volunteers, count the ballots at a special meeting. Candidates and other NAAFA members may be present if they wish. Privacy is maintained during ballot counting by the following procedure:

Person No. 1 checks that the larger envelope is signed, opens the envelope and passes the smaller envelope to person No. 2. Person No. 1 is the only one who knows whose materials have just been passed on. Person No. 2 receives unmarked, unidentified smaller envelopes, opens them and passes the enclosed ballots to person No. 3 who organizes them for person No. 4, the reader. By the time the ballots reach person No. 4, they have been shuffled several times, so there is no way that anyone present can match up a vote to any specific voter.

Person No. 4 reads the ballot, with person No. 5 looking over his/her shoulder to verify that the reading is correct. Persons No. 6 and 7 are talliers. They mark the votes cast on a count sheet. Every 20 ballots there is a subtotal taken and the two tallies must be in agreement. If not, there is a re-count of that batch. This procedure continues until all votes are counted and the two talliers agree on the results. A number of other checks are also made. The empty larger envelopes are checked by someone other than person No. 1, to verify that they are indeed all empty of ballots. The empty smaller envelopes are likewise checked as well.

By following this procedure, the election committee can assure NAAFA members that their privacy in voting is maintained and that the election results have been checked carefully and the counts accurate. This year there were 12 persons in attendance at the meeting, some involved in the counting and others as observers.

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MESSAGE FROM THE EDITOR . . . by Nancy Summer

Due to space considerations, we've had to bump my next editorial "Why aren't there more fat men in NAAFA" to a future issue. But I do have room to comment on two past editorials.

Most of the time, we receive only a little mail about any specific **Newsletter** article. However, my editorial in 1983 suggesting we change NAAFA's name to eliminate the word "aid" produced lots of reader response. I was delighted, because my original intent was to get all of us really thinking and talking about what NAAFA was--and what we wanted it to be--while discussing potential replacement names.

The discussion still continues three years after my editorial: Chairman Fabrey has received lots of "name change" mail in response to his COB's Corner in the last **Newsletter**. Life in the Fat Lane, the publication of the Los Angeles Chapter, recently carried an article by Marilyn Simpson which expressed her desire to see action taken on the issue.

Another survey of the membership is planned within the next few months, and I think that it is very likely that the matter will be considered by the Board of Directors in the next calendar year. Many NAAFANS feel it's time that action be taken...one way or another.

My editorial in the last **Newsletter**, "It's time to give employment a higher priority!" produced a different kind of response: one letter (so far, at least), but this letter was from NAAFA member Esther D. Rothblum, Ph.D., who has a strong interest and professional expertise in the subject. Her letter included some great ideas and suggestions for the Employment Committee, and copies of all the articles and studies she has assembled during her research.

Jerry Lamb, the Chair of the committee called me to express his delight when he received all the material, and when my copy arrived, I could easily see why he was so excited. We'll have more on these developments in an upcoming **Newsletter**. □

Articles in this Newsletter do not necessarily reflect the official policies of NAAFA, Inc., unless specifically noted. Please contact the NAAFA office if you require information about specific NAAFA policies. Commentaries in this Newsletter were prepared by the Editor, and/or Chairman Fabrey.

COB'S CORNER . . . by William J. Fabrey, Chairman of the Board

RESPECT VS. NEGATIVITY IN NAAFA - Five years ago, medical sociologist Karl Niedershuh said that, in his opinion, NAAFA gets respect from all kinds of people in the "outside" world, but not nearly so much from its members.

He was probably right at the time. In the past, I have often noticed that our organization received a lot of respect and support from authors, TV producers, reporters, even doctors and lawyers--and a lack of respect from some of our own members. There have always been those (including many non-members) who regard NAAFA as one of the more stable, principled, serious-minded, reasonable, sane human rights organizations in existence...and those (including many members) who think of NAAFA as a "meat market" for singles.

Despite the above, it's my feeling that, in the last several years, NAAFA members have become increasingly supportive of what NAAFA does, and what it stands for. Our record-breaking Campaign '86 fund drive is one piece of evidence that this is true. More people are upgrading their membership to a higher (and more expensive) level. Most of the basic services of NAAFA are operating smoothly. It is also very encouraging that more professionals are offering their time and talents than ever before.

Sure, there are personality clashes occasionally among some volunteers in NAAFA. We know that NAAFA doesn't accomplish all projects it begins; nor does it complete them by preferred deadlines. We also know that NAAFA is a social cauldron for many, with an element of the "prom night" that some members never experienced when they were in high school. But that's true with many organizations!

Those members who still fall into the trap of focussing on NAAFA's shortcomings (or those of its chapters) can be swept away by negativity--negativity that cause lack of respect for NAAFA, its members, and its leaders. It can blind them to NAAFA's successes and goals. So many exciting things are happening these days that such negativity can only be counterproductive to the needs of most NAAFAns. We can find plenty of negativity towards fat people in society--we don't need to create more ourselves!

Let's keep our goals in sight--and avoid negative thinking, which can only slow us down. NAAFA and the size acceptance movement is going to succeed--we are going to make it possible for fat people to make better lives for themselves in a think-thin society, by improving their self-esteem and their opportunities!

GASTRIC STAPLING: AN UPDATE

by Karl J. Niedershuh (PA)

This May marked the twentieth anniversary of the first gastric weight-loss operation. To the many women and men who have since undergone similar operations, it is an important anniversary. Most gastric reduction procedures were developed and tested on human subjects, and all were applied to (fat) humans without testing for long-term complications: the kind of testing that is routinely applied to prescription drugs. Surgery for benign ulcer disease, a procedure with effects similar to that of gastric weight-loss procedures, leads to cancer of the stomach in some 6% of patients--a far higher incidence than that suffered by the general population. The latency period for the development of gastric cancer is approximately twenty years. Thus we have only now reached the milestone at which we can begin to properly assess the long-term risks of gastric weight-loss operations.

The first of these procedures was the gastric bypass, an operation that sealed off the upper portion of the stomach with sutures or surgical staples, and linked it to a portion of the small intestines. Because it is the oldest operation, and because its effects are more permanent than that of later horizontal stapling procedures, gastric bypass patients have been the first to develop long-term complications: complications that were unknown or just coming to light when NAAFA's Report on Weight-Loss Surgery was prepared two years ago.

It is now known that gastric stapling invariably results in malnutrition--more subtle than the type produced by its cousin, the intestinal bypass, but no less severe. Patients who have achieved and maintained weight loss through gastric surgery can eat only 500 to 1000 calories per day without vomiting or facing severe gastric distress. This level of caloric intake is not enough to support

normal activity levels, or even normal cell growth if sustained over long periods, and its effect is that of slow starvation. Gastric reduction patients find it difficult to digest protein and bulky vegetables: their typical intake of iron, calcium, and vitamin D is less than half of the minimum required for health. In addition, the shrunken stomach's ability to allow absorption of iron, vitamin B12, and folic acid is greatly reduced. Mild deficiency of these nutrients result in chronic fatigue and muscle weakness: more severe deficiencies can have devastating results.

ANEMIA - Iron-deficiency anemia is common in patients after gastric reduction. The condition is usually relieved by iron supplementation, but treatment takes longer in these patients because of the difficulty in absorbing iron. Gastric bypass patients are at special risk, since the operation typically bypasses a part of the intestine which absorbs the greatest amount of iron from the digestive tract. Vitamin B12 and folic acid deficiencies may also result in anemia, and such conditions frequently co-exist with iron deficiency in gastric bypass patients. Anemia's most serious effect is on the heart, for the body compensates for reduced oxygen in the blood by forcing the heart to pump harder. If left untreated, symptoms of cardiac failure may ensue--symptoms that may well be blamed on the patients's weight.

OSTEOPOROSIS - Inability to tolerate milk is a frequent side-effect of gastric bypass. Those who can drink milk get little benefit from it, for the stomach pouch is unable to produce much gastric acid, and gastric acid is required to break down calcium salts for absorption. Many of these patients have developed osteoporosis ("brittle bones") complicated by osteomalacia (adult "rickets") brought on by vitamin D deficiency. All gastric bypass patients should be taking regular calcium supplements, and should be regularly checked for symptoms of "bypass bone disease"--bone and muscle pain, a loss of height, and abnormally low calcium levels.

NEUROLOGICAL DISTURBANCES - Acute thiamine deficiency, once seen only in acute alcoholism, is turning up with alarming frequency in patients with gastric reductions. Thiamine deficiency produces a condition known as Wernicke's syndrome, characterized by a lack of coordination, involuntary rapid eye movements, and mental confusion. In severe cases, the victim may suffer burning pain in the lower legs, and may become withdrawn, irrational, or psychotic. Most of these symptoms are reversible with prompt administration of thiamine supplements, but some damage to the brain is inevitable, and a certain degree of memory loss usually persists even after the patient is cured. If left untreated, the syndrome results in fatal damage to the central nervous system.

BIRTH DEFECTS - Women who undergo weight-loss procedures rarely become pregnant. Those who do are in danger of passing the effects of their own malnourished condition onto their unborn child. In Maine, among some 133 women of childbearing age who underwent gastric bypass, three were delivered some years later of a fetus with an incomplete brain and skull. One woman became pregnant a second time, producing a fetus with spina bifida. None of these women appeared to be malnourished at the time of conception, but were all later diagnosed as B12 and folic acid deficient. Such deficiencies are thought to produce birth defects of this type, which are otherwise quite rare, making it most unlikely that these three cases occurred in such a small population by chance.

The need for comprehensive vitamin and mineral supplements after gastric reduction surgery cannot be stressed enough. It is vitally important that everyone who has had an operation of this type continue to take these supplements, no matter how healthy they appear to be. Furthermore, they must be alert to the special nutritional problems imposed by these operations, because the surgeons who perform them may not be. Not all vitamin supplements--even those prescribed in conjunction with gastric surgery--contain vitamin D, calcium, B vitamins, and iron in sufficient amounts to avert or reduce postoperative malnutrition. Continuous vigilance and perpetual medical care remain the price for weight loss by this method.

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