



**national association
to advance
fat acceptance**

NAAFA Newsletter

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Family, Abundance, Mental Health and the Holidays



by Barbara Altman Bruno, Ph.D.

We are in the holiday season, with its constant reminders of abundance and family. One of the most useful mental health tools to get through not only this season but the rest of our lives, is the ability to recognize and set boundaries -- basically, the ability to say yes or no to people and experiences that come our way. There are many challenges, but often the primary challenge is with our family.

Many of us endure family criticism of our weight. Such criticism violates our boundaries if we feel upset by it. The best story I heard about dealing with this came from a person whose family took the opportunity every Thanksgiving to hassle her about her size. One year, fed up, she slammed her fist down on the table and loudly declared, "If anyone here says one more thing about my weight, I will leave this room and never return." Fortunately, nobody said anything more about her weight. Her family heard the clarity and force of her intention, and kept their weight-related opinions to themselves after her declaration.

It won't fit for everyone to set boundaries like she did, however. Another useful way to stop people from violating the boundary of your body acceptance might be by adopting a saying from Cheri Erdman's book *Nothing to Lose*: "My body, my business." People will still have their opinions; we have no control over that. But they need not express them in our presence.

While many NAAFAs have probably had to set boundaries against weight-related abuse, most people have other challenges as well during the holidays. We are bombarded with images of happy, harmonious, smiling, intact-looking people, who presumably also have the money to celebrate with

Introduction to ASDAH

[November Video of the Month](#)

This month we focus on being thankful for the abundance in our lives, the abundance of not only goods but of family and friends. NAAFA has an ever growing family, not only our members, but alliances with other organizations that support and complement our position that fat people can live happy, healthy, and productive lives.

Our feature video this month was filmed after our first NAAFA HAES Summit, and produced by members of ASDAH, our sister organization, many of whom are NAAFA members as well. Hope you enjoy this video as they share with us what they are all about, family style!

<http://www.youtube.com/watch?v=3lIhgXNXRuU>

Your Participation Appreciated!

If you missed HAES researcher Eileen Pitpitan at the NAAFA Convention, you have another opportunity. Eileen and her fellow researchers at the University of Connecticut would appreciate your participation in a confidential online survey called, "Attitudes, Behaviors, and Identity."

If you complete the online survey, you will receive \$15 in cash or an Amazon.com gift card. Your participation will remain confidential. Results of this study will be shared with anyone who is interested.

Please contact Eileen Pitpitan at eileen.pitpitan@uconn.edu if you

abundance. At some level, we think there is something wrong if our own holidays don't fit that picture -- and most people's bodies/holidays/families/budgets/energy levels do not fit. Just as advertising tries to sell us on weight-loss remedies which don't work and can be harmful to our bodies and our budgets, it also tries to sell us images of blissful holiday satisfaction, which can be harmful to our budgets and our psyches if we don't measure up.

My and many others' favorite holiday is Thanksgiving. No gifts to worry about, only a day based on gratitude and including good food. It is a useful mental health practice to note -- every day -- some things you are grateful for. As with most things we practice, we get better at these skills, and gratitude can help fill up the void that otherwise might send us to forms of addiction.

One of the hidden benefits of the current Great Recession is that many of us are detaching from the imperative to link our happiness with our possessions. People are finding that having the latest, biggest, most advanced Big Deal of the Moment did not and does not bring them fulfillment, and are seeking other ways to be happy. Gratitude is one way; giving to others is another; feeling connected to others is a third.

A recent study focused on the protective role of psychological and social supports in prolonging a healthy life. Physical exercise, social connection, and a sense of control over life outcomes help to reduce stress and encourage healthy behaviors. So although we know that (much like our height) weight is mostly out of our control, our habits are not. This is what is so health-promoting about HAES (Health at Every Size). If we aim to move our bodies in fat-friendly ways (for example, water exercise, chair yoga, low-impact dancing, walking); we get together with supportive friends and family (like at NAAFA gatherings); and we declare a body disparagement-free zone around us, all of that is good for our physical and mental health. Research has indicated that a HAES approach builds well-being over time.

So whenever necessary this holiday season, set your boundaries against abuse of your well-being and your budget, and find opportunities to be thankful and kind -- including to and for yourself -- and have fun. It's good for you!

Dr. Barbara Altman Bruno is a licensed social worker and author of Worth Your Weight (what you CAN do about a weight problem). She has served as both a NAAFA Board Member and Mental Health Advisor and is currently a member of the NAAFA Advisory Board and Co-chair of Education for ASDAH.

Coming out of the Fat Closet



by Amanda A. Evans

I have had dozens of experiences of coming out of the "fat closet" in my life. I've "come out" to friends, to my family, to doctors, coworkers, even strangers. What does it mean to "come out" as fat, when the whole world can see me, see my fat shape? To me, it means having a conversation in which I share forthrightly that yes, I know I'm fat, and no, I don't plan on "working on it." No, I don't want to hear about your fabulous diet or -- heaven forbid -- your friend the bariatric surgeon.

Yes, I know you're "just concerned about my health." There may be some ways my body behaves or feels that are different than yours. But since no safe and effective long-term weight loss method exists, I consider that difference a moot point: biology, not pathology.

On one occasion, I phoned in to my morning radio station to talk to the jockey who said he wouldn't want to ride on the 'It's a Small World' Disneyland ride with a fat person. I called him on his nastiness. "Why don't you want me in your boat?" I challenged him. It's me you're talking about, not just some general headless fatty. I doubt I changed his mind, but maybe one fat person out in the listening audience heard that conversation, and took heart.

are interested.

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It's not that these conversations aren't challenging; they are! I often cry -- either during or afterward, from the stress if not from distress. But I refuse to cower; I refuse to "pass." When I'm with someone who wants to sit in a booth in a restaurant, I say simply, "Booths and I don't get along. I need a chair."

When someone comments on a garment I'm wearing and asks where I got it, I aspire to respond, as a friend did, with a sassy, "You can't have it. They don't make it for skinny people," instead of an embarrassed, "Oh . . . from a catalog." Why should I be embarrassed that they think I shop somewhere they've heard of? That they don't realize that trying things on in the store is a privilege not all sizes receive?

When someone comments on what they're eating, or what I'm eating, designating this food as "good," and this food as "bad," I speak up. Because I hate seeing grown women reduced to being a "good" or "bad" person based on a donut, of all things. Each of these moments is a small coming out; a refusal to accede to the social definitions of what fat means, and who is eligible to be a full participant in our own lives.

The most rewarding "coming out" moment I've had lately was the day I returned to work after my first NAAFA convention, this past August. I'd had an intense, empowering weekend, connected with exciting new friends and allies, and was generally still riding the convention high. My openly gay coworker stopped by my desk and asked how my time off had been. I explained that I'd spent the weekend at a convention for fat people like me. I told him how wonderful it had been to be in a room full of people where I was normal for once. He smiled knowingly -- no weird questions, no protestations of "but your health!" And I smiled back, and said, "I knew you'd understand."

Amanda A. Evans works, lives, knits, and writes in Santa Clara, CA. Connect with Amanda at her blog, Ampletude: Gloriously Unapologetic Fatness, at <http://ampletude.blogspot.com>

NAAFA is Proud to Support Dr. Regina Benjamin



NAAFA would like to thank US Surgeon General Dr. Regina Benjamin for her message of support for Health at Every Size (HAES). We agree with her that people should eat healthy foods and participate in movement that one can enjoy on an ongoing basis, independent of body size. There are many scientific studies that support the fact that body size is not an indicator of health.

A 2005 study published in the Journal of the American Dietetic Association found that significant improvements in overall health can be made, regardless of weight loss, when women learn to recognize and follow internal hunger cues and begin feeling better about their size and shape.

Recent findings from the Mayo Clinic conclude that fat men with moderate fitness had mortality rates similar to those of the highly fit normal-weight reference group.

Dr. Linda Bacon stated in her book, *Health at Every Size: The Surprising Truth About Your Weight*, that "Health at Every Size (HAES) is the new paradigm, providing a compassionate alternative to the war on obesity. No harm comes from supporting people of all sizes in adopting good health behaviors."

A recent study of a new school garden program in Berkeley, California showed increased nutritional knowledge among 4th and 7th graders who were fed a steady stream of gardening and cooking curriculum, vegetable intake was almost one serving per day greater and yet there were no detectable differences in academic test scores or body mass index based on differences in their exposure.

In July of this year, NAAFA sent a letter and packet of information to the Surgeon General stating our position and including resources on size discrimination and HAES. NAAFA is proud that we have a Surgeon General

who understands that a thin body does not equal health and a fat body does not equal disease.

Take a moment to view the video on the website of the US Surgeon General, Dr. Regina Benjamin: <http://www.surgeongeneral.gov>

We encourage our members, supporters and others to let her know you support her HAES message for adults and children. You may call 301-443-4000 to express your support.

In Memory: Bunny Peckham



by Miriam Berg

Bunny Peckham was seventy-two years young when she died on July 25, 2010. She was born in Pittsburgh and lived in Long Island for many years before moving to Orlando, Florida. She was very active in the Long Island Chapter of NAAFA and then the national organization. She ran many Holiday Happenings in the New York City area, and during the 1980s and 1990s was in charge of many of the NAAFA conventions on the East Coast. Any event she was involved with was sure to be fun for the participants as well as profitable for the organization. NAAFAs who attended those conventions could always find Bunny's friendly face at the registration

table, welcoming old and new members. After moving to Florida, she put her organizational skills to work planning and producing community events, including a Fourth of July festival for her community that included food, entertainment, and even a petting zoo. She was an accomplished jazz singer, and a collector of figurines of bunnies, hearts, and anything with the word "friendship" on it. She was also an accomplished seamstress, designing and sewing everything from tee shirts to glamorous evening gowns for herself and many of her plus and supersize friends. She will be greatly missed.

Attitude of Gratitude



by Dr. Lenny Husen

When I was a medical resident, I was required to do a research project. To my everlasting embarrassment, the project I chose had to do with weight loss. One of the Attending Physicians in our program ran an extremely lucrative weight loss center. His name was Dr. Sean Speedio. He told me that "we have tons of great data, all it needs is someone to analyze it!" I decided to look at a few variables, such as how successful the diet was in helping people lose weight, and whether or not their cholesterol, blood sugar, and blood pressure improved when they lost weight.

Dr. Speedio had once been fat (or so he told me) but had managed to lose weight and keep it off. He was a hyper sort of guy whose hair had once been red before it decided to jump ship. On rounds, he was a very efficient leader and we finished seeing all the patients two hours earlier than any of the other teams. If I stopped to tie my shoe, I would look up to see that the team was gone.

Dr. Speedio had run down the hall leading the rest of my fellow residents, and I had to page one of them to find out where they were.

I wanted to like him because he harmlessly flirted with me a couple of times (he was married with three children). I used to be susceptible to male flattery, since I have never had much confidence about my appearance even

on good days. But somehow, try as I might, I couldn't find Dr. Speedio attractive. I felt sorry for him for reasons I couldn't put into words. He was a few years younger than me, elegantly slender, a sharp dresser, intelligent, quick-witted, and with his patients, seemed genuinely sympathetic about their struggles to stick with his diet. There wasn't a single thing I could point to that made me mistrust him.

The Speedio diet was a "modified Atkins." Carbs were the Enemy. Every time I see or eat raw almonds, I think of how Dr. Speedio raved about how he would snack on three almonds to cut his hunger. His program consisted of 10 sessions, during which he would introduce concepts to new patients and get them started on the path to the Promised Land (weight loss). He swore that any patient who kept coming would lose weight. Most dropped out eventually, and the implication was that if they'd just only kept coming, they would have been successful.

He would tell his patients, "It's okay to cheat once in a while, for example, Thanksgiving. Eat whatever you want on Turkey Day! Eat as much as you want. But the next day, Friday, guess what? It ain't Thanksgiving anymore! You have to go right back on the Diet." There was the story about a guy who lost a lot of weight, and after every 10 pounds, the patient would buy a pizza and eat the whole thing to celebrate, "and that's totally fine" since he went back on the Diet the very next day.

Some of Dr. Speedio's patients were trying to lose weight before weight loss surgery (WLS) so that there would be "fewer complications." While I sat in the room with the patients eagerly jumping through hoops waiting to get to their surgery date, dutifully hearing about how cashews and bananas have too many carbs, I imagined going back in a time machine and finding an Irish family going through the Potato Famine, and bringing them to the session to listen in as flies on the wall, and their horror as I explained WLS to them.

The "data" that was supposed to be so good was basically charts with dates, weights, and blood pressures. I went in the computer to find glucose and lipid labs and attempted to correlate them with the weights. It was a lot of work, and it was depressing. Most people who lost weight gained it back, or else they never came back. Out of all the charts I looked at, only two patients were thinner than when they started. Blood pressure (when it was measured) didn't seem to correlate with weight. It did seem as if cholesterol and blood sugar were somewhat correlated with weight loss. But I felt sad for all the people who signed up for the Diet and didn't end up skinny.

Still, I had invested too much time in a project I despised with a person who was a gifted salesman rather than a healer. I ended up doing the best I could to come up with something meaningful, but since the original data had been collected so poorly, it was analogous to the proverbial sow's ear. I didn't actually lie or change any numbers, but I also didn't feel terribly good about the whole thing.

In the end I had to present my talk about Markers of Health and Low Carb Diets, and basically say that the low-carb diet wasn't unhealthy and could possibly be healthy, and it wasn't any better or worse than low-fat diets. It was in front of a room full of doctors, some of them the people I most admired at the time.

I showed slides of examples of low-carb foods like pork rinds, and raw almonds, and then I put up a slide of Kevin Bacon, "to remind everyone that eating Bacon is allowed on this diet." I was able to say this with a straight face, the only part of the whole affair of which I am proud.

Now, several years older and much wiser on the subject, I am relieved to see that I am not alone. Dr. Linda Bacon (no relation to Kevin, I presume) and Dr. Glenn Gaesser both mention that their journey to Health At Every Size started with a missionary-like zeal to help folks lose weight and be healthier. Until they figured out the damage that diets do.

So, in conclusion, I'd like to give all of you the exact opposite advice that Dr. Speedio gave his patients. Instead of treating Thanksgiving like it is our golden rare opportunity to enjoy delicious food prepared with pride and shared by loved ones, what about living as if every day of our lives were Thanksgiving? What about savoring slowly and deliberately the wonderful smorgasbord of choices as opposed to gorging frantically as if on the stroke of midnight the food will be whisked away by malicious spirits? What about only choosing foods we love, every single day? Can't we give Thanks that we are not in the midst of Famine and that we live in a land of plenty?

We can have any food we want year round; turkey, tofu, sweet potatoes with marshmallow topping, fresh strawberries with half-and-half, homemade

apple pie, mashed potatoes with rich brown gravy, Grandpa Bob's creamed corn with oysters, Aunt Loretta's cranberry sauce, and steamed asparagus. We can sample exotic foods of every culture around the world.

Genetically, we evolved as a species that looks at every meal as if it could be our last. Those of us who survived have bodies that are able to store fat. But now we know the food will be there tomorrow, we can truly have an attitude of gratitude, enjoy the feast, and have a second feast of leftovers on Friday. Thank you, God.

I welcome comments and suggestions for future columns. Contact me at fatlenster@gmail.com

Supporting Your NAAFA Family



by Frances White, NAAFA Co-Chair

Do you wonder why NAAFA seems to ask for donations so often? You should see all the e-mails our organization receives demanding that we "DO SOMETHING!" about an issue that bedevils fat people -- employment discrimination, harassment by retail sales people, fat hatred in politics, bullying of our children, and downright rudeness from health care providers and strangers on the street. Yes, we are the go-to organization for people

seeking information about size issues as well as those who assume we can right all wrongs.

The projects for which the NAAFA Board has earmarked funds in the fiscal year of 2011 include:

- Underwriting the travel expenses of Lynn McAfee of the Council on Size and Weight Discrimination to testify against diet drugs at FDA meetings in Washington, DC. She has been very successful in getting the FDA to consider objections to diet drugs in the past. Her work in opposition to the drug Meridia has finally born fruit with that drug being withdrawn from the market due to heart problems suffered by those who took the drug
- Following up on the Size Diversity Toolkit distribution to determine whether the HR recipients have put any of NAAFA's suggestions into practice
- Funding legal work to oppose changes to the Americans With Disabilities Act being suggested in California. The ADA has been used with some success to fight size discrimination cases for over 20 years but now is facing challenges
- Updating and revising the Child Advocacy Toolkit presented to our members at the 2010 annual convention. The Centers for Disease Control are supporting a convention to fight Childhood Obesity in 2011. We know their convention will be more of a War on Fat Kids than a meeting of minds to help make all children healthier, regardless of size, through good nutritional choices and adding enjoyable movement to all of our lives

As Board members, we are keenly aware that many charitable donations have fallen due to the economy. Last week, it was reported that the contributions to the top 400 charities in the U.S. were down 11%. Please don't let this happen to NAAFA donations. I'm sure you can see the benefits for all of us from the projects NAAFA has chosen to support. Since NAAFA is a 501(c)(3) charity, your donations can be deducted from your taxes to the fullest extent.

We can use your support when you think about holiday gift giving. How about giving gift memberships to NAAFA to your friends or family members? You can do that through a one-time donation of \$15 or more per membership to NAAFA. Think about a monthly pledge starting at \$10/month through our convenient Gift Tool secure system on the NAAFA website. And those who pledge monthly to NAAFA are eligible to receive one free ticket in the Travel Raffle underwritten by Board member Carole Cullum to be awarded at the 2011 NAAFA Convention.

Go online to NAAFA's secure web site (www.naafa.org) to make your donations. It's never too early to think about strategies to reduce your tax obligation to the IRS. If you prefer to send a check, our address is NAAFA, P.O. Box 22510, Oakland CA 94609. NAAFA will thank you. And you will be able to pat yourself on the back knowing how vital your support of our projects is to people all sizes of large.

Media and Research Roundup

by Bill and Terri Weitze

[Editor's Note: Go to the NAAFA News RSS Feed at <http://naafa.org> for the latest news.]

September 10, 2010: While Aaron Carroll is no friend of the fat community, he does know how to look at the costs of medical care for the United States and other countries and point out that fat people are not driving the increase in medical care in the United States.

<http://theincidentaleconomist.com/wordpress/the-blame-du-jour>

October 12, 2010: According to two new studies, 18 new genetic markers for "obesity" and 13 new markers that may determine where fat accumulates have been identified. The markers are only slightly better than chance at predicting who will be fat; likely because of other unidentified genetic markers as well as environmental factors.

<http://myhealthnewsdaily.com/obesity-genetic-markers-bmi-belly-fat-101012-0544>

<http://www.nature.com/ng/journal/v42/n11/full/ng.686.html>

<http://www.nature.com/ng/journal/v41/n1/abs/ng.287.html>

October 15, 2010: According to *The LA Times*, many people who are fat don't know it, and think that they may be healthy too! But further down in the article it says that the "deluded ones" merely picked a photo of someone their size or larger as having an ideal body size. Maybe they're deluded, or maybe they just feel good about themselves. All this is based on a letter published in the *Archives of Internal Medicine* pointing to "body size misperception" as an explanation for "obesity epidemic".

http://www.latimes.com/health/boostershots/la-heb-body-size-misperception-20101016_0,7472325.story

<http://archinte.ama-assn.org/cgi/content/extract/170/18/1695>

October 19, 2010: In an example of how fear of fatness overrides real health concerns, the American Society of Bariatric Physicians recommends that the state of Kansas eliminate some safety requirements for the use of controlled substances in "obesity" treatment. One bright spot: the press release includes and admission that diet and exercise rarely yield permanent weight loss.

<http://www.prnewswire.com/news-releases/asbp-recommends-kansas-modify-obesity-medication-rules-105285063.html>

October 20, 2010: Rob Goldstone provides some insight on travels of a fat person, including some interesting stories of international encounters. Unfortunately, Goldstone feels the need to include several self-deprecating "fat jokes".

<http://travel.nytimes.com/2010/10/24/travel/24journeys.html>

October 21, 2010: *CNN.com* questions (as do we) why TV shows with fat characters focus so much on the characters' weight. It seems many people don't understand why size has to be a major plot point. Doesn't anyone remember *Roseanne* and how successful it was without it being about being fat?

<http://www.cnn.com/2010/SHOWBIZ/TV/10/18/plus.size.characters>

October 23, 2010: As expected (see the September 16 entry in last month's Roundup), the FDA denies approval of the diet drug lorcaserin due to concerns about formation of tumors in rats on high doses of the drug and the low efficacy rate for weight loss. Disturbingly, there is a new trend of company investors pushing the FDA for approval through e-mails and petitions.

<http://www.nytimes.com/2010/10/24/business/24obesity.html>

October 27, 2010: *Marie Claire* writer Maura Kelly used to be anorexic. She uses this as an excuse for her bigoted and hurtful comments in a blog post about the TV show *Mike & Molly* and states that she is "grossed out" when seeing a very fat person do anything. Kelly has apologized for her

statements; and while some stand by her opinion, many people find the statements offensive. [See related October 29 item below.]

http://articles.nydailynews.com/2010-10-26/entertainment/27079262_1_fat-people-kiss-empathy

October 27, 2010: A small victory for HAES is achieved when UCSF COAST Center on Obesity Research changes its focus for a study on low income, "overweight" pregnant women from zero weight gain to healthy weight gain. Low-income women 20 or fewer weeks into pregnancy who are interested may contact the researchers at momshealthstudy@gmail.com
<http://www.chc.ucsf.edu/coast/index.htm>

October 28, 2010: April Brandon is soliciting input for an article about whether HAES or the size acceptance movement is doing more harm than good and is soliciting input from both sides. In her blog entry, she pits NAAFA and ASDAH against unnamed "health experts" who say that the movement undermines progress in getting healthier. Readers are invited to provide input at abrandon@vicad.com; shall we?
<http://www.victoriaadvocate.com/weblogs/pop-goes-culture/2010/oct/28/size-acceptance-movement-good-for-the-mind-bad-for>

October 29, 2010: In response to the *Marie Claire* article, a Big Fat Kiss-In is staged in front of the Hearst Building (home of the magazine), about 30 supporters were in attendance, handing out Hershey kisses, holding signs, singing songs, kissing, and asking Marie Claire employees whether they thought fat people should be allowed to kiss on TV. Other Kiss-Ins are held in Philadelphia and San Francisco.
<http://blogs.wsj.com/speakeasy/2010/10/30/anti-marie-claire-protestors-stage-a-kiss-in-at-hearst-building-denounce-fatties-blog-post>
<http://thephoenix.com/Boston/life/110964-rad-fatty-stonewall>

October 29, 2010: The FDA rejects another diet drug, Qnexa, this time due to safety concerns such as suicidal thoughts, heart palpitations, memory lapses and birth defects. Despite the dangerous side effects associated with the drug, Vivus will continue to work with the FDA in hopes of gaining approval for the drug.
<http://www.physorg.com/news/2010-10-fda-highly-anticipated-diet-drug-qnexa.html>

October 29, 2010: Before you decide to believe studies based only on statistics, you might want to talk to Charles Siefe, author of *Proofiness*, a book that shows how number crunchers can use statistics to prove whatever they want.
<http://well.blogs.nytimes.com/2010/10/29/the-dark-art-of-statistical-deception>

October 31, 2010: A diet center cites as breaking news a study published in 2007 in the *Journal of Clinical Oncology* that found fat children to have a 50% greater relapse risk of leukemia. What they don't say is that obesity was a significant factor only for children 10 years old or older, as the children are entering puberty, many body changes are taking place, and treatment compliance becomes an issue. Old news, old data.
http://www.dole.com/NutritionInstituteLanding/NI_Articles/NI_DoleDiet/NI_DoleDiet_Detail/tabid/1058/Default.aspx?contentid=12260
<http://jco.ascopubs.org/content/25/15/2063.full.pdf+html>
<http://jco.ascopubs.org/content/28/32/4800.abstract?sid=7b1070e5-d06e-49a1-b9d9-fd02aba7a3f5>
<http://www.ncbi.nlm.nih.gov/pubmed/16470520>

November 2, 2010: An anti-obesity program for fat African American girls resulted in beneficial changes in cholesterol, diabetes risk and depressive symptoms while having little effect on weight. The lead researcher, Thomas Robinson, notes that weight is very difficult to change and you can focus on behaviors that provide health benefits. (This looks like an accidental proof of the effectiveness of Health at Every Size.)
<http://www.sciencecentric.com/news/10110258-anti-obesity-program-low-income-kids-shows-promise.html>
<http://archpedi.ama-assn.org/cgi/content/abstract/164/11/995>

November 3, 2010: Many studies have shown that fat employees make less than their average-sized counterparts. A new study shows that women who are thinner than average earn more; but that thinner than average men earn less. The researchers conclude, "It may be possible and competitively advantageous for employers to try and recognize and then reduce the role that weight plays in their employment decisions."

<http://www.hreonline.com/HRE/story.jsp?storyId=533324149>
<http://psycnet.apa.org/psycarticles/2010-19524-001>

November 3, 2010: Research with fruit flies that got fat on a diet of coconut oil finds that a protein called TOR may control fat accumulation around the heart, such that inhibiting TOR could control this accumulation. Any applicability to humans seems a long way off, however.

<http://news.softpedia.com/news/Fruit-Fly-Links-Obesity-and-Heart-Disease-164436.shtml>
<http://www.cell.com/cell-metabolism/retrieve/pii/S1550413110003505>

November 5, 2010: Even though the rate of fatness in America has actually leveled off based on the past 5 to 10 years of data, a statistics-only study (see October 29 "proofiness" item above) out of Harvard shows that the rate will continue to rise through year 2050. Researchers use an extension of the classical infectious disease model, even though being fat is not contagious.

<http://pagingdrgupta.blogs.cnn.com/2010/11/04/study-u-s-obesity-rate-will-hit-42-percent>
<http://www.ploscompbiol.org/article/info:doi/10.1371/journal.pcbi.1000968>

November 5, 2010: NAAFA member Simcha Whitehill, writing for *TheFrisky.com*, reports on the increase of fat studies courses at colleges such as Rutgers and University of Michigan, and why this is important.

<http://www.thefrisky.com/post/246-a-sizable-trend-colleges-starting-to-offer-fat-studies-classes>

November 8, 2010: A professor of human nutrition went on a "Twinkie Diet" to show that calories matter, not the form of those calories. However, while keeping his intake to 1800 calories a day his diet also included a vitamin pill, protein shakes and vegetables. We'll see if he gains the weight back.

<http://www.cnn.com/2010/HEALTH/11/08/twinkie.diet.professor>

November 11, 2010: *The Huffington Post* reports on the problems engendered by New York City Mayor Bloomberg's push to prohibit the use of food stamps for certain beverages. As writer Peter Naccarato points out the plan both demonizes fat people and infantilizes the poor.

http://www.huffingtonpost.com/peter-naccarato/the-price-of-the-antisoda_b_779464.html