



**national association
to advance
fat acceptance**

NAAFA Newsletter

**National Association
to Advance Fat
Acceptance**
October 2015

Dear Reader,

We love your suggestions! Send 'em to us at pr@naafa.org

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Give Them Something to Talk About: My Journey as an Admirer of Size



by Tony Harrell

I suppose that I've always found fat women to be the most attractive to me. Like many people, my first ideal of beauty was shaped - no pun intended - by my mother who was and still is a fat person. As an introverted teen, I believe I must have suppressed my attraction although I became a little bolder upon entering college. With the internet taking off by the late '90s, my opportunities to meet new people of size expanded. With the encouragement of a core social group of

women and men, I was eventually led to the Philly Bash conveniently located in my own backyard. It was at the Philly Bash where I would meet the woman who would someday become my wife. However, we would be casual friends for quite some time.

Being a person of "average" or "typical" size, not to mention still somewhat introverted, it took a while for me to feel less self-conscious about real or perceived reactions from strangers about a girlfriend and me daring to be a romantic couple in public. The fact that I was a Black man often in interracial

I'm Fat, But . . .

October Video of the Month

Everyday Feminism put together this great video that proves stereotypes incorrect. Enjoy the message of these proud young, fat people. <http://everydayfeminism.com/2015/09/im-fat-but-im-not>

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relationships only compounded the paranoia I tried to stifle within myself. With Cathy, I would inherit the "trifecta" of differences in not only size and ethnicity but also age as she is noticeably older than me. For Cathy, who had been living as a fat person for most all of her life, she was accustomed to getting looks just for existing. So she figured that if people are going to look, then, as Bonnie Raitt would sing, let's give them something to talk about! Eventually, the gratuitous displays of devotion would not be as necessary.

Would I say that I'm 100% blissfully unaware of other people when Cathy and I roam about these days? Well, it helps that we live in a fairly diverse area. I do admit to regaining a bit of self-consciousness when we travel to places with less demographic variety. On the flipside, when we attend fat-friendly social and advocacy events, we may still be somewhat unique among fellow attendees but it is still an oasis from "the real world" of judgment. In the end, I have Cathy's back and she has mine; that's really all that matters, yes?

NAAFA Speaks Out on House Bill H.R. 2404

The following message was mailed to each member of the U.S. House of Representatives, Committee on Ways and Means, Subcommittee on Health. References have been removed for this newsletter; the original message with references is available upon request.

Honorable Sirs/Madams:

My name is Darliene Howell and I am the Chair of the Board of Directors for the National Association to Advance Fat Acceptance (NAAFA). The NAAFA Board of Directors is writing to you in the interest of our membership regarding House Bill H.R. 2404 - Treat and Reduce Obesity Act of 2015. We are asking the Subcommittee to vote against the passing of this Bill.

The purpose of this Act is "To amend title XVIII of the Social Security Act to provide for the coordination of programs to prevent and treat obesity, and for other purposes". This would potentially include authorization of Medicare funding of intensive behavioral therapy provided by health care providers, potential referral to an "evidence-based, community-based lifestyle counseling program" and/or Medicare Part D coverage for obesity medication.

While the ideal of the government assisting its citizenry in reaching and maintaining a state of health and well-being is laudable, NAAFA maintains that:

- A person's weight/body mass index (BMI) does not equate health
- There are no "evidence-based" programs, medications or surgeries that have a proven long-term track record of weight loss and stabilization (more than 10 years)
- Long-term weight loss is virtually unattainable
- Weight cycling and the stress of repeatedly trying to achieve an unattainable goal is bad for your health

We would suggest an alternative to the current proposal in adopting a Health at Every Size approach to improving health for people of all body shapes and sizes.

A LOOK AT THE DATA

- **A person's weight/body mass index (BMI) does not equate health**

A 2012 examination of the association between metabolically healthy obesity and risk of cardiovascular disease (CVD) and all-cause mortality concluded that metabolically healthy obese participants were not at an increased risk of CVD and all-cause mortality over seven years.

A 2013 study maintains: "Accumulating evidence suggests that not all obese subjects are at increased cardiometabolic risk and that the 'metabolically healthy obese' (MHO) phenotype may exist in the absence of metabolic abnormalities."

Another 2013 study examined whether weight-loss diets lead to improved cholesterol, triglycerides, systolic and diastolic blood pressure, and fasting blood glucose; and tested whether the amount of weight lost is predictive of these health outcomes. Across all studies, there were minimal improvements in these health outcomes, and none of these correlated with weight change.

- **There are no "evidence-based" programs, medications or surgeries that have a proven long-term track record of weight loss and**

stabilization (more than 10 years)

In 1999, a survey of the most popular dieting techniques use over the previous 40 years showed that most weight loss diets cycle in and out of popularity and that many were hazardous to health. Additionally, the data that does exist suggested almost complete relapse after 3-5 years.

A 2007 review of studies showed that one-third to two-thirds of dieters regain more weight than they lost on their diets.

Most currently available weight-loss medications are FDA-approved for short-term use and would not have a long-term effect on weight loss and stabilization. Comparative studies between currently popular weight-loss intervention programs have only shown data for a 12-month period or less. There is no long-term data on weight loss from these types of "interventions" and their approval would place an undue hardship on the limited funding of the Medicare system.

During a meeting of the Food and Drug Administration's Medical Devices Advisory Committee, a committee member posed this question to the representative of a new weight-loss device:

"DR. FAULX, M.D.: I have a question regarding the weight loss. So, in looking at the numbers of these patients, the average weight was 250 pounds. So they have 100 excess pounds. So we were looking at patients who lost 25 pounds and were sort of considered the ones that did great. So they're down to 225 pounds, so they're still obese patients. And obviously this device appears like it has to stay in forever, or else when you take it out, they'll gain weight. So my question is, do you have any sense of why they stop losing weight? I mean, they're still obese . . ."

Answer:

"DR. SHIKARO, M.D.: Well, I don't have an answer for you based on this technology. That hadn't been studied, what metabolically happens. But I can answer you based on bariatric surgery in general. In all of the operations we perform, there is a finite weight loss, and it can be classified in the gastric bypass of about 65% of excess (weight) - the sleeve - about 50%, the banding - maybe 35%, 40%. Patients don't lose forever."

In looking at the long-term effects of laparoscopic sleeve gastrectomy, a 2015 study found that there was a significant weight regain and a decrease in remission rates of diabetes over time and, to a lesser extent, those of other comorbidities.

- **Long-term weight loss is virtually unattainable**

A 2015 study of data for 76,704 obese men and 99,791 obese women during a maximum of 9 years follow-up indicated that the probability of an obese person reaching a "normal weight" or maintaining weight loss is low. In simple obesity (body mass index = 30.0 -34.9), the annual probability of attaining "normal" weight was 1 in 210 for men and 1 in 124 for women, increasing to 1 in 1,290 for men and 1 in 677 for women with morbid obesity (body mass index = 40.0 - 44.9).

- **Weight cycling and the stress of trying to achieve an unattainable goal and repeatedly failing to meet that expectation is bad for your health**

Chronic weight dissatisfaction, regardless of BMI, represents a potentially important psychophysiological modifier of the relationships between BMI and risk of Type 2 diabetes.

A study from the Rudd Center reports: "Exposure to weight-stigmatizing stimuli was associated with greater cortisol reactivity among lean and overweight women. These findings highlight the potentially harmful physiological consequences of exposure to weight stigma."

A 2015 study states that individuals that gained or cycled weight were less likely to be metabolically healthy overweight or obese independent of changes in physical activity, cardiorespiratory fitness and diet when compared to those who maintained a stable weight or lost weight.

A HEALTH AT EVERY SIZE APPROACH

A 2011 review of conventional weight loss recommendations suggests a different approach:

"A growing trans-disciplinary movement called Health at Every Size (HAES) challenges the value of promoting weight loss and dieting behavior and argues for a shift in focus to weight-neutral outcomes. Randomized controlled clinical trials indicate that a HAES approach is associated with statistically and clinically relevant improvements in physiological measures (e.g., blood pressure, blood lipids), health behaviors (e.g., eating and activity habits, dietary quality), and psychosocial outcomes (such as self-esteem and body image), and that HAES achieves these health outcomes more successfully than weight loss treatment and without the contraindications associated with a weight focus."

A 2012 study concluded that healthy lifestyle habits are associated with a significant decrease in mortality regardless of baseline body mass index.

A 2014 review of 20 interventions that promote eating by internal cues found:

"Overall, studies that encourage individuals to eat intuitively help participants abandon unhealthy weight control behaviors, improve metabolic fitness, increase body satisfaction, and improve psychological distress. Results from our review favor the promotion of programs that emphasize a nonrestrictive pattern of eating, body acceptance, and health rather than weight loss."

In 2014, the results of a review of the impact of non-diet approaches found:

"Non-diet interventions resulted in statistically significant improvements in disordered eating patterns, self-esteem, and depression. None of the interventions resulted in significant weight gain or worsening of blood pressure, blood glucose, or cholesterol, and in two studies biochemical measures improved significantly compared with the control or diet group."

We are asking you to reconsider H.R.2404 as currently written. We are asking for you to be open and look at the possibilities in improving the health of your constituents without the psychological and physiological stress of forcing their bodies to strive to meet, for many, impossible goals. We are asking that you consider that "conventional methods" have not worked and that it's time for a change in how we look at health relative to a person's body size. We're asking for you to vote against H.R.2404. We come in all sizes.

Thank you for your willingness to listen to our requests. We are available to answer any further questions you may have. You may contact the Board of NAAFA via phone at 916-558-6880 or via email at secretary@naafa.org

Looking forward,
Darliene Howell
NAAFA Board of Directors

New Fat-Acceptance Mailing List

As part of NAAFA's membership survey process, some members had asked about the Fat-Acceptance mailing list that NAAFA made available for subscribers to communicate and ask questions of others in the Fat Acceptance arena. NAAFA chose, due to limited finances, to discontinue the mailing list last year. We have since been contacted by one of the former members of the Fat-Acceptance mailing list, David Griffith, offering an alternative. You may now subscribe to the New Fat-Acceptance mailing list by going to <http://lists.feedle.net/cgi-bin/mailman/listinfo/fat-acceptance> and completing the form.

We would like to thank David for making this resource available to NAAFA members. I know many will enjoy this forum for exchange of ideas and questions which comes right to your e-mailbox.

Fun Fun Fun

Hello NAAFA Friends,

I've been thinking about how I have fun lately. Most of the fun things I do are very active. Recently as I was recovering from surgery I had to be more restful than I'm used to. This required me to find fun things to do that were more sedentary. I'm not much into TV or computer games. I do love to read so I loaded a few different books on my kindle: a mystery, a romance, a comedy and a spiritual guide. I had fun reading from my "smorgasbord". I also sing and play



guitar so I started to write some songs which I hadn't done in decades . . . this was very fun! It felt great to be creative in this way again.

I bring up this topic to encourage you to expand your fun. Do you have activities that you enjoy that are active and restful? A really fun activity is to put on a favorite song and do a kitchen dance or a chair dance. Just move to the music in any fun way.

If you'd like some inspiration check this out:

<http://www.muve.com/blog/category/chair-muve-seated-exercises>

Love,
Cinder

Media and Research Roundup

by *Bill and Terri Weitze*

[Check <http://naafa.org> and

<http://groups.yahoo.com/neo/groups/naafanews/conversations/topics> for the latest news.]

August 27, 2105: Fat men have the same issues trying to find attractive clothing that fits as fat women, according to Anthony Quintano, who shares his shopping experience at a local mall.

<http://www.today.com/series/love-your-body/plus-size-mans-confession-i-dread-going-shopping-clothes-t37896>

September 2015: Looking at how much fast food is consumed by Americans, research finds that children and teens eat about 12.4% of their daily calories in fast food, with teens consuming the higher proportion. No difference in the number of calories was found based on poverty or weight.

<http://www.cdc.gov/nchs/data/databriefs/db213.htm>

September 7, 2015: By requiring that schoolchildren select one fruit or vegetable with their lunch, the U.S. Department of Agriculture has succeeded in reducing the actual amount of fruit or vegetable the children eat from their lunch.

<http://well.blogs.nytimes.com/2015/09/07/children-tossing-school-lunch-fruits-and-vegetables>

September 8, 2015: A study based on recent data confirms that the rate of diabetes in the United States did not increase from 2008 to 2012. Increases from 1988 to 2008 were due in great part to changes in the ethnic makeup of the US.

<http://jama.jamanetwork.com/article.aspx?articleid=2434665>

<http://jama.jamanetwork.com/article.aspx?articleid=2434682>

September 10, 2015: Nearly half of the people in the United States are now considered diabetic or pre-diabetic due to changing guidelines (first link). In a *Health News Watchdog* podcast, Dr. John S. Yudkin says that there's no basis in the scientific literature for these changes, and talks about the dangers of focusing on the numbers when treating diabetes (second link).

<http://www.healthnewsreview.org/2015/09/half-of-americans-have-diabetes-or-pre-diabetes-really-what-does-that-mean>

<http://www.healthnewsreview.org/2015/09/idolatry-of-the-surrogate-overdiagnosis-in-diabetes-podcast-with-dr-john-s-yudkin>

September 11, 2015: According to a recent study, the desire to change weight by children may lead to poorer health-related quality of life rather than the children's weight status, leading the researchers to urge childhood obesity programs to focus on a positive approach to health and well-being by promoting intuitive eating, exercise, body acceptance and good mental health.

<http://www.tandfonline.com/doi/abs/10.1080/08870446.2015.1082560>

September 13, 2015: Participants in a 1-year nutritional intervention program based on HAES philosophy, results in participants benefiting and approving of the intervention, as well as achieving more autonomy and positivity of attitude regarding eating.

<http://www.la-press.com/now-i-can-do-better-a-study-of-obese-womens-experiences-following-a-no-article-a5073>

September 16, 2015: A small study looks at the effect of gender-specific marketing on consumers' food preferences.

<http://www.theatlantic.com/business/archive/2015/09/food-gender-marketers-yogurt-women-chicken-men/405703>
<http://econtent.hogrefe.com/doi/abs/10.1027/1864-9335/a000226>

September 17, 2015: A New Jersey state appeals court rules that Borgata casino's policy, which prohibits servers from gaining or losing more than seven percent of their body weight, is lawful. The case of eleven of the women is returned to the lower court to determine if they were subjected to hostile work environment over the policy enforcement.

<http://6abc.com/news/ruling-borgata-casino-can-regulate-waitresses-weight/989699>

September 17, 2015: Mathew Rodriguez puts together seven examples where science helps replace some obesity myths with reality. We've rounded up his links in this mini roundup within a roundup.

<http://mic.com/articles/125369/7-studies-that-prove-fat-shamers-are-on-the-wrong-side-of-science>
<http://www.nejm.org/doi/full/10.1056/NEJMoa1502214>
<http://jaoa.org/article.aspx?articleid=2432876>
<http://www.cell.com/cell-metabolism/abstract/S1550-4131%2815%2900330-7>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4429093>
<http://www.nature.com/ijo/journal/vaop/ncurrent/full/ijo2015143a.html>
<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2015.302773>
<http://ije.oxfordjournals.org/content/early/2015/05/11/ije.dyv063.short>
<http://onlinelibrary.wiley.com/doi/10.1002/oby.20891/pdf>

September 18, 2015: The U.S. Food and Drug Administration (FDA) announces its Patient Engagement Advisory Committee (PEAC), inviting a more patient-centered view of device development and use by including patients' perspectives when reviewing risks and benefits.

<http://blogs.fda.gov/fdavoices/index.php/2015/09/fda-announces-first-ever-patient-engagement-advisory-committee>

September 19, 2015: A study of the effect of empagliflozin on patients with type 2 diabetes at high cardiovascular risk finds no differences between the placebo group and the empagliflozin group as to rates of myocardial infarction or stroke, but lower rates of death in the empagliflozin group. The drug also can lead to some weight loss, but the patients were only followed for about 3 years and according to the graphs weight loss seems to be reversing.

<http://conscienhealth.org/2015/09/diabetes-care-that-reduces-weight-and-extends-life>
<http://www.nejm.org/doi/full/10.1056/NEJMoa1504720>

September 24, 2015: Peggy Howell's article in *USNews.com* explains, in plain, clear language, why diets don't work and why there is more to life than trying to achieve a body size that may not be natural for you, urging us to eat well, get some movement, and concentrate on what is really important in life (hint it's not a number on a scale).

<http://health.usnews.com/health-news/health-wellness/articles/2015/09/24/why-diets-really-dont-work>

September 30, 2015: A recent study claims that the obesity paradox is due to reverse causation confounded by smoking history. The researchers reclassified the control group to include only those who had never been fat and never smoked; and claimed the obesity paradox then disappeared. Or maybe this is the only way they could cherry-pick data to come up with their desired result.

<http://conscienhealth.org/2015/10/more-questions-than-answers-about-the-obesity-paradox>

<http://onlinelibrary.wiley.com/doi/10.1002/oby.21239/abstract>

October 2015: Demeter Press is calling for submission of papers from women (trans-inclusive) who self-identify as fat, curvy, voluptuous, plus size, etc., for an edited collection, *In Our Skin: Our Bodies, Our Stories*.

<http://demeterpress.org/wp-content/uploads/2015/09/bodiescfp.pdf>

October 2015: Club Every-BODY introduces its Facebook group. Club Every-BODY is a Chicago area group for people of all sizes to encourage body confidence and bring like-minded people together to celebrate loving life in your unique beautiful body.

<https://www.facebook.com/groups/840002482727536>

October 2015: Judith Matz, writing in *Psychotherapy Networker* magazine, presents a case study of a woman dealing with binge eating and her relationship with food. Judith works with the patient on various issues with a weight-neutral focus on health and mindful eating.

<http://www.psychotherapynetworker.org/magazine/currentissue/item/2720-case-study/2720-case-study>

October 1, 2015: Researchers find that height and BMI can affect your sex life. Men and women who are overweight and obese have the most sexual partners. Men and women who are considered "very short" have fewer sexual partners.

<https://www.yahoo.com/health/proof-that-dadbod-is-a-turn-on-new-study-shows-204740659.html>

<http://evp.sagepub.com/content/13/3/1474704915604563.short>

October 2, 2015: *US News* reports on needles on epinephrine auto-injectors that are too short to reach the thigh muscle (the route of choice for these injections to achieve best relief from a severe, possibly life threatening, allergic reaction) under subcutaneous fat for between 19% and 31% of patients (depending on the study), especially among women. (The second link is to the related petition covered in this newsletter earlier this year.)

<http://health.usnews.com/health-news/patient-advice/articles/2015/10/02/are-allergy-auto-injector-needles-long-enough-for-obese-patients>

<http://tinyurl.com/nt3wskn>

October 7, 2015: Studying patients before and after weight loss surgery, researchers find that the risk of self-harm emergencies (such as suicide attempts) increases significantly post-surgery.

<http://www.medicalnewstoday.com/articles/300648.php>

<http://archsurg.jamanetwork.com/article.aspx?articleid=2448916>

October 7, 2015: Some of the ladies of Curvy Girl Lingerie talk about how having sexy lingerie that fits has empowered them and others to start loving and accepting their bodies despite the trolls and fat shamers.

<https://www.youtube.com/watch?v=3WhsnovQcSw>

October 8, 2015: "Fat Guy Across America" is the blog of Eric Hites, who is planning on biking across the United States. The going is slow, but he says this is not a race. He has already accomplished one of his goals by reconnecting with his estranged wife.

<http://www.nytimes.com/2015/10/08/fashion/fat-guy-across-america-eric-hites.html>

October 8, 2015: Warning: Some fat bias, shaming, depiction of starving and internal organs. Stephen Colbert takes on the Aspire Assist, a tube from the stomach to a port in the chest, so the undigested food can be drained into a toilet; or as Colbert describes it, "machine assisted abdominal vomiting".

https://www.youtube.com/watch?v=Znr_a2V2d1c

October 9, 2015: Cosplayer GeishaVi talks about the rewards and difficulties of being a plus-sized cosplayer of color, the key being to love yourself first.

<http://www.bustle.com/articles/116082-cosplayer-geishavi-believes-loving-yourself-is-the-key-to-dressing-up-as-someone-else-video>

October 14, 2015: A study presented at the American Neurological Association (ANA) 2015 Annual Meeting finds that obese patients hospitalized with an acute ischemic stroke had a lower risk as to in-hospital mortality. (To read this article you may need to sign up for Medscape; membership is free.)

<http://www.medscape.com/viewarticle/852614>

October 16, 2015: Half a year after weight loss surgery, a patient is still recovering from the effects of thiamine deficiency, which causes brain damage, brought on by constant vomiting.

<http://www.nytimes.com/interactive/2015/10/18/magazine/18mag-diagnosis.html>

Founded in 1969, NAAFA is a non-profit human rights organization dedicated to improving the quality of life for fat people. NAAFA works to eliminate discrimination based on body size and provide fat people with the tools for self-empowerment through public education, advocacy, and member support.

On the web: <http://www.naafa.org>

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