



NAAFA Newsletter

Official Publication of the National Association to Advance Fat Acceptance

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2006

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July 15, 2006,
www.capitalnaafa.org

Chapter Meeting, New York
NAAFA, Friday, July 21,
2006, www.nynaafa.org

Movie and Pizza Day,
Chicago NAAFA, Sunday,
July 16, 2006,
www.chicagonaafa.org

Hi, everybody! Don't forget to sign up for this year's NAAFA Convention in Massachusetts; come to <http://www.bigsummerfun.com> for all the information. You can register online using our new secure RegOnline page, linked at <http://www.bigsummerfun.com/registration.htm>. And now, on with the newsletter!

• **Colorado Teens Tackle Body Dissatisfaction Through Art**

In April 2006, local teenagers displayed their Yay Scales at the Art and Soul Gallery in Boulder, Colorado. The Yay Scale, a concept developed by NAAFA Board of Directors member Marilyn Wann, is a bathroom scale modified to register a positive adjective instead of a number. These scales have become the canvas through which the students express themselves, and show that a number does not determine happiness. Rather, the color, texture, line, shape, and form that are the language of art assist in celebrating the artist's feelings about his or her body and self-image, and redefining the nature and meaning of a scale. The transformed scales are art as social action, in which personal feelings and thoughts about an important issue reach and help others.

The student group, called the Boulder Youth Body Alliance, is led by Rocky Mountain NAAFA Member Carmen Cool, MA, LPC. The students each posted writings next to their Yay Scales; here are some samples:

"In this rich country, we have a poverty of self-love. We lack the luxury of wholly believing in our intrinsic beauty. We lack love of our flesh, bones, hair and skin. How do we teach ourselves to hold our heads high? We must open our chests to sprout wings from our hearts. Wings that allow us to soar into love of our bodies and faces with reckless abandon. (If your heart was heavy with this kind of love, would you put it on a diet?)"

"Recently, despite all the pressure I feel to attain physical perfection, I have realized that in the end, when I look back, the things in my life I will be proud of will have nothing to do with the size or shape of my body. These three women, my mother and two grandmothers always wanted the best for me and valued me for everything not just my body. They are my body inspiration."

Chapter Meeting, New York NAAFA, Friday, August 18, 2006, www.nynaafa.org

Hot in Herre Pool Party, Capital NAAFA, Saturday, August 19, 2006, www.capitalnaafa.org

Pool Party, Cookout, and Auction, Chicago NAAFA, Saturday, August 19, www.chicagonaafa.org

Motown Gold Party, Capital NAAFA, Saturday, August 26, 2006, www.capitalnaafa.org

In Memoriam

Long time NAAFA members will be saddened to note the May 26 passing of Donna Marie Ryan, who served on NAAFA's Board of Directors from 1990 to 1995. She had been a stalwart member of Chicago NAAFA, and served as NAAFA's Chapter Coordinator for a number of years. While Donna Marie left the Board in 1995, she continued her participation in the size-acceptance movement by joining ISAA and being part of the Big As Texas group.

Dixie Velasquez, a former president of the Chicago Chapter of NAAFA and ISAA Chicago, passed away on June 19. She also began Colossal BBW dances, which later became and still exists as Linda's Big Connections. More recently, she began another social group Sugar Babes. She was also attempting to raise funds for US troops in Iraq and their families at the dances, which began in March.

Art Lieb, who was a member of Chicago NAAFA about 15 years ago, died in

"When I saw the metal guts spill out of my scale, I wanted to throw it across the room. Instead, I poured my heart and guts into the thing I hated most and finally realized that we could be friends. Damn the man who invented scales. Praise the women who taught us how to break them open."

• **Yellow Teeth and "Obesity"**

by Kelly Bliss

Kelly Bliss, M.Ed., is a NAAFA member, author, public speaker, lifestyle coach, and fitness trainer, and may be reached at <http://www.kellybliss.com> or 610-394-2547. (This article is excerpted from the Health At Every Size Journal, Volume 290, Number 1, Spring 2006, available at <http://www.gurze.com>)

We constantly hear about the "obesity epidemic", "obesity crisis", and "obesity problem". I believe that as long as we define obesity as the problem, we are reducing the possibility of a solution.

As a lifestyle coach, psychotherapist, and personal fitness trainer, I work with people of all sizes, especially large size. In the years since I started in 1980, I have had the pleasure of watching hundreds of people make substantial changes in their lives. I have seen people improve many measures of their health: lowering cholesterol, lowering blood pressure, improving blood glucose levels, increasing exercise stamina, and improving functioning in daily activities. I have also seen many people lose weight as a side effect of their healthy living actions.

Unfortunately, I have also seen the harmful results of a focus on the "weight problem" or the "obesity problem". With this focus, large people are seen as the walking embodiment of "the problem". They feel wrong, bad, and even villainous. So, in trying to solve this problem, additional difficulties are actually being generated. I would like to look at another health issue to demonstrate how this might happen.

- The behavior or action: Smoking
- The associated characteristic: Yellow teeth
- The associated health issues: Lung cancer, emphysema

What would happen if we tried to reduce the incidence of lung cancer and emphysema by focusing on the characteristic of yellow teeth instead of focusing on the behavior of smoking? What if we launched a "War on Yellow Teeth" to prevent lung cancer and emphysema? What if we defined the problem as yellow teeth? People who had yellow teeth would worry about their health and be made to feel bad about their yellow teeth. They would be told how their yellow teeth were costing billions in health care and insurance premiums. Many smokers would be targeted in this war as needing intervention. They would be given teeth whitening potions and creams, programs to whiten teeth, even surgical removal of the offending yellow teeth. After all, missing teeth and the

early June. Art was an artist, and drew a Chicago outline that was used for Chicago NAAFA tee shirts one year.

Transition

Life member of NAAFA Barbara Novack is in Milford Manor Nursing Home for medical reasons, and hopes to be back home by the end of July. Postcards are welcome; you may send them to Barbara in care of Milford Manor, 4204 Old Milford Mill Rd., Pikesville, MD 21208.

:: newsletter@naafa.org
 :: <http://naafa.org>

:: 916-558-6880

resulting health problems are not as dangerous as lung cancer or emphysema.

What about those smokers who do not happen to have yellow teeth even though they smoke? Since their teeth are white, they would not be defined as having a problem. They would be ignored by the "War on Yellow Teeth" because they do not possess the characteristic that has been defined as the problem. They would not get support or education on reducing lung cancer and emphysema.

What about those people who did not smoke and just have yellow teeth due to genetics, medication, or other reasons? They would be targeted. As they worked to whiten their teeth, they would face frustration because they could not get their teeth white enough. They may damage their teeth with more and more extensive efforts to whiten them. And all along, they would be encouraged to continue. They would be pressured, and chided, and even have recommendations to have their offending teeth surgically removed in order to save them from the awful impending lung cancer and emphysema.

Now, let's get back to the "problem of obesity" and consider it in a similar way.

- The behavior or action: Poor dietary habits and sedentary lifestyle
- The associated characteristic: Large body weight
- The associated health issues: Increased risk of high blood pressure, high cholesterol, cardiovascular disease, type 2 diabetes, and some cancers

We are experiencing similar results in the "War on Obesity" as would occur in the above scenario about yellow teeth. In both cases, by targeting the characteristic instead of the behaviors and actions, we prevent a solution from being found. The resulting policies hurt the people with and without the unhealthy behaviors. The assumption that the associated characteristic causes the health issues skews research design and results in conflicting scientific conclusions.

I propose that we end the "War on Obesity", and adopt the Health At Every Size (HAES) model, which focuses on healthy eating and fitness for everybody of every size.

This new definition of the problem has a solution built right in. This solution is based on the ACTIONS of the individual, rather than on the characteristic of body size. Notice the inclusive nature of this new definition of the problem and solution. If someone had poor dietary habits and a sedentary lifestyle, they would get support and encouragement to improve their lifestyle, independent of their weight. Likewise, if someone is participating in the actions of healthy eating and fitness, they would get support and encouragement to continue their healthy lifestyle. Nobody is stigmatized. Nobody is ignored who needs help. Everybody can be successful. Whether someone is small or large, the moment they participate in the actions of healthy living, they are in the process of succeeding. One success motivates another.

- **Jeanne Toombs Elected to NAAFA Board of Directors**

Jeanne Toombs is the newest member of NAAFA's Board of Directors. Jeanne is a long-time member of NAAFA who has served in many volunteer capacities over the years. As a piano teacher, she used her musical skills to orchestrate the musical programs at several NAAFA conventions.



When Jeanne joined the Board of Directors in May 2006, she listed as one of her reasons for being willing to serve, "It's about time I gave something back to NAAFA for all the years of support and enjoyment I've received from the organization!" Jeanne continues to serve as the Chair of the Speakers' Bureau, and is always looking for people willing to represent NAAFA to other groups. She has a gift for public speaking that has been honed by being a frequent media contact for NAAFA on programs in the Northeast ranging from local public access TV to debating weight "experts" on WGBH, the PBS channel in the Boston area.

It is with great joy that we welcome Jeanne Toombs to the Board of Directors of NAAFA and look forward to serving with this extremely talented woman.

- **Letters to NAAFA**

I am writing with questions pertaining to your rationale for your association. As a medic for a critical care service my concerns lie in the health risks associated with morbid obesity. High cholesterol, high blood pressure, increased risk for heart disease, orthopnea leading to the need for continuous positive airway pressure during sleep, joint deterioration and numerous others factors leading to decreased quality of life and life expectancy. Not to mention the toll these situations take on the loved one of someone who is obese.

Should our society willingly accept the nature of what your association is trying to advance? Why should the citizens of this country be required to pay millions in health care costs to help disperse the burden of medical expense incurred due to obesity? Why should this country as a whole, lower its expectations of individuals and just accept that our people are growing larger and larger by generations. Statistics now show that life expectancy is going to decrease due to obesity in the coming years. Is that acceptable to us? One could argue from a science background that this is Darwinism in effect. Mother Nature's way of saying, "I've had about enough."

Name and address withheld

*NAAFA Board of Advisors member Joanne Ikeda, MA, RD
(Nutrition Education Specialist and Lecturer at the
University of California, Berkeley,
<http://cnr.berkeley.edu/cwh>) replies:*

For many years, researchers lumped all overweight and obese individuals into one group, and looked at the health risks of this population as a whole. That was a mistake because all overweight and obese individuals are not alike and do not have the same health risks. In the mid-1990s, Dr. Steven Blair, who is CEO of the Cooper Institute, published data showing that there was tremendous variation in the health risks of this population based on fitness level. In fact, his research showed that fat, fit men had one-half of the mortality rate of unfit, lean men. This was a turning point in the way many of us looked at obesity.

It appears that some obese individuals are meant to be very large people; these individuals remain metabolically healthy despite the fact that they are quite heavy. Other people are obese and metabolically unhealthy, suffering all of the risks generally associated with obesity. We advise physicians to look at indicators of metabolic health such as blood pressure, type 2 diabetes risk, blood glucose and insulin levels, and serum lipid levels BEFORE deciding that an obese individual is healthy or unhealthy.

This information is not being disseminated widely because it counters the popular beliefs that no one is meant to be fat, people become fat through sloth and gluttony, fat people can't be healthy, and the only way they can become healthy is to lose weight. In fact, some people are meant to be large and will live their lives being bigger than most of us. These individuals are not slothful or gluttonous; they have a strong genetic predisposition towards the efficient storage of body fat; they remain healthy despite their heaviness, and if they attempt to lose weight and are successful, they will eventually regain more weight than they lost. It is true that the majority of persons who become obese do not fall in the obese but metabolically healthy category. These individuals become obese due to a variety of behaviors including: consuming a calorically dense diet, practicing a sedentary lifestyle, early dieting before the age of 14 years, repeated dieting in adulthood with repeated weight loss and regain.

Sadly, many members of NAAFA have attempted to lose weight numerous times because they were told permanent weight loss is an achievable goal. In fact, 95% of individuals who lose weight by dieting regain it (and possibly more) within 3 years. This is due to the complex biological system controlling body weight. It is not due to personal failure. Most NAAFA members were never told that a healthy lifestyle would mitigate the health risks associated with being heavy. This is a real disservice to them since persons who are obese can improve their metabolic health by eating a more nutritious diet and by spending 30 minutes per day in physical activity. There is a strong body of research done at the National Institutes of Health supporting this.

Here are some articles that you should be able to access on Medline or Medscape that support my position. I especially like the first one by Blair and LaMonte.

Blair SN, LaMonte MJ. Commentary: current perspectives on obesity and health: black and white, or shades of grey? *Int J Epidemiol.* 2006 Feb;35 (1):69-72; discussion 81-2. Epub 2005 Dec 8.

Janssen I. Heart disease risk among metabolically healthy obese men and metabolically unhealthy lean men. *CMAJ.* 2005 May 10;172(10):1315-6.

Karelis AD, Faraj M, Bastard JP, St-Pierre DH, Brochu M, Prud'homme D, Rabasa-Lhoret R. The metabolically healthy but obese individual presents a favorable inflammation profile. *J Clin Endocrinol Metab.* 2005 Jul;90(7):4145-50. Epub 2005 Apr 26.

Karelis AD, Brochu M, Rabasa-Lhoret R. Can we identify metabolically healthy but obese individuals (MHO)? *Diabetes Metab.* 2004 Dec;30(6):569-72.

- **Resisting the Pressure to Diet**

*by Marilyn Wann
NAAFA Board of Directors member and
Fat Pride Agitator*



Editor's Note: On her website, <http://www.fatso.com>, Marilyn hosts Hank's GabCafe, a private discussion group. We've excerpted a recent exchange below.

kryffy (Krysten Kruger) writes: Topic #1317: to diet or not to diet.... that is the question . . .

. . . that it seems i am faced with EVERY DAY.

it started a few weeks ago, when everyone and i mean EVERYONE except for a lone few started doing weight watchers at my job. then my boyfriend confesses that he wants to do ediets, and wants me to do it with him, just to eat better, not to be crazy or anything, because we have been kind of eating like crap lately. then my SISTER, the one who ive set up TABLES with at COLLEGES about SIZE ACCEPTANCE calls me to guiltily confess that she has joined weight watchers "just to drop a few pounds and feel better.. please please please don't hate me!!!!!"

oh my god. im going OUT OF MY MIND!!!!!!!!!!!!!!!!!!!! . . . the thing that scares me more than anything is that im actually starting to reeeeeeeeeeeally think about it. maybe the weight watchers core plan isnt so bad. is it??? maybe joining ediets isnt so bad. i just dont know anymore. i DO hate that i cant get up the stairs without my knees hurting and im only 24. i DO hate how crappy ive felt since ive been stress eating and on the go eating. but all these things i just thought i could fix with making healthy choices and moving my body more. but maybe i do need guidelines. maybe i do need to lose weight. im so back and forth.

Im so confused!!!!!!!!!!!!!! please please please help me!!!!!!!!!!!!!!

Hank (Marilyn Wann) responds:

I totally appreciate the constant, pervasive pressure to buy the hate. This is the second-biggest time of year for people to go crazy hoping to be thin. There's January 1 and then there's bathing-suit season. So it's not about you. Fat hatred is just at high tide.

Diets are hate rituals. Any practice that involves a goal of weight loss is a hate ritual. I don't care whether it's "sensible" or extreme. I don't care whether Weight Watchers advises exactly the same food that I choose for myself because it's tasty and nutritious on any given day. They are selling hate. I won't give them a dollar or a minute of attention. As an ethical person, I could never advise another human being to undertake such dangerous, harmful, deceitful scams.

If people here expect me to approve of another human being's choice to adopt the goal of weight loss, that's not going to happen. First, each one of us has the absolute human right to do whatever we want with our bodies. If someone chooses to diet, that's not up to me to veto or to approve. At the same time, I have the right to express my opinion regarding a practice that I deem devastatingly harmful to the psychological, physical and political wellbeing of people of all sizes.

The goal of weight loss is the central pillar of fat hatred. As long as our society believes in the goal of weight loss, it's okay to hate fat people, to feel proud of anti-fat prejudice, and to discriminate based on weight. (The twisted logic goes: The hatred and discrimination that fat people experience is our own fault, since we could allegedly choose to be thin and thus worthy of respect as human beings).

When people are faced with a system that confers privilege or oppression based on weight, we each have an option. We can either attempt to move from the oppressed group to the privileged group (i.e., go from being fat to being thin). Or we can invest our efforts and our attention in tearing down the wall between fat and thin, so that every size and shape of person gets the chance to enjoy embodiment and celebrate weight diversity and live life fully without feeling alienated in our very own skin.

What can each of us do when we encounter the fat hatred of someone else's weight-loss goals?

1. Can we sympathize with that person's experience of fat hatred? (Otherwise why would they be dishing out the fat hatred? They're in the midst of fear and pain, even if it seems like they are all good and/or have "answers.") It may seem vulnerable or risky to do this, but it's a powerful point of contact. It moves us back to the point where people make a choice of how to respond to the hateful system, and perhaps gives them a chance not to opt for "passing," but instead to opt for liberation.

2. Can we name other people's talk of -- and investment in -- weight-loss goals in our own terms? Instead of being a good thing, the goal of weight loss is an investment in a kind of apartheid. For all of the many reasons that everyone here knows dieting is damaging, we can name it differently. (Once, during a TV interview, when I was asked why didn't I just go on a diet, I responded with something like, "I would never do something so stupid. I just enjoy good nutrition and regular exercise for their own sake.")

3. Can we treat ourselves very gently, in the midst of such traumatic experiences? I understand how other people's expressions of fat hatred tend to trigger our own internalized fat oppression. And of course, we all carry internalized fat oppression! We're constantly saturated with those attitudes and, despite our efforts to disengage from them, they're with us. So we get triggered. I get triggered. Then it's time to be gentle and compassionate with ourselves, not blaming/shaming. Be gentle with your own current interactions with food and with physical activity. You do not have to be perfect. When I say that I enjoy good nutrition and regular activity, that certainly does NOT mean that I perfectly eat and perfectly exercise every single day. It means that I appreciate my hunger and my fullness and my urge to move and my urge to sit and I give those parts of me attention along with all the other parts of me (my busy day, my lazy day, my commitments, my stress, etc.).

Finally, I was just thinking about the social aspect of fat hatred. When coworkers, family members, etc., take the time and effort to talk about their weight-loss goals with other people, it occurs to me that they're passing along a coercive pressure that at some point they experienced. There's an edgy discomfort in that pressure and getting other people to join in and agree to it may feel like it eases the discomfort and makes it comfortable. People who are hit with fat hatred and then hit others with fat hatred perpetuate and infect us with worry about our bodies. Someone who refuses to play along -- a person who instead is working toward body liberation -- breaks the chain-of-fools pattern and may get extra helpings of backlash for doing that. That doesn't mean the dieters are right, or even that they're strong, it just means they're full of fear.

People who experience thin-privilege frenzy are engaged in a kind of gambling addiction. They know that in the past, every single time they've pulled the one-armed bandit of weight-loss goals, they've ended up feeling like a loser (money, time, self-esteem, health, etc.). The weight-loss machine is set up to lure people with false glitz and false promises that inspire false hope. Look at the before and after photos that never show the after-that weight regain and that are always accompanied by the tiny words: Results not typical.

kryffy replies:

thank you thank you thank you.... much needed advice.

I'm proud to say that I am still going strong, and that I haven't succumbed to any ridiculousness. My neighbor called a few days ago to ask if I wanted her scale. seriously. TALK about the timing. I was practically having an entire debate with myself out loud on the phone with her... poor thing. luckily she is very much a fat celebrator, and only has a scale in the first place because she has many heart and other health problems and needs to know if her weight fluctuates at all because it could mean congestive heart failure. etc etc. ANYWAY... i said NO to the scale, which i was very very proud of. and i told my sister that she's crazy, and that i understand the pressure to do it but that i dont approve. then i went on a really great healthy grocery shopping trip, with lots of organic yummys, and some lays potato chips as well. then i talked to a woman at work who, lo and behold, has a lot of the same thoughts and feelings as i do about everyone else dieting. we have a lot more in common than i realized. and here is the best best best part... tonight there was a staff meeting at work, with a potluck or bring your own dinner, and everyone was freaking out because points points points.. blah blah blah... and this girl suzanne who is the sweetest girl EVER, about my size and totally beautiful, who is always so down on herself, pulls me aside and confesses that she ditched weight watchers. YEHAW!!!! the rebellion is coming!!!! and i plan on being there with some hershey's kisses when it does.

- **Diagnoses and the Fat Person**

by Frances White, NAAFA Board of Directors Member

Finding magnetic resonance imaging (MRIs) machines that can accommodate large and supersized patients is an ordeal that many NAAFA members have faced. But times are changing. The number of fat people is increasing. And, interestingly enough, some in the expanded medical community have become our allies.

NAAFA co-chair Carole Cullum and I recently met with some representatives of the Marketing and Engineering Teams of Philips Nuclear Medicine Division. One of the engineers had also been in contact with the Council on Size and Weight Discrimination to try to determine the largest person his equipment needed to accommodate. Philips is developing a new nuclear diagnostic machine to be used by the smallest of infants to the largest of adults. The design will use a chamber and different sizes of pallets (or trays) to slide a person into the chamber, so that a hospital or clinic only has to buy one of these extremely expensive machines. Carole and I visited the Engineering lab where pallets of different materials were being tested. Philips has already determined that the chambers needed to be more of an oval shape than a circle to accommodate larger people. The engineer had also heard of Dr. Michael Dionne, who gave a presentation at the Atlanta convention in 2002 about how to move supersized patients. We were able to put the two in touch with one another. Looking at all the trays, slings, braces, shelves and props the

engineers were developing to keep patients as comfortable as possible during frightening and uncomfortable tests, I was impressed.

I know that Philips' primary motivation is selling more equipment. I don't care. The more diagnostic equipment suitable for large-sized patients out there, the better members of the fat community will be served. Representatives of Philips (and possibly someone from their major competitors, General Electric) are scheduled to attend the convention in Boston to give a workshop on their diagnostic equipment. But in the meantime, I included a list of places where Philips has sold open-chambered MRIs, which can currently accommodate up to 500 pounds.

The best thing is to stay in good health, but never be afraid to ask for the help you need.

200 MAIN STREET LLC, SOUTH WINDSOR, CT
 ALABAMA GULF COAST IMAGING CEN, GULF SHORES, AL
 BAPTIST URGENT CARE, MIDDLETOWN, KY
 BEACHES OPEN MRI, STUART, FL
 BEACHES OPEN MRI BOYNTON BEACH, BOYNTON BEACH, FL
 BERKSHIRE RADIOLOGICAL, NEW LEBANON, NY
 CLEARVIEW MEDICAL IMAGING, METAIRIE, LA
 CONSULTING RADIOLOGY CORPORATI, TOLEDO, OH
 DEDICATED MEDICAL IMAGING, SANTA ANA, CA
 DMIA, LOUISVILLE, KY
 DOYLESTOWN RADIOLOGY GROUP LP, COOPERSBURG, PA
 DRYCREEK IMAGING CENTER, ENGLEWOOD, CO
 FORT DETRICK, FREDERICK, MD
 HARLINGEN MEDICAL CENTER, HARLINGEN, TX
 HILLSDALE COMMUNITY HEALTH CEN, HILLSDALE, MI
 JOHN DEMPSEY HOSPITAL UNIV OF, FARMINGTON, CT
 LEXINGTON DIAGNOSTIC CENTER, LEXINGTON, KY
 MAIN LINE DIAG IMG & WOMENS CT, BRYN MAWR, PA
 MED TEL INTERNATIONAL, CORSICANA, TX
 MED TEL INTERNATIONAL GROUP, WICHITA FALLS, TX
 MEDICAL CENTER DIAGNOSTICS, COVINGTON, LA
 MEDICAL CENTER OF COLUMBUS, COLUMBUS, GA
 MEDICAL CENTER OF SOUTH ARKANS, EL DORADO, AR
 MEDICAL IMAGING OF FREDERICKSB, FREDERICKSBURG, VA
 MED-TEL INTERNATIONAL, FREDERICK, MD
 MERCY FITZGERALD HOSPITAL, DARBY, PA
 MERLE WEST, KLAMATH FALLS, OR
 MIDXC, CONCORD, CA
 MRI OF SOUTHFIELD, SOUTHFIELD, MI
 MUNSTER DIAGNOSTIC CENTER, MUNSTER, IN
 OCHSNER CLINIC, NEW ORLEANS, LA
 PROVIDENCE ALASKA MEDICAL CENT, ANCHORAGE, AK
 RADIOLOGY ASSOCIATES INC, WILMINGTON, DE
 ROCKFORD MRI, ROCKFORD, IL
 SIERRA IMAGING ASSOC MEDICAL G, FRESNO, CA
 ST MARYS HOSPITAL, STREATOR, IL
 ST VINCENT HEALTH CENTER, ERIE, PA
 THE IMAGING INSTITUTE INC, WARWICK, RI
 THOMAS MEDICAL CENTER, DAPHNE, AL
 TRI STATE IMAGING CONSULTANTS, ROCKLEDGE, PA

TRULY OPEN MRI INC, PALM DESERT, CA
 UNIVERSITY DIAGNOSTIC MEDICAL, BRONX, NY
 VERMONT RADIOLOGISTS, SOUTH BURLINGTON, VT
 WARREN HOSPITAL, PHILLIPSBURG, NJ
 WHITE COUNTY MEDICAL CENTER, SEARCY, AR
 X-RAY ASSOCIATES INC, MIDDLETOWN, RI
 611 OPEN MRI, STATE COLLEGE, PA
 ADVANCED IMAGING CENTER INC, OCALA, FL
 ACCESS DX, SARASOTA, FL
 COLUMBIA ST. MARYS, GLENDALE, WI
 INDIAN RIVER RADIOLOGY, VERO BEACH, FL
 INDIAN WELL CANCER CENTER, INDIAN WELLS, CA
 KINGS DAUGHTERS MEDICAL CENTER, ASHLAND, KY
 LAUGHLIN MEMORIAL HOSPITAL, GREENEVILLE, TN
 MCFARLAND CLINIC, AMES, IA
 MIDMICHIGAN MEDICAL CENTER, MIDLAND, MI
 NEVADA IMAGING CENTERS, LAS VEGAS, NV
 NEW MEXICO CANCER CENTER, ALBUQUERQUE, NM
 NEW MEXICO ONCOLOGY & HEMOTOLO, ALBUQUERQUE, NM
 NORTHEAST WISCONSIN MRI CENTER, GREEN BAY, WI
 OREGON HEALTH SCIENCE UNIVERSI, PORTLAND, OR
 OVERVIEW LLC, WAUWATOSA, WI
 PHILIPS COMPONENTS, BRIARCLIFF MANOR, NY
 RADIOLOGY IMAGING ASSOCIATES, CLINTON, MD
 SOUTH SHORES IMAGING CENTER, DECATUR, IL
 SUSQUEHANA VALLEY IMAGING, LEWISBURG, PA
 SW MICHIGAN IMAGING CTR, KALAMAZOO, MI
 TEXAS SPINE & JOINT HOSPITAL, TYLER, TX
 THE SAINT BARNABAS ACC, LIVINGSTON, NJ
 TRISTAN ASSOCIATES, HARRISBURG, PA
 TUOMEY HEALTH CARE SYSTEM, SUMTER, SC
 WESTERN BAPTIST HOSPITAL, PADUCAH, KY
 XRAY ASSOCIATES TOLEDO, TOLEDO, OH

• **Update on the WomanCare Plus Project**

*by Pat Lyons RN, MA
 Project Director-
 WomanCare Plus and
 NAAFA member,
 pictured at right with
 Lisa Tealer, Diversity
 Consultant (left), and
 Toni Martin, MD,
 Physician Consultant
 (center)*



Glad tidings of Summer! The WomanCare Plus Project (WCP) is perking right along, thanks to the time, energy and financial support of WCP Advisory Board members, donors and friends. Our fund raising efforts were kicked off at the beginning of the year and generous donations have been received thus far:

- \$1000 from NAAFA, with the potential for future donations through listing our project in the newsletter and at the Website;
- \$2750 from Individuals, in amounts from \$10-\$1000 With great appreciation to each of you for every dollar!

- Our first corporate donation: a \$5000 grant from Genentech was obtained with the assistance of WCP Advisory Board member and Genentech employee Lisa Tealer.

With these donations we have been able to develop and print a first run of 3000 copies of a "Big Woman's Passport to Best Health." We began distributing it at the Soul Stroll event sponsored by the African American Health Advisory Committee of San Mateo County on May 20th. Over 500 women obtained the Passport; and we obtained over 200 additional surveys on access to care for our research project. A big win all around! We are also seeking funding to co-sponsor a conference with this group in February 2007 to educate health professionals and the community on health disparities and weight bias issues.

WCP Advisory Board members Sondra Solovay and Marilyn Wann distributed the Passport as part of their presentation to the National Women's Studies Conference; Dana Schuster helped us at the ASDAH (Association of Size Diversity and Health) conference in June; and we will be sending lots of copies for distribution at the NAAFA meeting in August. (It is not available on-line, sorry.)

The Passport outlines barriers to care identified in our research and provides suggestions from our data to help women overcome weight related barriers they may encounter to care. For more info, you can go to our website: www.cht-rg.org/wcp

Finally, Lisa Tealer, Toni Martin and I spent a full day in April with a PBS film crew doing interviews and discussion as part of a 90 minute special they are producing on "obesity" for the Minneapolis PBS affiliate (doing a 5 part series on health issues, this is just one of them). It will not air until at least early next year, but I feel we really got through to them and our issues will be treated with the respect they deserve. They also filmed the Big Moves Dance group, so fat positive vibes will be all over this production. Hooray for all of us!

The on-going support of our Board, donors and friends is what keeps me and this project going. Tax- deductible donations are always welcome, and can be sent to: CHT-Resource Group, WomanCare Plus Project, 614 Grand Ave., Ste. 400, Oakland, CA 94610. We continue to write grant proposals to all kinds of potential funders, and will let you know of our future successes. If you have any questions or suggestions please do not hesitate to contact me. In the meantime, my thanks again to all of you.