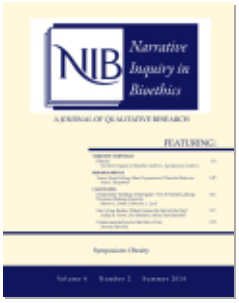
I'm Your Patient, Not a Problem

Lauren Moore



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Introduction
Obesity

Narrative Inquiry in Bioethics Editors

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Abstract. This narrative symposium was inspired by the American Medical Associations (AMA) decision to label obesity a disease. How do people who have been classified as obese feel this decision impacts on their lives? Personal narrative authors offer their experiences with obesity and healthcare. The symposium also hosts five commentary articles from scholars and stakeholders with a wide range of perspectives. These articles pull from themes in the personal narratives and bring them into dialogue with the current scholarly literature on this topic.

Key Words. Bias, Disease, Fat, Hubris, Medicalization, Narratives, Obesity, Obesity Diagnosis, Obesity Treatment, Weight Management, Stigma

The American Medical Associations' (AMA) decision to label obesity a disease is the touchstone for this issue. There was an immediate response in reaction to their decision. People were relieved—now, perhaps, insurance companies would have to pay for the help they needed in order to move in a positive direction with their weight management needs. People were angry—how could they go from "healthy" to "diseased" overnight? People were hopeful—doctors might get better training in nutrition and weight management. People wondered what the public reaction would be—would the weight shaming stop now or get worse?

These and other questions and thoughts made us think "Obesity" would be a powerful narrative symposium. We worked with experts in various fields to create a call for story and find excellent commentators for the issue.

The Call for Stories

The call, which was open to anyone currently or formerly classified as obese, asked authors to consider:

- What does it mean to you for the AMA to classify obesity as a disease?
- Will this classification affect your relationship with your doctor or other healthcare providers? Do you feel you have good access to medical treatment for obesity?
- Has your doctor addressed your weight? What are discussions with your healthcare providers about your weight like and are they helpful?
- What experiences outside the doctor's office affect your ability to discuss your weight with healthcare professionals?
- Have you ever felt stigmatized by your weight? Do you feel calling obesity a disease will add to or lessen stigmatization?
- What makes weight management difficult for you? Do you think your healthcare provider can help you overcome those obstacles?

- How would you explain your obesity?
- Do you feel your weight is an important factor in being healthy? If so, what does this mean to you?

The call was sent out on various listservs, posted on NIB's webpage, and sent to colleagues and experts.

Response

We received many good proposals and invited 19 people to send full stories. Of those 19, 15 sent finished stories; 12 were sent to commentators and another three are found in our online only version of the journal (on Project Muse) as supplemental stories.

We had a larger number of people drop out of the writing process than is normal. Authors are sometimes overwhelmed when they try to put their story to paper and this topic is very personal. People who struggle with weight often have traumatic memories connected with this topic. We are grateful to these authors for sharing about themselves in such a personal way. We only had one man write to us, which brings up questions about gender and how men and women perceive the struggle with obesity.

An effort was made to find a good balance of perspective among our writers. Some were for the AMA's decision and others were vehemently opposed. Some have lost weight, some are working to lose weight, and others have peace with their bodies and see no reason to lose weight.

Commentary Articles

We pulled together a fantastic mix of stakeholders and academics from various fields to write commentary articles for this issue. There are five commentary articles, which is more than we normally publish, but each brings a clear and distinct voice to the discussion.

Daniel S. Goldberg's commentary, "canvasses the writers' perspectives on topics such as the medicalization and pathologization of fat, the Western and especially American tendency to emphasize individual culpability for fatness" and the ubiquity and intensity of fat stigma. The commentary concludes with a simple admonition, gleaned from the narratives: we should strive to do better.

Sarah E. Jones is a published author and English composition professor. She also posts about her personal struggle with weight, health and life style balance on a blog. Her commentary focuses on the fact that there is an absence of a clear approach or treatment for obesity, as well as the lack of conversation and compassion in the most basic of interactions with medical professionals.

Robert F. Kushner, a leading expert in obesity medicine, is excited by the opportunity to engage with the authors and learn about their experience with obesity. He finds that four general themes emerged from these stories: obesity as a disease, treatment by health professionals, bias and stigma, and hopefulness. He comes away from the experience of reading these stories convinced that we must do better as a society and that healthcare providers must act with empathy and respect.

Cat Pausé, a human development lecturer and fat studies researcher, finds the narratives point out that, "access to proper healthcare is often blocked for obese patients by a variety of things, including shame and stigma." The stories also highlight a common call "for better treatment, less shame, and access" to evidenced based care from educated providers. She concludes her piece by suggesting ways to provide for these reasonable needs.

John Z. Sadler, who has previously explored the philosophical basis of psychiatric diagnoses and the medicalization of various human problems, "describes and explores the significance of 'risk–factor medicalization' and how negative unintended consequences with this approach to disease modeling are exemplified in many of the essays." He also "relates the essays' content to the issue of physician hubris in the face of their own helplessness in aiding the obese patient."

Conclusion

We hope that our readers will find the symposium enlightening. As a whole it raises more questions than it answers. However, as is so often the case, even in the midst of disagreement and controversy, a strong consensus clearly emerges from the symposium: Regardless of the problems they face,

people want to be treated compassionately as fellow human beings.

Personal Narratives

I am Not Obese. I am Just Fat.

Sarah Bramblette

My body mass index classifies me as super morbidly obese, however my overall vital health statistics would indicate otherwise. I celebrated the American Medical Association's classification of obesity as a disease for several reasons. First, obesity as a disease involves other medical complications of which I have none, so finally perhaps I can say I am not obese, I am just fat. I am fat, as in my weight is caused by Lipedema and Lymphedema. Lipedema is a congenital condition, which causes my body to produce and accumulate abnormal amounts of adipose tissue in my legs, hips, thighs, and arms. There is not much known about Lipedema in the medical profession, even though it was identified in 1940 by doctors at the Mayo Clinic, and not many treatment options exist. Abnormal Lipedema tissue does not respond to restrictive caloric diet or exercise. Lymphedema is a condition of localized fluid retention and tissue swelling caused by a compromised lymphatic system. The second reason I celebrated obesity being classified as a disease was the hope that more research would be conducted on the actual causes and treatment of obesity and that research might include adipose tissue disorders. My vital health statistics are all normal, yet I still face challenges getting proper treatment in healthcare.

My Story

As I sat staring at the metal beast, I decided to make one final attempt to mount it. I placed my right foot on the step and used both hands to boost myself up, my lower legs were so large there was no room for my left foot. Immediately the exam table began to tip towards me, then slammed loudly against the tile floor as I quickly stepped off. It was a game of exam table teeter–totter I had played many times before and lost more often than won. I gave up, placed the sheet meant to cover my legs on the chair in the corner and squeezed myself down between its arms. The exam gown pinched my arms, barely covering the front of me and draped over my legs.

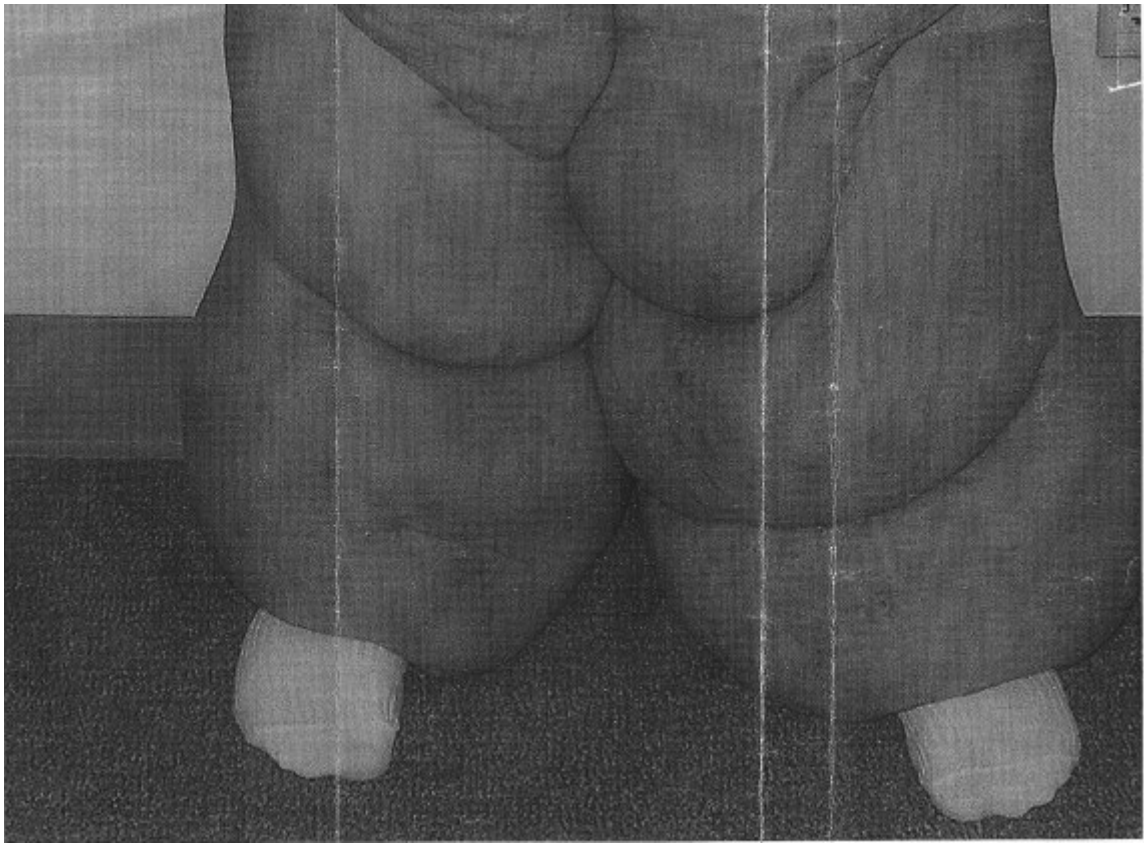
My Legs

One of the main reasons I was seeing a new doctor, my first doctor visit in several years. My previous family doctor had retired. I was not ill, I was concerned. My weight had reached a point to where I was scared for my health and I wanted to get help and answers. I wanted answers about why my legs were so large and leaked fluid.

The answer I got was one I had heard before "It's your weight".

To the doctor's credit, she did explain it a bit more, she said the fluid in my legs was due to my excess weight putting pressure on my legs. However, she did not actually know how much I weighed. The scale in her office only went to 350lbs, and even with the add–on weight it could not register a weight for me, so we only knew I weighed more than 400lbs. I asked her if she knew if the hospital or another office had a scale that could weigh me. She did not. She may have sent me home with a prescription for a diuretic, I do not remember. I know I was not sent home with any help for my weight or my legs, just a follow–up appointment. It was during that follow up appointment that I advocated for myself and asked if she would refer me for physical therapy, so that I could do some safe and monitored exercise. She agreed, and I began physical therapy in the pool.

At the pool I met other people who looked similar to my size. I noticed their legs were normal size and wondered why? Then I thought about sumo wrestlers. Sumo wrestlers weigh hundreds of pounds and their legs are normal too. What was wrong with my legs? One day I heard a man in the pool tell another



Legs before treatment

patient that he had lost weight. I wondered where he was able to weigh himself, and hoped it was not rude to ask him. He told me he weighed himself at a local junkyard. My desire to know how much I weighed overcame the embarrassment of having to go to a junkyard to get the information.

No patient should have to go to a junkyard in order to find out a basic vital health statistic.

502 lbs. The number stung, it was worse than I had imagined. How did I let myself get to 502bs at age 23?

Finally, Answers

As part of addressing my overall health I saw a new OB/GYN for an annual exam, something else I had put off for several years, which is not uncommon for women of my size. In the course of discussing my medical history, she asked "What are your doctors doing for your lymphedema?"

"My lympha–what?" I asked.

"Lymphedema. It's obvious by looking at your legs that you have it" she replied.

It was as simple as *looking* at my legs!. She referred me to a vascular surgeon, who initiated treatment, which included a compression pump and manual lymph drainage therapy with compression wrapping. Finally, an answer, treatment, and hope.

At my next appointment with my family doctor I was eager to share with her the good news that I had an answer to what was wrong with my legs. "I have lymphedema, I have a pump to reduce the swelling", I happily announced to her.

She replied, "Oh yes, I have other patients who have lymphedema in their arms. Those pumps are very painful you know."

What? Wait a minute. She had other patients with lymphedema, but she never mentioned that word to me. She knew about compression pumps but never

offered that as treatment for my legs? Yes, the pump was painful, but so were my fluid filled legs. I was ok with the idea it was just a condition for which she was not aware, but to know she was aware of the condition and never offered a diagnosis, treatment, or referral angered me. During the time that had elapsed from my first appointment I had suffered with cellulitis (a skin infection that spreads to deeper tissue) in my legs several times, and my legs has progressively increased in size. And all this time the doctor was aware of lymphedema, and yet had only told me "it's your weight."

In 2003 I had gastric bypass surgery, I also continued therapy for my Lymphedema. I moved to Miami, Florida in 2004 for a job, I had lost close to 200 lbs and I was starting to take back control of my life. In Miami, I established myself with a lymphedema specialist who upon seeing me for the first time diagnosed my Lipedema.

My diagnosis was a mix of relief that my weight "was not my fault" and the reality that I would never be able to reach a normal weight. Lipedema is a congenital condition so I was born to be fat. It was a reality I could somewhat accept since being fat was all I really knew how to be. Despite the diagnosis I still continued with my weight loss efforts, after all there is no way to tell the difference between normal fat and Lipedema fat and my desire was for overall better health.

My health took a very scary turn, in September 2004, just months after my move, I developed another case of cellulitis in my legs and was admitted to the hospital for intravenous antibiotics, which had become a frequent experience. In addition to the cellulitis, the doctors discovered a deep vein thrombosis (DVT), a blood clot, in my left leg. In the following months I suffered two trans ischemic attacks (TIA) or mini–strokes. I was thankful my new primary care physician (PCP) in Miami was aggressive and responsive in my treatment. My weight was never blamed and instead an actual cause was looked for, and found. My PCP referred me to a neurologist and cardiologist and testing revealed I had a patent foramen ovale (PFO), or hole in my heart. I was 27 years old and just learning that I was born with a hole in my heart. My mini–strokes were due to the PFO allowing tiny blood clots to reach my brain, not my weight. My PFO was closed surgically via catheter procedure in 2006, and life was back to normal.

My health is important to me, and I was thankful to have a PCP in Miami that focused on me as a patient and not my weight. She admittedly, was not as well versed about Lymphedema and Lipedema as I was, which is not uncommon given the limited coverage the lymphatic system receives in medical schools. But what mattered to me and meant the most was that she listened to what I had to say, she read information I gave her and she researched on her own. She did not dismiss me or my condition, as happens more often than not. Unfortunately, my PCP is not a specialist, so there are times when a medical issue is beyond her scope of knowledge and treatment. So despite having a very non–biased PCP, I have often met with weight bias when seeking care from specialists.

One evening in 2011 after my regular water aerobics class I began to notice I could not get a deep breath. I had experienced no difficulty during class and was not feeling any other symptoms. I saw my PCP, and she prescribed an inhaler to use when needed and ordered a pulmonary function tests. The test came back normal, no indication of asthma. Given my history of DVT, she was concerned about possible pulmonary embolism. She referred me to a pulmonologist for further evaluation and testing.

"I knew your problem before I even saw you, all I needed was to see that you weighed over 300 lbs to know why you are short of breath" was the greeting I received as the pulmonologist walked into the exam room. He had not even fully read my medical history or examined me and had placed the blame for my problem on my weight.

I quickly replied "I once weighed more than 500 lbs and never had this breathing issue, so you need to consider a reason other than my weight"

He reviewed the records and tests sent over from my PCP, then led me to another room for some labs to be drawn. He warned me to be cautious when sitting in the chair, as he had often had to reinforce them due to so many large patients. The nurse drew blood and took a chest x–ray. She also had me wear this little monitor as I walked several lengths

of the hallways to see if I became short of breath. She then brought in information about a take home sleep study. I told her I did not have sleep apnea, it resolved in 2004 and that was confirmed with a new sleep study conducted in a lab. I also had no issues sleeping or being tired, nor did my roommate or boyfriend indicate that I snore. She insisted the doctor wanted a new test. Due to my weight, he wanted a thorough evaluation. Interesting concept since a thorough evaluation is not what I felt I received.

When the pulmonologist called with my results he told me my labs indicated I was slightly allergic to dogs and grass and that my sleep study indicated I had mild positional sleep apnea. This most likely was due to the fact the head gear I had to wear for the study required me to sleep on my back so that it touched my forehead, when I attempted to sleep on my side a high pitched beep sounded and told me to reposition. Otherwise he reported all other tests were normal and that I should just "keep working on losing weight."

Well, that is difficult to do when my normal workout is causing me to be short of breath for unknown reasons.

When I returned for a follow–up with my PCP she had not yet received the pulmonologist's report and asked me what he had concluded. I told her the tests he ran and the results. She asked if he ordered diagnostic scans of my lungs, I told her no, he did not. She appeared as frustrated as I had felt. She said she was going to order a VQ scan of my lungs to get a more definitive answer about the possibility of a pulmonary embolism or evidence of damage from one in the past. Thankfully the VQ scan was also clear. By this time I was no longer experiencing the breathing issue. The weather was cooler out, so perhaps it was environmental? Too much chlorine in the water? While I never got a clear answer, I know at least it was not something more serious, I also know it was not because of my weight.

I joined the Obesity Action Coalition for many reasons, but most importantly for their mission to end weight bias in society. I have experienced weight bias in healthcare and in the workplaces. In my opinion those two areas are where weight bias are the most harmful to individuals suffering with obesity. Income and health are vital to living, and when both are made more difficult to attain due to others biases it is harmful. What if I had not gone to the OB/GYN, how many more years would my original family doctor let me legs fill with lymph fluid, while I suffered countless infections? All the while she knew about lymphedema.

In addition to the AMA classification of obesity as a disease, new guidelines for doctors were released on how to treat obesity. What I would like to see as part of the guidelines is evaluation for underlying conditions such as lymphedema and Lipedema, it often only takes a doctor knowing what to look for during a visual exam. I would also like for all primary doctors' offices to have high capacity scales. Primary physicians are the front line of medical care and currently the only ones reimbursed by Medicare to conduct weight management conversations, so it would be ideal for all to be able to accurately weigh patients. I have a home scale with a maximum capacity of 400lbs, it should not be difficult for doctor offices to have the same ability or at least have a list of high capacity scales for their patients. Patients should not have to weigh themselves in a junkyard.

Obesity is an epidemic and blamed for rising costs in healthcare, yet patients suffering with obesity are often not offered real treatment options nor are those options covered by insurance. Real research is needed, and real treatment options are needed, I might be fat, I might be obese, but I am a real person and deserve the same level of access to healthcare as other patients.

Experiences of an Obese Patient

Christine R. Brass

In the middle of an annual pelvic exam, the gynecologist said to me, "You should apply to be on 'The Biggest Loser.'" I was too stunned and embarrassed to mutter anything more than a

comment that I didn't think that, being quite introverted, I was a good candidate for a reality TV show. She argued with me about that. I felt blindsided, intensely vulnerable, and dumbstruck—completely unable to respond—and later, when the shock wore off, incandescent with impotent rage.

Four years later, I still don't have words to adequately describe my outrage at this comment. It was only the second time I'd see this medical professional. The first time was the previous year, when she had been filling in for my regular doctor who was on maternity leave. At neither appointment did this physician ask me any questions about my lifestyle, whether or not I saw a primary care physician, or even if I had any concerns that day. She was very brisk, efficient and did not engage in conversation. Such a statement coming from a health care provider, who did not seek to understand or gather more information, surprised and dismayed me.

Other incidents where physicians' statements were not helpful:

- Pediatrician: "Well, my wife has had great success with Weight Watchers."—I was age 12, about 5'5 and weighted about 145 lbs. at that time. If you look at photos of me at the time, you would see I was not overweight.
- Orthopedic Surgeon: "If you want her to look better, make her lose weight."—This was directed to my mother. I was 19, weighed about 200 lbs., and in his office as per his directions to come back in seven years to see if the surgery he had done on my neck needed more attention.
- Internist: "How did you get all those stretch marks?"—I was age 24, weighed approximately 220 lbs., and had lost and gained 50 or so pounds several times as a teenager and in college.
- Gynecologist: "Lose weight and your periods will be regular."—I was age 27, weighed 227 lbs. and my periods, which started at age 15, had never been regular.
- Another Orthopedic Surgeon: "You don't have to worry about osteoporosis; everything you do is a weight–bearing exercise."—I was age 42 and weighed 300 lbs. This was after follow up surgery to remove pins from a broken ankle that had healed and I had asked about whether or not I should have a bone density test.

Coming from a genetic heritage of predominately tall, large–boned people, I was tall and proportionally large compared to other girls my age until high school, when the others caught up. I was told I had to "watch my weight" by family members from my pre–teen years. Enforced dieting ensued, with little result because I wasn't fat. I did not begin to be overweight until my junior and senior years of high school. I was 5'7" when I graduated from high school and weighed 187. By the time I graduated from college, I was no taller but 50 lbs. heavier. Now, nearing my 40th high school reunion, I am 120 lbs heavier than that. During the intervening years, I have done Weight Watchers®, TOPS®, medically–supervised programs (group and individual), and other popular diets, with periodic but temporary success, and hypnosis and aversion therapy, with no success at all.

Over the years, I have been insulted, verbally abused, even bullied, because of my weight. I have been treated as though I am invisible, worthless, and stupid—a pariah. As a result, I have *felt* invisible, worthless, and stupid, even though I *know* I am none of those things. I have experienced and been treated for clinical depression. The descent into depression began in my late teen years, which was the time when I started gaining excess weight.

In 2004, under medical supervision, I lost 70 lbs. over four–month period. I was delighted to finally lose a substantial amount of weight and feel physical lighter. My diabetes medications were significantly reduced, and my seborrheic dermatitis (a skin disorder) had disappeared. Along with all these positives, I also experienced periods of being terrified to eat at all, of feeling paralyzed with fear while grocery shopping, and of finding myself seriously distracted—to the point of it interfering with my work and my relationships. I increasingly became more anxious, tense and unhappy, finding myself near, or in, tears with increasing frequency. I was miserable. This reaction might be expected in the beginning as I withdrew from sugar and simple carbohydrates. However, it only worsened as time passed. When I broke down and ate the piece of birthday cake, it triggered an intense reversion to old ways of eating and behaving and I regained all the weight over the next six months. It took about two years before I felt ready to attempt weight loss again.

During the past several years, I have worked very hard to recognize and acknowledge the painful feelings that have contributed to my weight issues. I now understand that I learned to use food as a way, or the way, of coping with emotional and situational issues, beginning at a very young age. I have been dealing with feelings of deep shame, embarrassment and anger—anger directed somewhat toward others, but primarily directed at myself. I now am working to address these issues. Yet with all this, I am grateful to be one of the fortunate ones who have found medical providers who are willing to listen, to ask, to understand and to stay with me for the long haul, as well as to help.

This is what those of us who are classified as obese need medical professionals to know in order to provide real help to us:

- We need primary care providers to understand the complexities of obesity, the psychological/emotional component of obesity, and not add to our burden;
- We need help in working through the underlying issues that are part of obesity;
- We need specialists who treat obesity non–surgically and can stay with us in the long–term.

Weight loss, for either the health benefits or for appearance and societal acceptance or approval, is an ever–present issue in western society, especially in the United States. It cannot be avoided; a multi–million dollar industry insures that. Individuals who carry extreme amounts of excess weight certainly are not ignorant as to the societal benefits of losing weight; most of us are aware of the medical/health benefits of reaching and maintaining a "healthy" body weight. But what does not seem to be understood, talked about, explored to any great degree, or given much credence is the reality that many, if not most, individuals classified by the medical profession as obese learned to use food as a way or the way of coping with emotional and situational issues, often beginning at a very young age.

Outside of the mental health community,[1] there appears to be little acknowledgement of the important role emotions/psychology play in obesity (Not disregarding the work of Overeaters Anonymous and similar programs, which can address these issues). In addition to the continuing societal prejudice against "mental illness" (which is still a reality, at least in American society), those of us who struggle with carrying excess weight receive little real, sustainable help in dealing with the underlying causes. Yes, many of us make food choices that do not help us. So do many so–called normal weight people. Yes, many of us don't regularly exercise. That is also true of many so–called normal weight people. Therefore, I conclude that diet and exercise cannot be the only components of a cure. The role emotions and deeply held beliefs play in obesity must be acknowledged and addressed.

I do not mean to suggest or imply that medical professionals or society are the only ones responsible for creating these changes. Those of us who are obese must be willing to face our deepest and most vulnerable beliefs, thoughts and emotions, work through them, and seek help. Ours, I believe, is the more difficult task.

In April 2013, I had surgery for endometrial cancer. During my pre–op intake appointment, the RN spontaneously spent 20 minutes detailing for me her successful weight loss experience with surgery. She had the sleeve procedure and was very happy with her results. While I appreciate that she thought she was providing helpful information, it was ill timed¸ at the very least.

I do not discount surgical solutions to obesity. Surgical solutions have helped some people. I personally know five individuals who have had some type of bariatric surgery during the past 15 years. However, of those five, only one person maintained her weight loss for longer than one year. Of the remaining four, two have regained all the weight they lost plus more; one is still struggling with complications from the surgery and has not lost all the weight expected; and one committed suicide 18 months after the surgery. What this says to me is that three of these individuals were not in a healthy psychological place when they had this surgery and furthermore, they did not receive adequate help in dealing with emotional and lifestyle issues in the long term. Perhaps other individuals have had more

1 Not disregarding the work of Overeaters Anonymous and similar programs, which can address these issues.

positive results than the five people I know. Indeed, I sincerely hope so.

Reclassification of obesity as a disease may be helpful in changing the medical community's attitude and behavior toward those of their patients who carry excess weight. I hope it does. I also hope it helps society change its attitude and behavior. The reality is that there is no "quick fix" to obesity. Consistent attention to all components of the issue by both patients and medical care providers is the only road to successful, sustainable results. However, with greater universal understanding as to the complexity of the issue and how to approach each component, it may become preventable.

Shame is Not an Effective Diet Plan

Judith Bruk

The stigma of being obese is so strong that it is assumed that anyone with the condition is (or should be) deeply ashamed. After all, it's really easy to lose weight, right? Just cut out dessert and walk around the block three times a week. If you can't even do that, then you are definitely a moral failure, have succumbed to Gluttony and Sloth, and deserve to be shunned by society.

The problem is that shame is not a very effective diet plan; quite the opposite. It's no surprise that recent research shows that shame leads to depression that leads to isolation, which, in the morbidly obese, leads to a suicide rate twelve times that of healthy–weight people.

Unfortunately, it is indeed true that many obese people feel a great deal of shame, even if we occasionally put on a façade of bravado or seeming shamelessness, e.g., the "large and in charge" sitcom staple trope. The bottom line is that our shame about our weight does keep us from engaging with other people, limits our willingness to participate in physical activities, and generally makes us reluctant to simply *exist* out in public. None of these are behaviors conducive to positive lifestyle changes.

For years I engineered my life so I would only go out of my house when absolutely necessary: grocery shopping and the occasional meeting at work were pretty much it (I usually work from home). I went for years without going to a movie, shopping for clothes in a store, eating in a restaurant, gardening, or any of the other activities I once enjoyed. I was ashamed to be seen. And since I had tried and tried and tried and tried to lose weight for three decades and only ended up more overweight as the years went by, I finally, truly gave up. I convinced myself my psychological makeup was so flawed (or was missing whatever ingredient it was that made someone succeed at sustained weight loss) that I just hoped my inevitable heart attack would be instantaneously fatal. This thinking is irrational, or at least unhealthy. (I am an otherwise fairly smart person with an advanced degree and am professionally employed.) Yet, it is basically the path that both societal attitudes and medical treatment lead us down at this point in time.

Here are a few examples that illustrate how the path to irrationality evolved for me.

About twelve years ago, I decided to see a psychotherapist to get to the bottom of my subconscious psychological issue that was keeping me overweight. This therapist suggested I see a nutritionist who gave me a list of detailed thyroid tests to take to my doctor so she could order the labs and we could get a full profile of how my thyroid was functioning. Upon presenting the list to my doctor's PA (my doctor was not available that day), she rolled her eyes, gave a very deep sigh and said to me, "Every fat woman wants to believe it's because of her thyroid and it never, ever is." I was so embarrassed for having even brought the subject up that in an effort to save face, I reacted to my shame by replying, "Yeah, I just assume my extreme lack of energy and excess weight is simply because I eat too much." She said, "Right, so let's not even bother running these tests." It was at least ten years later that I finally had the thyroid panel run and found out it was very low functioning.

After about a year of seeing that shrink, she declared me "cured" and sent me on my way, though I had not lost any weight. It was about this time I first began thinking that throwing in the towel

was a good option. That didn't mean that I went out and ate pizza and ice cream every day. Not at all. In fact, given the fact that I had been vegetarian and general health–food freak beginning in my mid–twenties, I rarely had anything in the house that contained sugar, refined flour, or saturated fats. I had binges to be sure, but they were occasional.

A couple of years and some serious weight gain later, I found another therapist. I really liked her, but no matter how clear I made it that my main goal was to figure out why I keep myself from losing weight, she kept assuring me that what I needed was a creative outlet. Her idea was that if I could just use my very active imagination to write fantasy stories, then every other thing in my life, including my weight, would simply, naturally, effortlessly fall into place. I saw her for three years, over which time I gained approximately 60 pounds, which put me in the morbidly obese category. At that point, she too declared me "cured" and released me from therapy.

The most interesting part of my time with her came in the very last few sessions where she revealed that she took a thyroid medication herself, and that a family member had gained 100 pounds while she was on the same anti–depressant that she knew I was taking. I had only just found out that that medication was clinically linked to severe weight gain, so why–oh–why had she never thought to mention it to me? Or to encourage me to revisit the idea of a comprehensive thyroid panel since she was personally familiar with the condition?

About that time, my doctor told me that I was "pre–diabetic." I suppose I was surprised because I had not eaten fast food or pure sugar to speak of for decades, though it seems like a completely predictable outcome in retrospect. My doctor gave me three months to get my blood sugar down or else she would officially declare me diabetic. Notably, though, she did not hand me a brochure about diabetes. She did not point out that her medical group offered classes for diabetics, which I found out only by stumbling across a notice later. She did not offer me a diet or exercise plan. She did not refer me to a support group or give me any resource whatsoever. In short, she told me that I had a disease that is one of the top–ten leading causes of death in the U.S. then basically told me to go out, find, design, and implement a cure for myself.

This was when I started encountering shame in others. By complete coincidence, a family member was told by her doctor that she was pre–diabetic, too. Her daughter (a registered nurse) actually "outed" her in front of me and she chided her for doing so. "Why?" I asked. "Because it's embarrassing to be diagnosed as a diabetic, and besides, I'm not really diabetic, just pre–diabetic." Part of me knew what she meant, but I also instantly knew that her looking at diabetes as a shameful condition would at the same time prevent her from taking it as deadly serious as it needs to be taken.

Several months later, after diligently sticking to a low–fat diet and walking on my treadmill daily, my blood sugar had not sufficiently decreased and I was officially declared a Type II diabetic. About that time, I discovered and took the class in diabetes management. There were two classmates who also were in denial about having diabetes. One even insisted her physician must have made a mistake. I've subsequently learned that shame is a very powerful driver of avoidant behavior. For myself, while I wasn't thrilled about being diabetic, I didn't deny it. Nevertheless, I still didn't jump on the internet and read everything there was to read about Type II diabetes. That is bizarre, even irrational behavior for me, as I jump on the internet to research things several times a day. I must have researched thousands of topics since I first started using the internet in 1987. Avoidant behavior indeed!

Despite learning a great deal in the class, keeping up with my diet and exercise regime for 10 months, and despite a decrease in my blood pressure and my A1c (from 7.8 to 7.2), I had actually gained 11 pounds. My positive turn came—again by chance—after stumbling upon the services of a Weight Management Specialist. Through the labs she ordered and analyzed, and through the prescription changes she wrote, I have finally stopped gaining weight, have lost about 50 pounds, and my A1c has been 5.5 for about 18 months.

What I learned from her is that the causes of weight gain go much, much further than mere impulse control.

Until I was presented with a sheet of paper that outlined the multiple, complex factors that contributed to my obesity, I was completely convinced that I was obese because I was a bad, weak–willed, or otherwise psychologically unhealthy person. When I saw how many *physiological* things were playing a role in my body's reluctance to let go of weight, my shame disappeared almost instantly. This gave me the courage to look Type II diabetes in the face and start making serious lifestyle changes.

I recently went back to my physician who suggested I go back on a beta blocker after an acute anxiety attack. When I said I was reluctant to go back on a beta blocker because it is a "known weight gainer" according to my advanced–registered–nurse–practitioner–nutritionist–weight–management–specialist, my doctor responded in a fairly patronizing tone. "Well, now, she's a nurse, I'm a doctor, and I'm telling you that this doesn't contribute that much to weight gain." She could be right of course, but the clear implication was that the nurse wouldn't really know what she's talking about because she's only a nurse. I realized at that point we currently have a crisis of title.

My 'nutritionist' is really an MSN, ARNP and for the last decade or so has spent every working hour reading about obesity, attending obesity conferences, treating obese patients, writing articles, and participating in online professional discussions about obesity. I can guarantee that she has far more detailed knowledge about what does and doesn't impact weight gain in the obese than my physician. The tag 'nutritionist' or 'nurse' doesn't come close to capturing her level of expertise on one of the leading causes of death in this country. She calls herself a Weight Management Specialist, which seems an accurate title to me. Unfortunately, it is not a title that is recognized by any official medical association and certainly not by my insurance company. So, where does that leave obesity? It means it a disease for which one's primary care physician seems comparatively under qualified to prescribe or test for, where the few specialists that do exist are not covered by insurance, and whose symptoms are regularly treated as a moral failing instead of a complex cascade of interacting conditions that vary greatly from individual to individual.

We've done a good job raising the alarm about the problem of obesity, but we have not done a good job teaching our healthcare professionals how to address it with compassion instead of shame, and with detailed, nuanced, current knowledge. What we could use is an army of Weight Management Specialists, specifically ones who can order labs, write prescriptions, and are required to keep up with the oceans of obesity research that come out daily. And of course, the ones who can take shame out of the equation and help us face this deadly disease with courage and confidence.

Little Body Hidden Within

Tara Chapman

Being "fat" was not a choice. It was my life and it slowly happened over time. Being obese is a disease that I have struggled with my entire life. I am 36 years old, nearing 37.

I might not have eaten the right foods, but I didn't overeat. I grew up eating typical American food and continued to cook that way into my adult life. I ate eggs and toast for breakfast, sandwiches, chips and a few cookies for lunch, or leftovers, and some kind of meat and potatoes or pasta for dinner, with a canned vegetable. I very seldom ate fresh vegetables, but I did like summer fruits. However, those are filled with natural sugar and are only in season for a few months out of the year. I didn't eat out, other than having my daily Starbucks Mocha Frappuccino on the way to work five days a week. I didn't load my plate up with food. I ate less than my brother, sister and parents who are smaller than me. I took exercise and fitness classes all through college and knew what I was supposed to do. I exercised over the years, only to quit because I never lost weight and got discouraged. I would feel

better physically; however, I just kept packing on the pounds, which took a toll emotionally.

By November 2012, I topped the scale at 291 pounds and could barely fit into my size 22 jeans and 3xl tops. I would sweat uncontrollably because of all the extra weight I was carrying around and could barely make it up the ramp at work or a flight of stairs without huffing and puffing. Because I would sweat profusely, my wardrobe consisted of white or black shirts. I had to hide the sweat stains. I had high blood pressure and cholesterol. I was on medication for both. My insulin levels were all over the boards. I knew that when I was shaky and my levels were high, it was time to eat. I would control my type II diabetes by eating a small piece of candy, which would instantly control my shakes. I would follow the candy up with a meal. My diet and exercise habits were causing me to have terrible headaches. In my early 20's, I was diagnosed with Polycystic Ovarian Syndrome (PCOS). Besides having ovarian cysts and unbalanced hormones, the major issue with PSOC is unexplained weight gain and not being able to lose it. My health was spinning out of control and I secretly knew it. I just didn't know how to fix it or what to do.

I had to do something and I needed help. I didn't want to die by the time I was 40; and the path that I was on was leading me to an early grave. I could hear it in my mom's voice every time I talked to her. She knew something was wrong; she would try to talk to me about it and tell me I was going to have a heart attack. She would tell me how worried my dad was. I wouldn't listen. I began to sleep more and more every day after work and on weekends. I had to take naps almost daily because I was so exhausted and had no energy. I didn't know what to do. I was depressed and felt like I was alone. Nobody in my family understood and my friends couldn't relate to what I was going through. I was fat and they weren't.

I heard about a special clinic that focused on women's health issues from a co–worker. Under the close watch of the clinic's doctor and her medical staff, I began a therapeutic lifestyle change on February 27, 2013. I had no expectations because I had always been obese. I had never lost weight, so why would this be any different? This lifestyle change includes committing to a healthy diet of high protein, vitamins and supplements, balancing hormones for PCOS and exercising. However, before I could begin changing my eating habits, I had to go through a series of tests to check all of my medical statistics and starting numbers. This testing was done prior to February 27, 2013. My body mass index (BMI) was 45.6, which is considered morbidly obese on an individual who is 5'7" and weighs almost 300 pounds. The nurse tried to measure my waist. I was absolutely mortified. She couldn't get her arm around me to do her job. I had to take the tape measure and put it around my back and hand it to her in the front of me. I had a 55'' waist. They gave me a DXA scan or a full body x–ray. It honestly grossed me out when I saw the results. I knew I was big, but I didn't need to actually see an x–ray of body surrounded by all of that fat. The DXA results showed the fat in yellow, muscles in red and bones in blue. The scan showed my belly and upper body covered in yellow indicating fat. My thighs and calves also were covered in fat. It looked like I had no neck. I had my work cut out for me if I wanted to lose weight and live a healthy life. I kept the DXA scan in mind and knew that there was a little body hiding somewhere in me. I just had to find her. It would take time and effort.

During my first weekly visit on February 27th, the nutritionist and I came up with a meal plan. That first week was a shock to my system. I thought I was literally going to die. Yes, I was able to eat every 2–3 hours, but that was nothing compared to what I was used to. The first week consisted of the exact same thing, at the exact same time every day. I had a vanilla protein shake for breakfast. Two hours later I had a protein bar. I thought, okay, I can do this. By lunchtime I was starving and thought, "What did I get myself into?" I had a "meal replacement" for lunch. This consisted of a packet of chili that was the grossest stuff I have ever eaten. I am a picky eater, so this was not appealing to me and also didn't smell like chili. I didn't get to eat bread or chips or even have a soda. I got to have a chili "meal replacement". It had all of six beans and a few specks of soy, held together by some water. I

gagged it down with water and had another protein shake; this time strawberry. I tried to fill up on water throughout the day. I was starving and couldn't stop thinking about food. I didn't want to eat with my colleagues at work as I knew they would all be eating yummy leftovers from the night before, with cookies, chips and soda. I couldn't put myself in that position. I had to stay strong. If that meant being a loner, then that's what I would become. A few hours after lunch, it was time for a mocha shake. It was nothing compared to my former daily Starbucks. The time didn't move fast enough. I watched that clock like it was magically going to skip ahead and I would be able to eat. Once I got home it was time for dinner; two hard–boiled eggs, which I cut into 16 pieces. I had to make it last and savor it like it was a five–course meal. Lucky me, I also got to have a chocolate shake for dinner. I was obsessing over food and it was the first day. I wanted a cheeseburger, a taco, anything to fill my stomach up! I had hunger pains and they were getting worse. I couldn't think. I tried to relax after dinner, but again found myself watching the clock. It was time for another protein bar. It was only the first day and I had six more days until I could see the nutritionist again. I drank water constantly to feel full.

During that first week my mom would call every morning and night to check on me. She knew this new "diet" as she called it, was a shock to my system. I was weak from not eating. I went from eating whatever I wanted and whenever I wanted to pretty much nothing. I went from at least 2000 calories a day to around 800 calories. It was drastic and harsh; I'm not going to lie about that. But I had to do it. If I wanted to survive, this is what I had to do.

I survived that first week. I don't know how, but I did. I followed that meal plan and didn't have anything that I was not supposed to. I stepped on the scale the first week and my eyes about popped out of my sockets. I weighed 279 pounds. My efforts paid off that first week. The second week was a bit easier. At four weeks I began to exercise. I started by walking the ramp at work with a friend. I began walking on the elliptical I bought and using resistant bands several days a week. For six weeks I ate exactly the same way every day. However, I began to not be able to take it. It was hard and not any way to live. I got rid of the "meal replacements" and added in real meat, such as chicken, turkey, salmon and cod. I also added in cottage cheese. Over time, I began to believe in my new lifestyle. I checked in each week with the nutritionist and came up with a plan that I could follow for the week. I also have a DXA completed every few months. After five months my medical statistics were so much better. My BMI was 33.8, which was better. At that point my waist was 44". I was able to come off my cholesterol medicine. I weighed in at 215 pounds. I was looking better and feeling better, but I was still considered overweight. I had worked hard, but I wasn't done yet. I had my first real goal on the horizon. I wanted to reach the one hundred pound mark. I didn't care how long it would take. I would reach that goal.

I kept working hard through the summer, so I could reach that mark. Most people count calories, but that's not something I have learned. I count grams of protein, which may sound funny. Based on my current weight, I eat 92–112 grams of protein a day and always write in a food journal. It keeps me on track and honest with myself and the nutritionist. Now, when I am talking to people I tell them I am on a "high protein life change". I still eat every two or three hours depending on what I am doing or where I am. I usually have protein shakes mixed with coffee each morning, a protein bar for snack followed a few hours later by chicken or fish for lunch. I usually have cheese, cottage cheese or an egg for an afternoon snack. Dinner is what I look forward to most. It is usually chicken or fish with salad or vegetables. I used to eat at my parents house and loved it. I went through a phase where I didn't want to go. I felt like it would be embarrassing because I couldn't eat what they would eat. Now I really look forward to it. My mom is creative with what she fixes and makes sure I can have everything they have. My parents have been really supportive. Temptations of food will always be there, but I have become a self–proclaimed "sniffer". I breathe in deeply and just enjoy the smell. I can walk away getting my fill of that food, being satisfied with only "sniffing". If I have something I feel isn't healthy,

it's usually chips and salsa. It has happened a few times over the past ten months. I don't get mad at myself because it's not life and not realistic. I just refocus and move forward getting back on track.

After 10 months, I have lost 120 pounds. I never thought this would be possible. I am no longer obese, but I still have a ways to go. My BMI is 26.8 and I have lost 20 inches off of my waist. It's no longer embarrassing to have the nurse measure my waist, as she can do it on her own. I will continue to work on my health and strive for a normal BMI, which is 25. As time passes, the weight comes off slower. I am building more muscle as time passes.

I will never go back to the person I was. Obesity is a disease that I know I have to worry about every day for the rest of my life. Now that I have found that little body hiding inside me, she is here to stay.

My Story: Evolving Obesities

Anonymous One

I am a 66–year–old Caucasian woman. I have always had, either in perception or fact, a "weight problem." In my childhood and early teens when my weight was within the normal range, I felt fat and was always trying to lose weight. After gaining weight in college, I had a weight problem in body as well as mind. Weight concerns have consumed much of my energy over the years. I have spent most of my life evolving toward a healthy way to manage my weight.

Act 1: Obesity as Metaphor

I can't remember ever not feeling fat. Growing up I felt humiliated and shamed by my body, even though I was not overweight, just bigger than my peers, with a pear shape and heavy legs, thighs, and ankles. In high school my BMI, although not used at the time as a measuring tool, was 22.8. Yet despite these facts, I was made to feel fat.

In my family being overweight was tantamount to sin. My father and sister were tall and skinny; my mother was petite and shapely. I took after another genetic code—the dumpy ones with knocked knees—the grotesque branch of the family tree. Hand–me–downs from my sister were supposed to fit me, but we were too different, and the difference was not celebrated.

Other things were at play, a perfect storm of conditions that contributed to my feelings of worthlessness. I really shouldn't have been born. The earth should have opened up and swallowed me. Of course I was not conscious of reasons for these feelings at the time. That awareness came later. But these feelings of loss, grief, terror, and terrible wrongness were the context of my struggles over the years.

I developed a pattern of binge eating, which satisfied two contradictory impulses: my need to nurture myself combined with my desire to punish myself. The intensity of a binge–eating episode was also an avenue for rage. I was young so the extra calories didn't result in weight gain, but the behavior had begun to take root.

Stepping on the scale was like the final judgment. The scale did not measure weight; it measured value. I would see the number, as would the person weighing me, and my failure, as a person, would be evident. My secret shame would become public. I would be declared guilty for the worthless grub that was me.

Nothing else mattered: that I was an A student; that I was kind and compassionate; that I had friends. These facts had no bearing. All that counted was the number on the scale. That number sent a shudder of condemnation down to my very soul. That number threatened to hurl me into a bottomless abyss from which I could not escape.

I avoided being weighed. I was a very obedient youth, with an exaggerated respect for authority drilled into me by my father. The one time I ever cut class was in high school. I skipped health class where I had heard we would be weighed.

The situations when I could not avoid being weighed confirmed my worst fears. Before one gym class we were publicly weighed in

assembly–line fashion. As I stepped off the scale my gym teacher yelled out "Diet" for all to hear. Doctors who knew nothing about me, to whom I had been sent for various required physicals, told me to lose weight.

In the mysterious and internally logical way that the mind works, my weight became a metaphor for all that was reprehensible in me. With no comprehension of why I was so unhappy, it was easy for me to fixate on my weight. It was too horrible to contemplate that I was the problem. The problem with me was my size, my body.

As I look back now, I am angry that because of its shape, this perfectly wonderful body was judged as wrong, and that there was no compassionate voice loud enough to contradict this message. But at the time I felt no anger. To feel anger over being made to feel bad requires self–respect and self worth. I had neither.

Act 2: Obesity as Symptom

I did not become truly overweight until my college years. Instead of the freshman 15, I gained 18 pounds. That summer my mother took me to an endocrinologist. He ruled out a glandular problem, but put me on my first crash diet. Thus began a 40–year struggle with yo–yo dieting alternating with overeating. Compulsive eating that contributed to obesity was a symptom of my unresolved internal struggles.

In my sophomore year I re–gained all the weight and more. For the first time I looked pudgy. Later I was to learn that my crash diet of the previous summer had resulted in the loss of lean muscle mass. When I re–gained the weight, it was mostly fat.

My relationship with food was agonizing. In my sophomore year I asked my roommate to lock up my meal card because I saw any eating as transgression. In my senior year when I lived off campus, I ate my housemates' food, carefully trying to adjust the candy or cookie level to disguise my theft. Binge eating became more and more of a problem.

I loathed my body and therefore functioned best when not thinking about it. My body was what was wrong with me. If I exercised, moved my body, I was reminding myself of my grossness. I avoided movement.

In my twenties when I started working, I would buy a dozen pastries on my way to work, pretending I was getting them for co–workers. But I would eat them all. I thought about food constantly, and when I wasn't thinking about it, I was eating it.

My weight stabilized in a healthy range during my thirties. I had spent some time in therapy, entered a loving relationship, and was happier than I had ever been. Food receded in importance for me. I thought I was "cured," that my relationship with food was in perspective.

However, my old demons returned, and I started again to feel awful and unable to cope. At the age of 41 I began intensive therapy to heal the scars of the past. I didn't want the wounds from my childhood to be an unconscious driving factor of adulthood misery.

All during these years I struggled to control my weight. I went to Weight Watchers four times. I tried hypnosis. Between those programs I went on numerous diets. But I always gained the weight back, plus a little more. In total I have lost and gained almost 200 pounds though dieting.

I was terrified of going to the doctor. I did not want to be shamed. I did not want to be lectured to. I did not want official confirmation of my absence of worth.

My last years of therapy were intense. I opened up a conduit to the feelings of terror, helplessness, and abandonment I had experienced as a child. Tenacity driven by self–preservation kept me committed to exorcising the demons, and if I used food to cope with what was being revealed, then so be it.

Act 3: Obesity as Medical Condition

After completing therapy at age 63 I emerged as a woman grounded in her self worth and convinced of her strength. I wanted to lose the weight I had gained during those years of emotional turmoil, but was confounded by all the conflicting information about how to do so, as well as by my own sad record of losing and regaining weight—a norm, not an exception, with dieting.

I was lucky to find a nurse practitioner specializing in obesity medicine. Through a regime of high protein/no carbs except fruits and vegetables, I've lost 21 pounds, and am no longer clinically obese. More importantly, I have made lifestyle changes that will remain with me for the rest of my life. Obesity is no longer a mortal sin, rather a medical condition that I am successfully managing.

I now have a more objective view of my obesity problem in particular, and "obesity" in general. I find that I have much to be angry about. I also find that it is perilous to try to wade through all the misinformation and propaganda that are paraded throughout our culture.

The stigma of being overweight is obvious. In addition to Hollywood and the media, we have the medical profession squawking about obesity, sometimes using it as an easy diagnosis to eliminate the need for looking at a patient as an individual. Throw in the insurance companies who are always looking for ways to blame the patient and we have a social swamp of prejudice and scapegoating.

The prevailing wisdom is that if you just go on the right diet, decrease your calories, your weight problem will be solved. The problem with this idea is that it is wrong. You can lose weight on a diet, sure. But the overwhelming majority of people gain the weight back, along with a little more. If this rate of treatment failure were applied to heart disease, it would be a national scandal. Instead, if a diet fails and the person regains the weight, something is wrong with the dieter.

A sector of the economy benefits from this failure rate. Dieting is a billion dollar industry. When a dieter re–gains the weight, the dieter becomes a candidate for yet another dieting scheme. You, too, can lose weight quickly if you just do this. And if you gain it back, no problem, come back, we'll take your money and watch you lose again.

We live in a toxic food environment. A constant drumbeat from advertising urges us to eat, eat, eat. A lot of money is made by getting people to eat what they don't need. If somebody eats one Big Mac, that's so much profit. If it's supersized, it's a super bonanza. Making money is paramount. Moderation isn't profitable.

Eating is a recreational activity. Food is everywhere. Office meetings have food. Break rooms have food. Sports activities have food. Everywhere we are tempted to eat. Hunger is not the motivation. Just consume.

Eating well is a challenge for everyone in 21st century America. In this environment almost everyone craves something, be it sweet or salty. Knowing this state of affairs helps me understand myself better. I can be compassionate when I hit some stumbling blocks and be grateful when I am successful.

The program I am following results in painfully slow weight loss. My 21–pound loss has taken more than two years. I anticipate over the next year I will lose about three more, as the process slows down the more weight you lose and the closer you come to your natural weight. I have learned this: find a way to eat and do it forever. There is no 'diet' way to eat that is different from how you eat all the time.

I imagine the process this way: I am giving my body enough food to assure its Neanderthal DNA that I am not in starvation. At the same time, I am giving my body the nutrients that it needs—protein and fat—to burn fat rather than muscle. I am giving my body fruits and vegetables for essential nutrition. I am not giving my body starches, including whole grains and sugars, which turn to fat. It is not easy eating this way, but the outcome—feeling better and gradually losing—is worth the effort.

I am moving my body more than ever before. I am walking an hour a day, outside, enjoying the air. I have a compassionate doctor with whom I can work as well as an obesity medicine specialist who is helping me to master my relationship with food.

I have come far. Stepping on the scale is still not one of my favorite things, but it is no longer a test of my right to occupy space on the planet. I have a healthier relationship with my body. I am enjoying feeling my body move, appreciating its grace. Being good to my body spills over into the rest of my life. I try to be kinder to myself, more patient. I am not defined, limited, as a person with a weight problem. I am working to accept myself as a human being, with the inherent imperfections, strengths, and wonder.

Explode and Die! A Fat Woman's Perspective on Prenatal Care and the Fat Panic Epidemic

Jennifer Hansen

Classifying obesity as a disease provides more ammunition for the "war on obesity." I gather that this is supposed to be a good thing. The problem is that obesity isn't a germ or a crime; it's a word applied to a particular kind of body—and thus to the person inhabiting it.

From a fat person's perspective, the "war on obesity" is a war on fat people. It's a license to bully, shame, and ostracize fat people and deny us employment, medical care, and even ordinary family life because we don't look right. Fat people, proclaimed by medical authority to be the enemy and identifiable on sight as outsiders, are made into targets for all kinds of free–floating anger. For example, I am apparently sucking away people's tax dollars via my fat, and it's also my fault that men expecting to fantasize about every woman they see on the street encounter my distasteful fatness instead. But no matter how many times we get told that we are wrong just for existing, we go on existing, in public even. How dare we? The answer, obviously, is to keep at us. If we would just admit that we have no right to exist, then we would all either vanish or become socially acceptably thin, and then the whole world would be unicorns and butterflies and everyone would be rich and nobody would get old. Or something like that. If obesity is a disease, then phrenology is a science.

Of course, we get a lot of well–meaning flak along with the bullying; after all, concentrating on weight loss can only be good for us, because fat people are always about to explode and die. This assumption has definitely affected my relationship with the only medical practice I can reach that's in my network. During the 20–plus years since I became visibly obese, I have gotten used to the constant drone of "You're fat, you're fat, you're about to explode and die, we don't care about what you actually came in for because it's vitally important that we bug you yet again about your pants size," but some things can still shock me. For example, during all three of my pregnancies, I never had a result that was even borderline for gestational diabetes (GD). And yet, some time after my last baby was born, someone wrote "HISTORY OF GESTATIONAL DIABETES" in my file. I first heard about it during my annual checkup, when the doctor referred to it when talking about my increased risk of Type 2 diabetes due to age (unavoidable), my first–ever non–whitecoat–syndrome borderline blood pressure (BP) reading (taken with a standard cuff, gee how could it possibly have been inaccurate), and GD (gosh, I felt so safe and supported at this fine reality–based practice). And of course my weight.

Whoever wrote that felt free to make things up because I'm fat. To repeat, somebody with access to my file at my only source for affordable health care felt free to write things in it that were completely contradicted by the facts just a few sheets below. There's no need to fact–check your assumptions when you can tell by looking at *her* that she's F–A–T, and everybody knows what *they* are. They'll explode and die, every last one of them. Better medicate them now before they inevitably break down!

Speaking of which, there's a particular OB at the practice who I'll call Doctor Eeyore. At every appointment, Doctor Eeyore would take measurements, stare, and say, "Hmm . . . tch." If I asked him to tell me what he had found, he would say, "Too big," or, "Too small," or indicate some other inadequacy in his glum, word–miserly way. He only bothered to produce complete sentences when he enthusiastically told me that I would die if I didn't give birth with an IV in place to administer the life–saving drugs for my inevitable cardiac event (obstinately normal blood pressure notwithstanding) and forceps up my vagina to wedge open the "excess tissue" therein (because apparently a fat woman is just like a turkey from the supermarket). I finally got fed up and requested my medical records. All of the charts that he had used to diagnose me as broken were online, as it happens, and all measurements, besides my weight, were within

established acceptable parameters. So, again, a medical provider felt free to lie regarding my case because I'm fat—for my own good, of course. I have since learned from other fat mothers that he is still doing it.

My blood pressure was normal during all three labors; I needed no drugs, cutting, or manhandling in order to have those babies; and Doctor Eeyore can go pound sand.

Oh, hey, speaking of GD, I felt worse during my last pregnancy than I ever had during the previous two. The practice was demanding extra urine samples because I had put my foot down about the nauseating glucose tolerance test. (Why do they think that making somebody guzzle all that sugar will tell them anything about how that person reacts to just plain eating, anyway?) Of course they were testing my urine for diabetes. Meanwhile, every time I said, "My lower back really hurts and it feels hot, and it feels like I have to pee all the time but I can't seem to produce much," I was brushed off, because over 30 and fat, what did I expect? Somebody not at the practice, somebody who wasn't obsessed with how I was going to explode and die, finally said, "Hey, that sounds like a urinary tract infection, and that can be dangerous. Next time you go in, ask them if they are testing for bacteria."

Of course they weren't, because fatties only get fatty diseases. I demanded that they test the next sample for bacteria. The next thing I knew I had a two–week scrip for antibiotics and a note in my file that they had saved me from premature labor by catching a UTI just before the critical stage, fanfare please! Yeah, they sure did. Yup.

I do have a funny doctor's office story about weight. This happened during my first pregnancy. I had noticed a general pattern in my appointments. I had to see every OB in the practice at least once, per policy. At some point the doctor—except, of course, Dr. Eeyore—would go silent for a while, glance at the file, and close it. After several appointments like this, one of the OBs hesitantly said, "Well, you know, we're concerned . . . do you know you're obese?"

What I wanted to say was, "Gosh, that's why most of the clothes in the catalogs don't fit! I had no idea! Thank you so much, Doctor!" What I said was, "Yes, and as you can see from the numbers in your file, I'm fine," and that ended that conversation. And that was the most helpful discussion about weight I have ever had with a doctor.

As for "good access to medical treatment for obesity," if there were such a thing, and if I actually needed it, I could answer that question.

What experiences outside the doctor's office affect my ability to discuss my weight with healthcare professionals? Well, when I started looking for reasons why I had hit a plateau on my weight loss program despite being "good," I found data regarding the ineffectiveness of weight loss programs and other data regarding the general misunderstanding of what being fat actually does to a person, and now I don't want to discuss my weight with healthcare professionals because it isn't a medical issue. Should I experience a sudden increase or decrease, I will take that information to the practice. Otherwise it's none of their business.

Since I've mentioned my efforts at weight management, I should probably expand on that. As happens to most people who diet, my weight is now higher, but so what? Since I quit dieting, I have paid serious attention to when I am hungry and what I am hungry for—instead of numbers in a pamphlet that tell me what I ought to be hungry for. I have noticed that my compulsion to consume "bad" foods has decreased greatly, probably because the "bad" foods are now just items on a list of foods that I might purchase, or might not, or might eat at a party, or might not. In fact, my former "trigger" foods are now so ordinary to me that they tend to go stale in my house. The maelstrom of anxiety and shame surrounding what I ate and how much and when and on and on and on is gone, and I am never taking it on again. If everybody thought this way, I wonder what would happen to the diet industry.

Have I ever felt stigmatized by my weight? Well, I exist in public, so yes. Being officially labeled sick may change the proportion of condescending, pitying jerks to nasty, name–calling jerks. Whoopee.

What makes weight management difficult for me? Perhaps its the documented persistent overwhelming failure rate of diets. Or perhaps the absurdity of being told that my life would be better if only I would consent to having a surgeon fix what ain't broke. Or maybe the fact that the only problems I have with

my weight are the people who are convinced that my appearance makes me a fit target for assorted crap. Can my healthcare provider help me overcome these obstacles? I don't know. Can they identify whoever wrote a big fat lie in my medical file, and get rid of Doctor Eeyore while they're at it?

How would I explain my obesity? To whom? Whose business is it? Whose body is this anyway?

Do I get to be classified as a good fatty if I tell the right tale of woe about my obesity?

I used to play that game. Sometimes I actually got the prize: a sorrowful smile and a wish that I would do better. Eventually I realized that I was in effect begging pardon for existing, so I quit doing it.

Yes, my weight is an important factor in being healthy. It's a direct cause of the failure of people at my only source for affordable health care to treat *me,* not the stereotypical fatty in their heads. I would purely love it if I could go in for medical care without having to sit through fat talk before I can even raise the question of what I'm actually there for. It would be awesome if they didn't take one look at me and decide that I can't possibly have any medical problem that is not considered to be a fatty disease. And it would be wonderful beyond measure if they didn't feel free to lie to and about me. But, you know, they're only trying to help me, because I must not have heard yet that I'm going to explode and die any day now. Oh, look, here I go. Kaboom!

(That was sarcasm, by the way.)

Fitness, Fatness, and Aesthetic Judgments of the Female Body: What the AMA Decision to Medicalize Obesity means for other Non–Normal Female Bodies

Sara R. Jordan

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"I'll be happy to refer you to our dietician to get you on a program to help you get your weight under control before it becomes a problem".

As my new physician spun around out of the examination room door, my head spun faster. I had heard the phrase "get your weight under control" twice that morning, but the contexts in which the phrase was uttered could not have been more different.

At 7:30 a.m., my fitness trainer was imploring me to get my weights under control as I struggled under a bar, laden with slightly less than my body weight, to do a final set of front squats. At 11:15 a.m., my new general practitioner was imploring me to get my weight under control, by which he meant to learn how to reduce my body mass index (BMI) to match the chart prominently displayed on his office wall. The exhortation to get my weight under control meant such radically different things in these two contexts that it was difficult to comprehend the meaning of the phrase.

I am 5'4" and 158 pounds. This gives me a BMI of 27.3, which means that I am considered overweight; right in the middle of the category of overweight. Or, according to the definition of the BMI found on the calculator pinned to the National Heart Lung and Blood Institutes (NHLBI) webpage, I am over fat. If the BMI is, "a measure of body fat based on height and weight that applies to adult men and women" then I carry a health–threatening percentage of body fat. If my fitness trainer, with his 12 point skin–fold caliper test is correct, my body fat percentage of 17% is within the limits expected of female (non–endurance) athletes. In terms of health, then, I am a paradox: according to one standard, I am healthy and fit, according to another, I am unhealthy and fat.

As this new physician picked apart my weight, suggesting I should lose between 15 and 20 pounds to bring myself to "full health", I found myself quite annoyed. He was a small, rail thin, man with greying hair, tired eyes, unpressed khakis, and a beaten pair of black–ish grey "Crocs" on his feet. He looked disheveled and as if he had not seen the inside of a weights room in his life. As I listened to him address my history, current vitals, and how being overweight in my 30s could lead to being

"fat and 40", I looked him over and made a snap judgment of "I could bench (press) you [right out this window]". While I was angry with his delivery, I tried to remind myself that he was an overworked physician in a multi–lingual office, trying to operate under a new paradigm in healthcare policy, practice, and diagnostic categories. Specifically, prompted by the medicalization of the condition of obesity by the American Medical Association, my physician was reflecting the professional wisdom that I suffer from a condition needing preventive treatment. He was trying to be a good practitioner to recommend preventive treatment, but to me, he was being a terrible physician.

The AMA Declares Obesity a Disease

The declaration by the American Medical Association in 2013 that the condition of being obese is one that requires medical treatment is one that I, on the face of it, support. By inviting the medicalization of the condition, the AMA opens the door for individuals who wage a deeply personal battle with their weight to find support in their physicians' offices and from their insurance companies. Yet, the blunt tools that are used to assess these conditions raise my ire, emotionally and intellectually.

Intellectually, the use of the BMI calculator for snap diagnosis of all individuals makes easy sense. It is an easily comprehended tool and, for a normally distributed population, such a simple tool is an excellent choice. But, it stands to treat outliers like me poorly. Outliers, such as particularly fit women and men, are likely to be prompted to unnecessary "treatment" or inefficient treatment discussions based upon this tool. Whether a tall, lithe, ultra marathon runner is classified as under weight and suggested to visit a dietician to bring her weight up, or a muscular woman is prompted to visit a dietician to bring her weight down, the medicalization of body mass supposes that outliers will be moved further from "normal" by the medical establishment. Added to the consensus in society that non–normal is disruptive, medicalizing fit women and men as further non–normal represents a double assault on the dignity of those who make conscious, but non–standard, lifestyle choices.

In the US today, and in other industrialized democracies, what is "normal" is to be overweight and out of physical shape. As news reports and academic studies suggest, levels of physical fitness among children, young adults, middle age adults, and the elderly are at record lows. Recent news reports of the US Marine Corps being unable to maintain fitness standards for female recruits, specifically their ability to do chin–ups or pull–ups, highlights well the problem of a general lack of fitness. While the distribution of weight on the female body means that chin–ups can be a difficult thing for women to achieve (in proportion to men) without some concentrated work, that so comparatively few young women can accomplish this goal represents a lack of fitness possibly coupled with over–fatness.

A debate that periodically rears its head in the popular literature is whether it is possible to be "fit but fat". What is usually meant by this phrase is that a man or woman that is conventionally overweight, perhaps based on the BMI scale, or based on the inter–occular test of carrying more mass around their abdomens, hips or thighs, is still able to participate in most recreational athletic activities. A common visual representation of this may be Facebook or Pinterest photo of the man or woman who carries additional weight proudly smiling and holding up his or her medal from participating in the local 5k or 10k running race. This person is visually overweight and possibly over–fat according to a BMI or caliper test, but is clearly training for and completing a running race. She or he is "fit but fat".

Certainly, this same photo subject would be a faster runner with less mass to carry along the racecourse, but she or he may not be any more "fit" even if carrying less weight.

Assessment of fitness requires more than a BMI test or a body fat test, it requires attention to dimensions of cardiovascular endurance, muscular strength and muscular endurance, and flexibility. For example, to judge fitness for endurance events, a VO2–max test may be performed. The problem of assessing fitness and fatness though, is that fitness is not easily observed. We do not wear our VO2 max

score in the same way we wear a few extra pounds around our abdomens.

The debate about "fit but fat", is more about judgments of athletic aesthetics than it is about fitness and fatness. There is an expected "healthy" fit athletic body, as debates over female athlete's bodies each Olympic season demonstrate. The expectation is that athletes will have very low body fat, a high ratio of lean tissue to fatty tissue, and will "look like athletes". Conversations about the acceptability of muscular female bodies aside for this moment, I contend that what society perceives that acceptable female athletes will wear on their bodies is a dense, efficient, muscular body that is also small, petite, "cute", and non–threatening. Due to composition, though, these are "heavy" bodies, whose numbers will not stack up in appealing ways against a BMI chart, even when that condition is part of an optimal state of fitness and health.

Reconciling Fears

I left my physician's office angry. To me, a physician that could not see fitness on a distinctively fit patient would probably also not be able to see other conditions. I wondered if this physician would recommend I see a psychiatrist for obsessive compulsive disorder if I came in to obtain a referral to a sports medicine practitioner for a nagging wrist injury related to a period of intense twice a day training for a major competition?

I began a search for a new physician in earnest, but also stepped back to probe my anger with this physician's diagnosis of me as needing preventive treatment for being overweight with more ardor. What was I angry with? Was I angry with him as such or with a system that medicalized me as non–normal based on a numerical evaluation that had nothing to do with my actual state of being? I arrived at the provisional conclusion that my anger stems from a perception that the medicalization of the conditions of obesity is a judgment of the aesthetic in as much as it is an acknowledgement of a known health threat. Obesity is genuinely of concern and has palpable consequences for many people's health, but this condition is also socially constructed based upon aesthetic perceptions that are culturally specific. I came to the conclusion that I was angry with my physician and judged him incompetent to make decisions about my health because he had judged my subcultural milieu and found me (and it) incompetent as a means to lead a good life.

Generalizing Non–Normal Bodies of Experience

I believe that my experience has some generalizeable qualities, even though my body is not the norm. This was not the first time that I had been advised by a physician to lose weight because my number of total pounds is too high, or to curb my training, and to "be careful" with my training program. Male and female physicians alike warned me of danger in pursuit of a muscular or athletic body: gynecologists warned me to watch for amenorrhea and general practitioners gave me literature on the "female athlete triad". I have been a non–normal case in need of education and treatment for a long period of time, and my story is common to other athletic women.

What I believe is common in my story to all other women is that the medicalization of fat is a more pernicious threat to women as than it is to men. Like the medicalization of hysteria or depression or disaffection in women and subsequent treatments with psychiatric drugs (e.g., mother's little helper), I fear that the medicalization of obesity will disproportionately influence women. For example, when perusing through news articles to find instances for this article, I found that all articles using photos to emphasize obesity used female subjects rather than male. Women who are fat or fit are a threat and the medicalization of obesity now suggests that this is normal and sanctified.

The perception of an aesthetic threat is something that women with non–normal bodies are well aware of through the stares, judgments, and ill–fitting clothes meant for "normal" bodies. But, to be socially non–normal is different than being medically non–normal. Social abnormality can be corrected by finding individuals with open minds and similar interests. Medical abnormality requires education, surveillance, control, and treatment.

I fear the means that will be used in pursuit of normalizing the distribution of conditions relating to women's weight. I wonder what the effect on my insurability status is from being declared overweight. If formalized tools to address *my* non–normal body are not developed or brought in from the fitness industry (such as a skin fold calipers test), will I be saddled with a non–sense diagnosis of being overweight, and thus unhealthy and needing corrective treatment? Will I be given an option to demonstrate that my numerical condition does not correlate to a legitimate medical condition?

What emerged from this experience was a realization that my physician, presumably like many others, will now have to diagnose my aesthetic dimension. My body is aesthetically unpleasant for some, not genuinely unfortunate in medical status. The difficulty that my case presents—of disambiguating the situation of an aesthetically unpleasant body from a medically problematic body—is, I fear, more likely to mean that I become doubly non–normal (socially and medically) and simply have to choose to accept judgment, costs and consequences, medical or otherwise, about my pursuit of this lifestyle.

Obesity Treatment: One Size Does Not Fit All

Karin Kwambai

I am obese. That phrase is actually very hard for me to say out loud. Saying it feels as if I am standing at an "obesity anonymous" meeting, except there is nothing anonymous about being fat. Everyone knows it. I often feel that it is the first and only thing people notice about me. I've been overweight, chubby, fat my entire life. My mom enrolled me in Weight Watchers when I was 12 years old; I learned to use Molly McButter in front of her and sneak oatmeal cream pies when she wasn't looking. I've learned a lot of maladjusted behaviors around food over a lifetime of trying to lose weight. I've tried meal replacement shakes, pills, souping, juicing, and the "Master Cleanse"—a diet of lemonade with cayenne pepper and maple syrup. All of these tactics only messed up my mind and body even more. The summer before my freshman year of college, I literally ate only an apple a day because I was so worried about not making new friends because of my weight. It was not about being healthy; it was about being accepted.

Twenty years of blame and shame later, and despite mixed reviews on its success, Weight Watchers is still the first recommendation for weight loss from my doctor, along with Medifast, a 1000 calorie a day diet, or bariatric surgery. My naturopath told me to make my smoothies and spinach salads smaller, and my therapist told me I think too much about exercise and should "just do it." I have gone many rounds with Weight Watchers and had some success. I have also had success losing weight by tracking food intake and exercise on apps like My Fitness Pal. But like all attempts at losing weight, following medical advice works until it stops working, and the weight comes back—plus some.

Obesity as a Disease

I recently sought treatment with an Obesity Specialist, but after an inspiring complimentary consult where she explained her holistic approach, I found out that my health insurance won't cover the cost because the diagnostic code for obesity is excluded from my coverage. I have heard that the Affordable Care Act is supposed to impact insurance plans covering the cost of obesity treatment, but that has not been the case for me. In fact, I've been forced to pay out of pocket several times for labs that doctors feel the need to run, despite my urging that I am *not* diabetic. Trust me, I say; I know what diabetes looks like. I have watched family die and seen clients suffer, and I am earning my Masters in Public Health. I had been hopeful that the recent classification of obesity as a disease by the American Medical Association would open treatment doors, but it has not. In fact, I'm concerned that it will close doors for treatment opportunities because of how insurance

companies decide what medical costs they will cover. Obesity seems to be a four–letter word for health insurance companies. My insurance plan will cover prescription medications for high blood pressure, high blood sugar, and high cholesterol, but it won't cover weight loss medications. Where is the incentive to address weight loss before potentially developing a life–threatening disease? I believe that obesity is a disease; I just don't trust how the healthcare system will handle the responsibility of addressing it as such.

In fact, the debate on whether obesity is a disease or a lifestyle is a frustrating one for me. If we claim lifestyle is the cause of obesity, it means that there is only one factor causing obesity. If that were true, then the commonly prescribed solution of "eat less, move more" would be more effective. The reality is, there is no single cause or cure for obesity; there is no one–size–fits–all treatment approach. It is a complex problem that deserves a complex response in the forms of primary, secondary and tertiary public health interventions. I am hopeful that classifying obesity as a disease will lead to more disease model research and treatment approaches and I look forward to the day when there is an obesity research center that is as well known as Fred Hutchinson. With one third of our nation's population in the overweight and obese category, the public health solution can't be solely based on prevention. Obesity treatment needs to be a mainstream, accessible option through primary care providers. If an educated woman like me, with health insurance, can't access medical weight loss healthcare, how is it possible for folks who are less privileged and who experience more barriers to be able to get the individualized treatment approach and support necessary to lose weight and prevent chronic diseases?

Classifying obesity as a disease is concerning because of how it is currently being diagnosed. "Overweight" is generally defined as the condition of having excess body weight (from fat, muscle, bone, water or all of the above) for a particular height; obesity is generally defined as the condition of having excess body fat. However, methods to determine body fat directly are difficult so the diagnosis of obesity is based on Body Mass Index (BMI). BMI is a simple equation of weight divided by the square of height and has come close to monopolizing obesity statistics because it is an inexpensive and easy measurement to take. I question the use of BMI as an accurate measurement, given that BMI measures excess weight, not fat alone. Different populations differ in fat mass and distribution which means that the significance of BMI varies amongst age, sex and even race. We need to determine a better tool to measure fat mass before putting permanent diagnostic labels on patients based on body mass.

Stigma

Another part of the problem in the medical approach to obesity is stigma and discrimination. Somehow the association between obesity and chronic medical conditions like heart disease and diabetes has only given people more ammunition to voice judgment. Now people think it is acceptable to comment on your weight because they are worried about your health. I don't buy it. I think it is still about fat shame and judgment. People don't look at me with sympathy and say things like "Poor thing, she must be sick." They look at me with disgust and hatred. Obesity faces as much, if not more stigma, than addiction. I think this is because people in our society rely heavily on their moral judgment of individual choices and behavior and reject the idea that obesity and addiction are diseases. When someone is diagnosed with skin cancer, even if we say "they shouldn't have spent so much time in the sun," we still create huge cancer research centers and offer aggressive treatment. We even have hospitals solely dedicated to cancer and charity care for those who can't afford treatment. When someone is diagnosed as obese, we say "they need to exercise more and stop eating at McDonalds," and then create a commercial encouraging healthy choices.

Stigma is something I have witnessed in my professional life as well as my personal life. I have been working with homeless, mentally ill, and chemically addicted adults for over 10 years. Healthcare access is not easy for the population with which I work, but I've been surprised about the level of access for my clients who have been diagnosed with cancer.

A local cancer treatment clinic actually outreaches my clients to offer treatment. But my clients who want treatment for alcohol or drug addiction have to tolerate a two hour assessment, go on a waitlist until a detox bed becomes available, and survive on food stamps alone because addiction disqualifies them from welfare or disability benefits. If they want to stop smoking, all we can offer is the number to the quit line, and nicotine patches aren't available for free anymore. If they are overweight or obese, we encourage them to see their Doctor (who will tell them to lose weight) and invite them on a walking outing.

I don't even like the word obese because of the stigma associated with it. It comes pre–loaded with assumptions and preconceived ideas about being lazy and eating fast food. It is a medical term that strips people of their complex humanity. I actually prefer being called fat. What people don't know by looking at me is that I have been healthy most of my life. I was active in sports as a child through high school and as an adult I've played soccer and love swimming. I live in the Pacific Northwest because I like being close to the outdoors where I can hike. I was a vegetarian for 10 years. I would argue that I am healthier than the people I know who are skinny but smoke a pack of cigarettes a day and drink alcohol as meals. People who are fat are as varied in their habits and behaviors as any group of people who share a physical characteristic—yet another reason why there isn't a clear behavioral intervention.

The most surprising and painful stigma I have experienced is amongst my colleagues in the Public Health field. I am getting my Masters in Public Health in order to help the disenfranchised population I've been working with as a social worker on a larger scale. Now I wonder if I will ever be hired for a public health job based on discrimination due to my size. I didn't expect to feel like the token fat kid in class, but that experience has occurred on more occasions than I can count. I have been uncomfortable eating in front of my classmates, and I've heard negative comments about other classmates eating chips or candy bars and drinking soda. No one would outwardly admit they had ever smoked a cigarette, and initiating a happy hour outing is a courageous risk only worth taking after delirium sets in from cramming biostatics and epidemiology. But the point at which I couldn't refrain from speaking out was when I heard colleagues make statements about how we are enabling obese people by making public spaces bigger; for example, larger seats on airplanes and buses. In that moment, I found myself stepping into the role of a fat activist in order to fight obesity stigma in the classroom. I tried to stay professional, agreeing that making accommodations is not the answer to reducing obesity. However, I argued, all of the years of *not* making accommodations have not reduced obesity either. Being uncomfortable and feeling shame on long flights hasn't caused me to lose weight. Obviously, built environment plays its part, but I believe the trend towards large spaces, huge homes, and oversized vehicles is more of a symptom of capitalism in this country than a result of obesity—mostly because obesity has disproportionately affected marginalized and low socioeconomic–status groups who don't have the money to buy SUVs or build big homes. Only recently has the association between socioeconomic status and obesity weakened, primarily because the prevalence of obesity has increased so dramatically.

What Next

Fertility motivated me to pay out of pocket to see an Obesity Specialist. I knew something was off after a 70–day–long menstrual cycle but the medical providers didn't hear me. They read the lab results, told me I was "within normal range" except for my high testosterone levels which "probably aren't clinically significant," and that I just needed to lose weight. No one put my symptoms together. I needed help. Thanks to the expertise of someone who knew how to ask the right questions and offer a different approach, I learned that I have Insulin Resistance. In all of the blood glucose and A1C blood tests, no one has ever checked to see how much insulin I was producing and whether my body was using it effectively. Without intervention, my pancreas would eventually get tired of producing insulin and I would become diabetic. Insulin Resistance is one feature of several that I have of an endocrine

disorder with genetic properties called Polycystic Ovarian Syndrome (PCOS). I had done my own research on PCOS but was unable to advocate on my own behalf enough to convince other providers to diagnose or treat me. Since starting individualized treatment, I have learned to eat more frequent small meals and take several short walks during the day and have started a medication to address the endocrine disorder. With some additional coaching, guidance, and support, I have lost twenty pounds.

I can't stress enough how important it is for healthcare providers to get training from patients and obesity specialists and, most importantly, to interrupt negative thoughts and preconceived notions about fat people in order to approach this sensitive and serious topic without judgment. We need providers to act as allies. Listen to us, read what we are writing, ask questions and be willing to learn from us. Stop blaming the individual and stop focusing only on food and exercise. Treatment also needs to address behavioral change and underlying medical issues. Providers need to factor in things like genetics, environmental exposure (endocrine disrupting chemicals), gut flora and social determinants. Unless you struggle with obesity yourself or are very close with someone who does, it is nearly impossible to understand the complexity of the disease. And without a better understanding of obesity, battling this epidemic will not prove successful.

Stepping Off the Edge of the Earth: A bariatric patient's journey out of obesity

Nikki Massie

I have been overweight my entire life. When I was born—three weeks early—I weighed 9 lbs., 3 oz. I proceeded to trend on the high end of the weight percentile for my age. By the time I was 14 years old I'd surpassed 200 lbs. By the time I graduated high school I'd hit 250 lbs.

Even today, after losing a considerable amount of weight from having Roux–en–Y gastric bypass surgery, I am still considered overweight according to the body mass index.

All this is to say that the way I think about my health, my body and my life is very much from the perspective of someone who has never experienced the so–called condition of being "normal."

Enough is Enough

I've been asked many times how I decided to have bariatric surgery. The answer isn't simple. Because I'd been overweight all my life, the notion of being anything but overweight seemed a bit absurd to me. Not absurd as in, "I would not be happy if I were smaller" but more like, "I don't know if this could ever happen for me and, if it did, who would I be?"

Truth be told, I wasn't entirely unhappy as an overweight woman. By the account of my primary care physician I also was not necessarily unhealthy for an overweight person. I didn't have high blood pressure or diabetes (I wasn't even pre–diabetic). My heart seemed to work fine. I was just very, very large.

However, I'd been large (or larger than others) my entire life. In many ways my very identity was inextractable from that fact. While I can't speak for my entire culture, my experience as an African–American woman is one where women of size were not reviled, but celebrated. Being too thin was always presented to me as a negative cultural value, I believe because it was associated with drug use.

That means that growing up I didn't have some of the experiences other obese people had. There were a few people who teased me but they were the exception, not the norm. I don't recall being lonely because of my size. I dated avidly throughout my adolescence. I was asked to, and went to, both my proms.

I proceeded into young adulthood with a few bumps along the way. I suffered a bout of depression in my sophomore year of college and just after my 21st birthday I found the first signs of what would be massive hair loss from alopecia areata (although did not know that's what it was at the

time). Otherwise, I was fairly healthy and no more or less happy than any other 21 year–old I knew.

At age 22, I had my first child, a daughter. This was the beginning of an upward weight climb that took me from being very overweight into very obese. At age 21, I weighed about 240 lbs. (I am 5 ft. 8 inches tall). By the time I was 26 (and after I had a second daughter), I weighed in at 340 lbs.

At this point I began to want to lose weight. I no longer liked the way I looked in pictures. My increased clothing size and cost depressed me even further. My attempts at dieting, however, failed miserably. I did seek help from my primary care physicians (I went through several throughout my young adulthood). Each time I'd be given a copy of the food pyramid and a pamphlet explaining the health benefits of losing weight.

But how? How exactly does one lose weight? In my mind it was some strange combination of sadistic exercise and starvation. That's what I saw in magazines. Women who ate the equivalent of one meal per day who exercised many hours a day. I had no desire to do either and so I continued on my trend upward.

During that time my mother (now deceased) worried about my weight a lot. I'd say she worried about it more than I did but, truth be told, it was always on my mind. She was simply more vocal about the problem than I was. She'd sit me down every few months, intervention–style, and ask me if I didn't want better for myself, for my children. I'd listen but some combination of shame and defiance caused those talks to drive me straight to the kitchen, straight to the junk food, away from any prospect of a healthier life.

It was my mother who first brought up weight loss surgery. I'd seen the commercials but I didn't know much beyond that. There was a chain of clinics that ran commercials on television and they promised that there was hope for the obese. Not yet having seen myself as hopeless, I largely ignored these commercials until my mother began an aggressive campaign, fearing I might die from my obesity. Looking back now—on how she came to die from the very thing she feared of my life—I have a new appreciation for her worry.

Still, I was a single mother, trying to complete college and supporting two young girls on my own and I had entirely too much to do to have major surgery. I also had too much to do to cook—ever. Instead we had themed nights. Monday was sub shop night, Tuesday was Chinese, Wednesday was the night we went to church for supper, Thursday generally saw us eating leftovers from Monday or Tuesday and, of course, Friday was pizza night. Surprisingly, both my daughters, throughout their young childhood, were normal sized, despite my fondness for unhealthy food.

At age 30, I graduated from college with a degree in English. That process was so arduous that I spent nearly a year afterward just existing. My school schedule had me going, going nearly 18 hours out of the day and only seeing my children for about two. So for a while I came straight home from work, played with my kids and just lived. For the prior eight years I'd held down an administrative assistant's job at a non–profit, which is where I met the person who would eventually lead me to the *real* path toward bariatric surgery.

For the purposes of our story, let's call her Mary. Mary was a social worker, herself a single mother, a proud African immigrant whose assimilation into American culture meant that although she was generally healthy and looked like most other women in her culture, she felt she was overweight. Wanting to correct this before her wedding in the next year, she decided to see a bariatric surgeon about the Lap–Band procedure. She asked me to attend the information session with her.

In a large auditorium in Baltimore's St. Agnes Hospital, I first set eyes on the man who would change my life forever, my bariatric surgeon. He was a small, unassuming man with a soft voice and a kind smile. During the information session, he explained all the bariatric procedures in detail, even going so far as to pass an actual Lap–Band device around the room for us to handle. When it came to me I examined the thing with curiosity but didn't feel connected to it. I started listening to the questions people asked about the various procedures.

"Can I still have cake sometimes?"

"What about spicy food, can I have spicy food?"

This went on about ten minutes before I could muster up the courage to raise my hand. He called on me and I asked, "With this surgery, could I really lose the weight?"

The room went silent and everyone looked at me. I didn't like for people to look at me so I remember wishing he'd hurry up, answer the question, and move on.

Looking me directly in the eye, he said, "If you follow the rules, take good care of yourself, eat right and get active, yes, with bariatric surgery you can lose the weight."

And that's how I decided to have bariatric surgery. No research. No long (conscious) contemplations. Just the assurance of a small man with a kind smile that there was a way out of a life that, by that time, felt completely out of my control.

Stepping off the Edge of the Earth

By virtue of the fact that I'm a blogger in the bariatric world, many people contact me prior to their surgeries. "What is it like?" they ask. "When you first have surgery?"

I tell them that, for me, having bariatric surgery was the bravest thing I did. It was like stepping off the edge of the earth and trusting there was a soft place to land.

The preparations for my surgery were uneventful. I had the requisite tests, did the requisite dieting and on January 8, 2008 I "went under" (for the first time and the last time since) to have gastric bypass surgery. The bypass was exclusively my decision. My surgeon, seeing how "healthy" I was advocated for Lap–Band, thinking the bypass was extreme for my situation. However, I distinctly remembered two things he said about the bypass in the information session: you can have a violent reaction to unhealthy foods and that you could be especially sensitive to sugar. I knew that was the surgery for me.

What I didn't know, until after surgery, was that I was a food addict. It's hard to explain how I did not know that except to say that food is everywhere and you have to eat to live. It's such an integrated part of life that you don't *have* to consciously notice when it's taking an unhealthy place in your life.

But my first few months after surgery my withdrawal was severe. I didn't know what to do with myself if I couldn't eat (and I couldn't, it made me violently ill!). Feeling lost, I'd do things like wander around grocery stores looking at food. I didn't know what was happening to me. At one point I seriously considered killing myself.

Thankfully, a few months after surgery, I discovered the online community of ObesityHelp, where there are message board forums where bariatric patients can talk to one another. Those message boards saved me. I asked a lot of questions, learned a lot of the things that I *should* have learned prior to having, or deciding to have, surgery. But most of all I forged some deep and lasting relationships that still thrive today.

As to my weight, in retrospect it melted off although that's not how it seemed at the time. Within six months of my surgery, I'd lost 100 pounds. By the year mark, I'd lost 155 of the 180 pounds I needed to lose. And that is where, for me, the weight loss stopped. I panicked, of course. I went into what I call "bariatric adolescence" whereby I began to rebel. By this time I had more eating capacity and I could tolerate some unhealthy foods. I figured since the scale wouldn't seem to move no matter what, why deny myself?

But now, at six years post–op, I'm happy to report I've found many motivations, none having to do with a scale, for continuing to "fight the fight." As I said earlier I am still overweight. There is still work to be done. My success story has not yet come to its conclusion. But when I get up in the morning and look at myself, the big difference I see is that I now care. For many years I went around numb to my entire life. Now I awaken with a sense of purpose. This doesn't always mean I will make the right decisions, but it does mean that I will learn from my mistakes.

So was bariatric surgery worth it? Did it cure me of obesity? I think that's a matter of debate. I think it cured me of the mindset that enabled my obesity to thrive and I certainly think that's worth something.

I'm Your Patient, Not a Problem

Lauren Moore

Before talking about the kind of discussions I have with medical professionals, it is important to note that visiting a doctor's office can be problematic physically as well as mentally.

I don't fit.

Before I even talk to my doctor, I am set apart from the other visitors by my size. Chairs in waiting rooms and treatment rooms may be too flimsy for me, or have arms that prevent me using them. Sometimes I attempt to sit on an examination table and it groans, or I will be asked not to sit on it at all. More than once I have had to stand during my appointment, or ask for another chair, or sit on the floor whilst waiting to see someone. Every visit to a doctor begins with the anxiety that this will happen, and the embarrassment of dealing with it if and when it does. This is the starting point for my interactions with doctors—the physical reminder that I am apart and different and that it is not their job to take care of me but my job to change and accommodate them. In this way the physical limitations of a doctor's office are emblematic of the relations between patient and doctor.

This is the first thing that all my visits to doctors have in common. The second thing is that since I first hit my teens and was told I was obese, I have never had a doctor's appointment where my weight was not under discussion.

Since I was first told to diet, I have had many different doctors due to frequent movement around the country and large practices not being able to guarantee me the same doctor when I visit. Every one of these doctors, in every one of these appointments, has brought up my weight. This is not something confined to a single doctor, or a single practice.

I can visit for a rash, or a stomach bug, or contraception, or just be registering with a new doctor, but every appointment will become about my weight. No one will explain how my rash is symptomatic of my weight, but somehow it is. As a fat woman, any health problem, however temporary or seemingly unrelated to body size, is put down to my weight.

Sometimes my problem may be put down to a condition associated with weight, such as high blood sugar (which I do not have) or high blood pressure (which I do not have), but it is assumed I have because of how I look. Wheezing and heavy breathing due to the flu are considered to be due to my weight. If I contradict, I am considered a liar.

When I talk about my diet no one believes me, because I am morbidly obese and everything I eat must be fast food. If I talk about enjoying long walks, I must be lying, because I'm morbidly obese and therefore can't be exercising. If I talk about avoiding group exercise activity due to discrimination, I must be lying about its occurrence, because they have not experienced the same discrimination. Clearly I am just lazy.

When I visit regarding contraception, my doctors are amazed that a woman like me is sexually active. At my weight no one could ever find me attractive, so I must be lying.

When I tell doctors that I don't want to be thin, that I like my body just how it is, they assume that such a thing must be impossible, that I am making excuses not to put in the effort of dieting, and I must be lying.

Doctors have always assumed that I lie if what I tell them doesn't fit their narrative of what a morbidly obese woman eats and does and feels and experiences and should be and should want.

It is not only that they see me as a liar; my body is a liar. Why doesn't it have the responses they feel it should? Why am I not experiencing the health problems that I should? Why am I still moving around and living my life and not suffering immobility and heart problems at the weight of 28 stone (392 lbs)?

I have had my blood pressure taken five times in one appointment because I have low blood pressure, so the reading must be wrong, or the equipment. A morbidly obese woman having a problem with low blood pressure seems inconceivable to most doctors. Meanwhile, I am just trying to deal

with the fact that the blood pressure cuff does not even fit me and I've had to get embarrassed and request a larger one, if there is one.

Given these preconceptions about the cause of any health problem I may present with, getting effective treatment is difficult at best. This becomes even harder when few doctors know how to treat my fat body.

How will my greater body mass process standard contraceptive pills? Should they give me more? What happens if they don't? I can establish the need for treatment, but this doesn't guarantee me an effective one.

I have been taken off and put on various forms of contraception by various doctors who were either unaware of the risks of certain contraceptive methods for larger women, or were aware but couldn't think of an alternative, or were uninterested in discussing contraception in favour of weight discussion.

Sometimes a treatment with weight loss side effects is given to me; and its use encouraged despite other side effects being so harmful that it's better to live with the original problem. When I was offered Metformin for my Polycystic Ovaries, my reaction to it was so severe as to cause me to throw up all my meals, go through frequent dizzy spells and deal with chronic stomach pain. My doctor advised me to stick with the tablets, because it seemed that I was losing weight. My pain did not seem to be a factor. After two months and occasional fainting, I chose to throw them away anyway.

This was the first time I realized that to my doctor, my prospective weight loss was more important than my wellbeing.

I am constantly put under pressure to diet or go through weight loss surgery, because if I stay at the weight I am, I will die. It seems curious to me that I am being told I will die, but not when or why. Other than a general level of unfitness, I don't even have high cholesterol. I don't have high blood pressure, or impaired liver function, or high blood sugar, or heart problems. But yet, it is clear that I'm going to die, because I am morbidly obese. Now this is a disease, I suppose it's legitimate to assume that I will die of that alone.

The risks of constant weight cycling are never explained, as I am pressured into yet another diet. The risks and side effects of weight loss surgery are never explained, as I am encouraged have a major procedure. I have been recommended weight loss surgery in many of my encounters with medical professionals. The increasingly forceful proclamation that "something needs to be done about your weight" is characteristic of my time with doctors. My refusal to have these surgeries and my assertion of the risks and problems make these professionals angry. I'm "in denial", I'm "not even trying to help" myself.

Why do I need help? I'm doing just fine. I don't have a problem with my weight. You do.

The first time I tried to tell a doctor that I didn't want to diet anymore, she pressured me so hard to change my mind, telling me everything she thought was wrong with my body and my appearance, that I broke down and cried. She said that I clearly had mental health problems related to my weight, or that wouldn't have happened. She continued to insist that I had to diet as I tried desperately to stop crying, and she told me to try harder.

When I was on a diet, I was congratulated and treated like a human being. I was sensible and compliant and taking responsibility for my health. When I'm not on a diet and refuse to go on one, I'm deluded, belligerent and have mental health problems.

To me, a visit to the doctor is something to dread and be avoided at all costs. A doctor's surgery is not, and has never been, a safe place.

Sometimes I can't summon the courage to face a doctor that might do this to me. Sometimes I go, and I leave being told to diet again without the energy or well–being to fight for proper treatment. Sometimes I am feeling strong enough in myself to assert that I will not have weight loss surgery, that I will not diet, that I will not be sent away without a treatment for my problem, but the doctor hasn't the faintest idea how to treat me. They only know how to treat thin people.

Explaining my obesity is not something that I should be forced to do. I am a human being, and

I deserve healthcare as much as any other human being, regardless of my weight. If I had every health problem my doctors think I should have at my size, I would still deserve that. If I had lost a leg to diabetes, I would still deserve that. I am a person, not a problem for people to solve, not a disease or a moral failing.

The AMA's decision to further medicalise my body and refer to it as diseased—a body that I love, a body that is carrying me around with no health problems, is just another reason for me to fear the medical establishment that wants to hurt me and have me thank them for it.

Journey to Wellness

Roberta Price

I should preface this by saying that as a child and early teen years I was lean, well within my weight range for my height of 5'3". I was physically active as a snow skier, swimmer, hiker and biker. I started running in high school until I got pregnant at the age of 17 in 1988, but even then, my family and I had a gym membership and I worked out with a trainer until my belly got too big and complications from pre–eclampsia forced me to bed rest the last four weeks of my pregnancy. I gained about 80 pounds, mostly water, during this time. Post pregnancy, I lost all my weight and resumed my active lifestyle of walking etc. It wasn't until I got married in 1990 that I found my weight creeping up on me, slowly, every year. I was still active with three kids and a husband by then, but bad eating habits and cheap carbohydrates were not my friend.

My efforts to return to leanness started a few years ago, about 2006. At that point, I weighed at least 200 pounds and I was not happy. Everyone knows the best way to lose weight is to exercise and watch what you eat, so I start daily walks. While walking I started having problems with my legs going numb to the point that I could not feel my feet hit the ground. At first I thought this feeling was due to a pinched nerve as a result of a single–vehicle car accident I was in earlier that year. Some days my legs would not bother me while walking and other days only a few steps would bring on the numbness. Also, I was susceptible to feelings of panic and a racing heart beat. My doctor at the time never once mentioned my weight being an issue. The nurse would write my weight on the chart, I would cringe as I waited for the lecture from my doctor about my weight to start. It never did. It was a strange, sort of "non–issue" with him as I had three kids so I was fat from that. My physician just said, "Lose the weight, I have no idea what is causing the numbness in your legs."

Fast forward to 2011, I am now under the care of a chiropractor in hopes of relieving the numbness that is happening all too frequently now. An ultrasound of my veins showed good blood flow so that ruled out a circulation issue. The chiropractor prescribed physical therapy to help ease my lower back pain hoping that would relieve the nerves I thought were pinched. I was prescribed high blood pressure medication by my doctor, with adverse side effects such as a nagging cough that would not go away—no matter how much cough medicine I consumed. It was during these sessions with my physical therapist that I was able to lose 10 pounds.

There is a lot of self–talk in the life of an overweight or obese person. Everyday I woke up, knowing I had to lose weight. Every single time I looked in any mirror or saw any photo (which I was careful to be the photographer and not a subject as denial had become my best and worst friend). It was the subject of many a late night conversation with my husband, whom by the way, at his worst weight was 30 pounds over his preferred height to weight ratio. Not a single doctor I saw previous to this offered any hope for weight loss other than to shove a piece of paper at me telling me to eat these "healthy foods" listed. Since I was the family chef and chief purchaser of food, I was buying and eating vegetables, fruit, whole grains, and attempting to cut down on the processed foods—although, we were heavy eaters of potatoes, pastas, bagels, pizzas and other high carbohydrate foods. Over the years,

the most weight I had lost "counting calories" or portioning out "slow carbs" over "fast carbs" only afforded me a 15 pound loss, to be gained back shortly thereafter.

There comes a day, a single moment in time in a fat person's life that the switch finally gets flipped and you take back what was lost (in this case, not weight, but the feeling of being healthy, being able to *move* comfortably, to *sit* comfortably, to *walk* without issues, to *sleep* without snoring or sleep apnea, to *want* to shop for pretty clothes, to *want* to wear a swimsuit and go to the beach without wearing multiple layers of clothes, to *want* to be in the photos instead of taking them or avoiding them altogether.) By now, the newly developed Christmas photos showed the truth I had been denying for too long. I was headed for a short, debilitating life.

The next day I researched doctors in my area that worked with overweight people. I knew that a different doctor with a different approach was necessary for me to learn exactly what disease I had so that I could fight to correct it. I knew that a head–to–toe physical examination with full blood work was in order. I had a greatly supportive family that gave me their full support. The doctor I found was actually a women's only doctor that focused on the whole woman—from gynecology, infertility, urogynecology to bariatrics. I scheduled an appointment that day.

December 2011, my new female doctor gave me a complete physical, with full blood work, which included cholesterol screening, diabetes screening, gynecological exam as well as a colonoscopy. I was diagnosed with metabolic syndrome, hypothyroidism, low progesterone and testosterone levels, fortunately I was not diabetic, yet. My official weight was 250.81, Body Mass Index (BMI) of 44.4 and body fat percentage of 48.7%. I was counseled to start a protein–sparing modified fast through her office as soon as possible. I voiced my concern about the price of such a plan and was given a choice: either pay for the diet plan or pay for the stroke or heart attack that was coming—which was going to be less expensive? After a short discussion with my husband, I started the protein–sparing modified fast of 600 calories a day using specifically formulated shakes, bars and quick cooking meals.

January 2012, my first month of the new meal plan, I lost 25 pounds. My snoring/sleep apnea disappeared. The leg numbness while walking disappeared. Climbing the stairs at work was easier and I was looking at the next size down in jeans. Weekly counseling with a nutritionist and routine testing by my new doctor made sure my bodily functions were within the normal range. At the end of six months (June 2012) I was no longer a member of the "200 Club"! My weigh–in was 198 pounds! My BMI was 35 and the DXA (dual emission x–ray absorptiometry) was proof my body fat percentage had dropped almost 14 points to 35%.

Over the next year, during which I started adding in a few grocery items of protein and green vegetables while continuing with the shakes and bars, I noticed significant differences in how my body performed on a daily basis. Besides walking for cardio, I began resistant training with fitness DVD's, free weights and resistance bands.

Of course, with anything in life there was trial and error. I would occasionally choose the wrong food and the result of which showed up in my DXA scan and blood work. Learning to eat in a way that provided my body with fuel instead of a perceived "friendship" with food was difficult to grasp. So was allowing myself to celebrate the little accomplishments on this journey to wellness. I tended to get caught up in the daily grind and lose sight of the big weight loss picture. I still struggle with this concept.

Fitness had now become a priority, especially since my job at the time involved a lot of sitting at a desk. I learned to get up and walk around the office during breaks, to walk on my lunch hour and eat lunch at my desk after walking for 45 mins. I would head outside to walk the trails after work. I even worked out to fitness DVDs Saturday mornings instead of laying around watching cooking shows!

Eventually, the shakes and bars gave way to 100% grocery foods. Portion sizes were now single servings on a smaller plate. Late night snacking was no longer an issue because I was too tired at the end of my fitness filled day to care!

February 2013, the bathroom scale read 177 pounds! The DXA scan read 30.9% body fat and I was finally wearing a size 12 (almost 10) jean and medium tops (previously I was a 2X plus size). I also started adding in a few more starchy carbohydrates—the "healthy" whole grain, organic, gluten free kind. Why not? Other members of my family were eating them, not gaining weight, I had lost so much fat anyway, why couldn't I eat them?

It wasn't long before I hit a plateau when my weight rebounded back up to 190 and stayed there. I exercised more, started running, injured my groin, drank more water, asked my doctor and nutritionist what could be the issue? I was eating moderate protein, "good" whole grains and plenty of vegetables and fruits. I never drank soda, rarely drank alcohol and only consumed coffee in the morning.

As my weight continued to climb, despite my best efforts, I knew there had to be an answer to the question of "why" was I gaining again. I knew it wasn't fitness related as I was doing as much as I could with a groin injury. Somewhere along the way, I had missed the connection between metabolic syndrome and food choices. As my doctor explained, having metabolic syndrome meant I had to find a new way to eat food. I found a few books about that very subject and began to study.

November 2013 was my latest DXA scan. It showed how a summer of eating high carbohydrate—even gluten–free, affected my metabolism. My body fat percentage increased to 39.7%, up 8.8 points from my lowest of 30.9%. My next goal was to find how many daily carbohydrates I could eat and still lose fat. I feel better when I keep my carbohydrates under 40 grams a day—I rarely eat any type of grain now. Most of my carbohydrates come from leafy green vegetables. I eat healthy fats and moderate protein. I've rehabilitated my groin injury and resumed daily walks. I know from my research that the most effective way to burn fat is through increased muscle mass. I look forward to building my lean, tighter body with a lot of good, hard work.

My fat loss journey has taught me that a cookie–cutter approach is wrong. As a uniquely created being, my fitness routine and eating plan have to work specifically for me and me alone. I still have cravings, but the tools in my arsenal of knowledge to overcome them. I still enjoy eating good bread or fluffy baked potato, but I know the consequences to my body if I do. I still struggle with getting in daily fitness, but I know how much better I function as a human when I do. Is this journey over, considering I did lose, at one time, a total of 73 pounds? No, it is not. I have more fat to lose. I have a lot more muscle to build. I have many more recipes to create. This is not over, until this former fat lady has sung and I cannot carry a tune!

Obesity as Disease: Definition by Desperation

Jeremy Shermak

I hated removing my shirt. Each visit to my doctor's office, following a blood pressure and temperature check, the nurse would instruct me to take off my shirt so the doctor could examine me further. She would then leave the room. I remained perched atop the exam table, now half exposed, and a mirror on the wall would not leave me alone. In the reflection, I saw my oversized breasts and "fat roll" oozing out from my pants, hiding my belt. I tried to straighten my back—breathe in, no wait, breathe out—to resculpt the appearance, but it did nothing. I hated myself. Soon, a gentle knock at the door would interrupt the loathing and I'd shake hands with my doctor.

I have been obese for the majority of my life—from childhood until I turned 34, when shortly thereafter, I had gastric bypass surgery. Since that time, I have lost 155 pounds and now write this at a comfortable, healthy 180 pounds. That said, my mind remains "obese". My thinking remains shrouded deep within the obese personality that I embodied for all of those years. I still automatically walk to the big–and–tall section of clothing stores; I don't recognize the 34–waist pants when they come

out of the dryer; I'm not used to seeing my ribs; and I'm still terrified of that exam room mirror.

Upon hearing the news that the American Medical Association (AMA) now classifies obesity as a disease, my initial reaction was that of relief. My recent success was due in large part to the discovery and treatment of hindering endocrinological issues. My history—like repeatedly slamming head–long into a brick wall—suggests that these medically verified roadblocks have existed for some time. Despite my efforts, I didn't stand a chance.

If anyone were a "poster child" for obesity as a disease, it would be me. The lifelong sparring with my weight had its ups and downs; I worked very hard to maintain or lose weight with mixed results. I lost 85 pounds my freshman year of college by running and fervently watching my portions. I kept that weight off for a good five years before the summer of 2003, when I started gaining weight very quickly. I gained 25 pounds in each month of June and July that year, despite maintaining my usual eating habits and running schedule. I soon lost faith. I felt as though I was up against forces that I could not control and I began to forget about losing weight. I didn't binge, but I didn't eat well. By 2008, my weight had reached 375 pounds—an all–time personal high.

Following a bad relationship and seeking rejuvenation, I embarked on a diet that summer like I've never tried before. I cooked everything naturally—from regular dishes like stuffed peppers all the way to condiments like ketchup. It was a militant effort on my part. I lost 50 pounds that summer and felt that I was well on my way back to the body that once felt so comfortable. It was at that point where I hit a wall. I could not get past 321. I can still see that number staring back at me on the scale. It was frustrating. I felt I had done all I could. That's when I visited a doctor who ran some tests that revealed problems with my hormones and metabolic systems.

As it turned out, I had a tumor on my pituitary gland. This may have been the issue all along. That led to low testosterone, which had a really negative impact on my weight loss efforts. After thorough consideration, I decided to have gastric bypass surgery to "reset" my hormones and get a "boost" in my weight loss efforts. It worked.

In my particular circumstance, I could view obesity as a disease because its causes, for the most part, were not a result of conscious lifestyle choices. I had no control over the pituitary tumor. However, I know that I could have done more to limit my obesity, which leans back to the side where obesity does *not* align with the criteria for disease. Viewing it as objectively as possible, obesity does fit into the dictionary definition of *disea*se. Using Merriam–Webster's words, obesity *is* "a condition that prevents the body or mind from working normally." Obesity *is* "a problem that a person, group, organization, or society has and cannot stop."

While it is rather gray and evolving, this new designation makes me shutter. Calling obesity a "disease" serves no purpose other than fodder for those critical of the obese. There is an assumption that by designating obesity as a disease, many folks with weight issues will fall back on this as an excuse. This will indeed happen. But for those like myself, who do fight obesity and continue to fight obesity, declaring it a disease does not make the battle any easier.

The best outcome for this designation would be for *doctors*—perhaps even more than patients—to approach obesity as if it were a "disease". If it was suspected that a patient had diabetes or meningitis, no doctor would say, "squint really hard to avoid that blurred vision" or "that sudden high fever is going to have long–term health consequences" and let you walk out the door. However, I have been told "exercise to avoid weight gain" and "your heavy middle section is going to have long–term health consequences" only to have the exam end, even after asking questions, without any kind of direction or assistance to solve these matters when I had been doing what I believed was right. A good doctor would not ignore fatigue, blurred vision, fever, or any other alarm bells. There would be a battery of tests and follow up. For obesity, there is nothing. We are told what we already know but given nothing to pursue it.

My life changed when I visited a wonderful endocrinologist in Chicago. Our initial appointment

lasted an hour and 45 minutes. We discussed my entire medical history, my eating and exercise habits, my medication, and much more. She ordered tests—everything from vitamin levels to a sleep study. I left there with hope that I had never felt before. That hope translated into my success as a bariatric patient and continues to support me to this day.

My greatest fear, both now and when I was obese, is to be called "lazy". Even when my large midsection, heavy breathing, and brow sweat told the world otherwise, I was working hard to be healthier. When addressing my weight with doctors, I always felt an assumption of laziness and ignorance. Instead of giving patients reminders of their obesity and its consequences, doctors should pay close attention to the echoes of bells ringing with the mention of the word "disease". They should hear these echoes as a call to action to assist those begging for help.