

Big Fat Facts

"The War On Obesity" was declared on American soil by former Surgeon General C. Everett Koop in 1996. In the decade since Koop's alarmist moral panic, the freedom to live in bodies larger than contemporary culture deems proper has been increasingly threatened.

Drop the word "obesity" into the Google search box and you'll get around 40,000,000 hits. Refine your search to something topical like "obesity statistics" and you'll cut it down to 69,300 hits, fewer than the 2,020,000 possibilities offered on the topic of "fat sex."

What every fat person needs to know:

THE CLAIM: U.S. Surgeon General Richard Carmona stated that "Obesity is a greater threat than terrorism."

William L. Weis, a management professor at Seattle University, says that the obesity industries, including commercial weight-loss programs, weight-loss drug purveyors and bariatric surgery centers, will likely top \$315 billion this year, nearly 3 percent of the overall U.S. economy.

The government, politicians, media, journalists, scientists, universities, medical establishment, sociologists and social commentators, claim that obesity is an epidemic, a plague, a crisis, an outrage, a catastrophe, a time bomb responsible for killing 400,000 overfed Americans every year, while ringing up over a \$100-billion in health care costs.

THE TRUTH: We are experiencing mass moral outrage over fat. Nearly all the warnings about obesity are based on statistical conjecture made by those with the most to gain from the claims.

Weight is not a barometer of wellness. More Americans die every year from weighing too little than from weighing too much. An estimated 25,000 people die from obesity. Moderately overweight people live longer than those at normal weight. (Flegal, et. al.) (See reference notes at bottom of report)

The researchers who estimated that obesity is costing us more than \$100 billion a year in medical costs came up with this figure by calculating ALL expenses associated with treating type 2 diabetes, coronary heart disease, hypertension, gallbladder disease, and cancer. They ASSUME that if we get heart disease or breast cancer, it is because we're fat.

Organizations like the International Obesity Task Force (which authored many of the World Health Organization's obesity reports) and the American Obesity Association (which actively campaigns to have obesity officially designated as a disease) are largely funded by pharmaceutical and weight loss companies. Nearly every prominent obesity "expert" has received financial support from the \$50-billion weight loss industry.

The "obesity epidemic" is worth billions to the pharmaceutical, diet, weight loss, media, and government agencies fueling it.

- For pharmaceutical companies the obesity epidemic justifies the release of new drugs and inflates stock prices.
- For weight loss companies and surgeons performing bariatric surgery, the "obesity epidemic" funds their fees paid by health insurance providers and Medicare.
- For women's magazines the "obesity epidemic" fattens ad revenue and readership with false and misleading weight loss propaganda.
- For government agencies the "obesity epidemic" inflates budgets and programs allegedly aimed at preventing people from getting fatter. The Bush administration has earmarked millions of federal dollars for anti-obesity initiatives.

THE CLAIM: Obesity is unhealthy. It causes heart disease, cancer, diabetes, hypertension, asthma, arthritis, impotence, depression, sleep

apnea, deep vein thrombosis, and dementia.

THE TRUTH: Obesity has not been found to be the primary cause of any of these health problems. There is little evidence that adiposity (excess fat tissues) produces the claimed pathologies.

Studies have shown that people who are heavy and fit are far healthier than people who are thin and never exercise. Fat, active people have half the mortality rate of thin sedentary people, and the same mortality rate as thin active people.

Of the ten types of cancer commonly associated with obesity, deaths from nine --- pancreatic, ovarian, gall bladder, stomach, prostate, kidney, colo-rectal, cervical-uterine, and breast --- have decreased since 1992. Only one --- pancreatic cancer --- has shown an increase in mortality.

THE CLAIM: The International Obesity Task Force estimates that 300 million people worldwide are obese and 750 million more are overweight, including 22 million children under age 5.

America is frequently cited as the fattest country in the world with an obesity rate of 30% and another 35% of us classified as "overweight."

According to the formula the U.S. government employs to measure weight, any person with a BMI over 25 is classified as overweight. BMI stands for Body Mass Index. It is a number that shows body weight adjusted for height. BMI can be calculated with simple math.

The B.M.I. doesn't tell you the percentage of body fat you're carrying, or how your fat is distributed. According to this measurement, half of the National Basketball Association is overweight or obese.

Overweight = BMI 25 - 29.9

An estimated 35 percent of U.S. adults, over 66 million people, are overweight, defined as having a body mass index (BMI) of between 25 - 29.9.

Obesity = BMI greater than 30

An estimated 30 percent of U.S. adults, over 60 million people, are

obese, defined as having a body mass index (BMI) of 30 or higher.

THE TRUTH: Today's average American adult is 7 to 14 pounds heavier than one thirty years ago.

Some doctors and pseudo-scientific health organizations, like the International Obesity Task Force, have worked tirelessly (with substantial financial backing from diet and pharmaceutical companies) to lower the bar in determining those of us who are overweight and obese.

Until a report by the National Institute of Health (largely paid for by weight loss industry money paid to the International Obesity Task Force and the American Obesity Association) "overweight" was defined as having a BMI greater than 27 and "obese" meant your BMI was greater than 32.

After the 1998 NIH report, suddenly tens of millions of Americans became "obese" even though they had not gained a pound. Shifting the BMI down two points helped turned obesity into moral panic.

Despite weak evidence of an obesity crisis, the media continues to shill for the weight loss industry. Last month (January 2006) Google Alerts produced over 300 headline stories on obesity.

THE CLAIM: Three-quarters of Americans view obesity as a very serious public health problem.

THE TRUTH ABOUT DIETS: One oft-cited study has found 95% of people who diet to lose weight put it back on within two to three years. Some subsequent studies have ignored this finding, but none has set out to challenge it. Epidemiologists disagree on whether overweight people who manage to lose weight improve their health.

In a study published in 2003 in the journal *Pediatrics*, researchers at Harvard Medical School found that adolescents who dieted put on more weight than those who did not diet over a three year period.

THE TRUTH ABOUT DRUGS: Doctors are calling for better medications, and the industry is listening. At least 60 weight-loss

medications are currently in development.

In the mid to late 90's, some 14 million prescriptions were written for Phen-Fen, a diet pill, before it was discovered to cause fatal heart problems and was pulled from the market.

In tests people who lost weight with the new drug Acomplia regained it all when they went off it. Apparently, the pill would have to be taken for years to be effective, though nobody knows what the long-term side effects might be. In the meantime, sales of Acomplia are expected to total \$4 billion within two years.

Acomplia has two rivals on the market: Meridia, an appetite suppressant and Xenical, which prevents fat absorption. But Meridia can increase blood pressure, and Xenical causes diarrhea --- side effects that limit the products appeal.

NEW: The Truth About Long-Term Diet Success

An oft-quoted but rarely cited statistic is that diets fail 95 percent of the time. That figure dates back to a 1959 study of 100 people. The study was conducted by Dr. Albert Stunkard, now a researcher with the University of Pennsylvania, and Mavis McLaren-Hume¹. It concluded that "(m)ost obese persons will not stay in treatment, most will not lose weight, and of those who do lose weight, most will regain it."² It was a brazen statement at the time, when doctors and other experts thought that treating obesity was as simple as handing a patient a "plan," and it was likely accurate. It may still be accurate, though we do not know.

Two 1992 reports from the National Institutes of Health have been quoted as corroborating this 95 percent failure rate.³ The executive statement of one report asserts: "Data show that many individuals regain one-third to two-thirds of intentionally lost weight within 1 year and regain the rest of the weight within 5 years."⁴ While this report stops short of stating a figure, it has been used in support of the 95 percent assertion because it references several studies with different but dismal results, some even worse than 5 percent success:

Kramer and colleagues (1989) found that less than 3 percent of subjects were at or below posttreatment weight on all followup visits. (sic) Other researchers have documented similar findings (Graham et al., 1983; Stalanos et al., 1984). With respect to obesity treatment in adolescents, Rees (1990) reported that 85 to 95 percent of patients regain at least as much weight as they lost and Stalonas and colleagues (1984) found evidence that patients regain even more weight than the initial weight lost.⁵

This NIH report also references the analysis of David Garner and Susan Wooley, a 51-page review of diet research and diet failure, that has also been used to support the 95 percent claim and concludes there is no "scientific justification for the continued use of dietary treatments of obesity. . . . Most participants regain the weight lost. The inevitability of this result is often obscured by the use of follow-up periods insufficient to capture the later phases of weight regain."⁶

Many have marginalized the 95 percent figure, but few scientists have challenged it directly with original research or analysis, and that is likely because few are so motivated. The wise people who tell us that "diets don't work" have no interest in finding a different figure. This one proves their point sufficiently. The researchers funded by the pharmaceutical industries want a low benchmark to beat when they finally find the "wonder pill" that will reverse obesity in, say, 12 percent of the population as opposed to 5 percent. They'll tout it as "more than twice as effective as conventional dieting." The people who run the commercial diet programs are not interested in learning that the real rate of success might be 8% or 10%, which might mirror their own success rates compared to that 5% figure.

The researchers at the National Weight Control Registry (a project dedicated to documenting diet success stories) have recently challenged the 5 percent figure, but they have done so by redefining "success" modestly ? as "intentionally losing 10 percent of initial body weight and maintaining that loss for at least a year."⁷ They assert (though they stop short of saying they have proven) that under this new definition, the "success" rate is probably closer to 20 percent.

We must conclude that we don't know the long-term success and failure rates of diets, but what we do know is depressing. Do we really embrace the idea that just one year of maintaining 10% weight loss is success? (We would want to ask a "successful" dieter who has regained all her weight plus ten pounds, and who started that humiliating process on day 366 or shortly thereafter.) Moreover, regardless of how diet "success" is defined, even the most cynical researchers, who support weight-loss dieting for health or social purposes, agree that diets fail at least 80 or 90 percent of the time.⁸

This fuzzy problem has implications for both scientists and everyday citizens. For scientists there is an implied challenge to define "success" using fair language that average citizens would embrace if they were to achieve it, and then test that definition and give us a real number to work with. For everyday citizens, even lacking a solid number, the knowledge that diets do "fail," by even the weakest definition, 80 percent of the time or more begs a question: would we board an airplane that had only a 20 percent chance of landing safely?

¹ ARCHIVES OF INTERNAL MEDICINE 103(1):79-85 Stunkard AJ; MCLAREN-HUME M, The Results of Treatment For Obesity - A Review of the Literature and Report of a Series, 1959. Referenced in Fritsch, Jane, *95% Regain Lost Weight, Or Do They?* New York Times, May 25, 1999
<http://partners.nytimes.com/library/national/science/052599hth-weight-myth-html>.

² Stunkard, quoted in Fritsch, 1999

³ Methods for voluntary weight loss and control. Technology Assessment Conference Statement; 1992 Mar 30-Apr 1. Bethesda (MD): National Institutes of Health, Office of Medical Applications of Research;[1992].
<http://consensus.nih.gov/1992/1992WeightLosstao1ohtml.htm>. Also Bild, D, et. al., Strategy Development Workshop for Public Education on Weight and Obesity, Office of Prevention, Education, and Control, National Heart, Lung and Blood Institute, National Institutes of Health, Bethesda, Maryland, September 24-25, 1992.
<http://www.nhlbi.nih.gov/health/prof/heart/obesity/wtob.txt>.

⁴ Bild, D, et. al., p. 17.

⁵ Bild, et. al., p. 58.

⁶ Garner David M., Wooley Susan C., Confronting the failure of behavioral and dietary treatments of obesity. *Clinical Psychology Review*, Vol 11, 1991, p. 767.

⁷ Wing, R.R. and Hill, J.O., *Annual Review of Nutrition*, Vol 21: 323-341, July 2001.

⁸ Hansen, Barbara, of the University of South Florida, formerly the University of Maryland, in commentary during question and answer period of the Symposium, Obesity and Mortality: Controversy, Research, and Public Policy, American Association for the Advancement of Science (AAAS) National Conference, St. Louis, MO, February 17, 2006. The other panelists in attendance, representing a broad range of opinion, concurred or did not challenge her assessment. They were Katherine Flegal of the Centers for Disease Control and Prevention, and the National Center for Health Statistics; Frank Hu of Harvard University; William Harlan of the National Institute of Mental Health and Mitch Gail of the National Cancer Institute.

NEW: The Truth About Weight Loss Surgery

The number of Americans undergoing weight loss surgery (WLS) increased four times between 1998 and 2002, from just over 13,000 to just over 71,000.¹ The American Society for Bariatric Surgery reports that over 140,000 surgeries were performed in 2004, twice the number performed just two years earlier, and estimated an increase to 171,200 in 2005.² The average cost per surgery reached \$13,215 in 2002, with total costs of almost \$1 billion³. In February, 2006, USA Today estimated the cost of WLS at \$15,000 to \$20,000.⁴ Are those who undergo this surgery getting what they pay for?

Claim: WLS results in a medically "normal" weight.

Truth: According to a study of "severely obese" people (defined as people with a BMI of 40+), most people who have WLS lose between 45

and 65 pounds.⁵ In order to be considered "normal" weight, a person must have a BMI between 20 and 24.9. According to US government charts⁶, a loss of 65 pounds will NOT result in a BMI lower than 25 for a person whose BMI starts at 40. At best, these people will achieve a weight that is still in the "overweight" category.

Claim: WLS is safer than being obese enough to qualify for surgery.

Truth: In a study of more than 60,000 patients in California who underwent WLS from 1995 to 2004, twice as many patients were admitted to the hospital in the year after their surgery as had been admitted to hospitals in the year before surgery.⁷ In the year prior to surgery, about 10% of patients in the study has been admitted to the hospital. In the year after the surgery, about 20% of patients were admitted to the hospital. Even in the third year post-surgery, the rate of hospital admission was still higher than it had been before surgery.

Claim: WLS is a safe procedure.

Truth: In a study of over 16,000 Medicare patients who underwent WLS from 1997 to 2002, 4.6% of the patients died within a year of the surgery.⁸ While mortality rates at "high-volume" WLS center can be as "low" as 1%, the overall mortality rate is in the 4% to 6% range.⁹ This compares to an age-adjusted death rate in the United States of 0.8533% in 2000-2002, according to the CDC's publication Health, United States, 2005.¹⁰

Claim: WLS "cures" diabetes.

Truth: It cannot be demonstrated whether the reduction in diabetes following weight loss surgery is due to a reduction in weight, changes in food intake that are required following surgery or changes in hormonal levels post-surgery. And a recent study by researchers at the Mayo Clinic suggests that WLS may actually CAUSE diabetes. In a study published in July, 2005, Mayo Clinic researchers identified 6 patients who developed neuroglycopenia, blood sugar levels that are so low that the patient suffers from confusion, tunnel vision and blackouts.

Researchers suspect the syndrome occurs in this way:

- Barely digested food rushes right into the intestine.

- Its hormones then overstimulate the insulin-oozing beta cells of the pancreas.
- The excess of insulin, the same hormone that fails in diabetics, removes too much sugar from the blood.
- To correct the condition, doctors have to "remove most of the pancreas from the patients."¹¹
- And what happens when the pancreas is removed? Patients are at an increased risk of developing diabetes.

¹ Gardener, A, "Weight Loss Surgeries Skyrocketing," *Forbes.com*, July 12, 2005.

<http://www.forbes.com/lifestyle/health/feeds/hscout/2005/07/12/hscout526791.html>

² Appleby, Julie. "Medicare to Cover Surgery to Treat Obesity." *USA Today.com*, February 21,

2006. http://www.usatoday.com/money/industries/health/2006-02-21-surgery-usat_x.htm

³ Gardener

⁴ Appleby

⁵ RAND Corporation Fact Sheet, based on: MA Maggard, LR Shugarman, M Suttorp, M Maglione, HJ Sugarman, EH Livingston, NT Nguyen, Z Li, WA Mojica, L Hilton, S Rhodes, SC Morton, and PG Shekelle, "Meta-Analysis: Surgical Treatment of Obesity," *Annals of Internal Medicine*, Vol. 142, 2005, pp. 547-559.

⁶ U.S. Federal Trade Commission, "Partnership for Healthy Weight Management,"

<http://www.consumer.gov/weightloss/bmi.htm>

⁷ Zingmond, D.S., *The Journal of the American Medical Association*, Oct. 19, 2005; vol 294: pp 1918-1924.

⁸ Flum, D.R., *The Journal of the American Medical Association*, Vol. 294, October 19, 2005, pp. 1903-1908.

⁹ Appleby

¹⁰ Health, United States, 2005., U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. November, 2005. Table 28, "Age-adjusted death rates , according to race, Hispanic origin, geographic division, and State: United States, average annual 1979-81, 1989-91, and 2000-2002." Rate for all persons in the United States 2000-02, p. 185.

¹¹ <http://www.newstarget.com/010200.html>

OUR COLLECTIVE TRUTH: What do you suppose would happen if size were no longer an issue?

What if there was no such thing as being too fat, obese, overweight, heavy, super-sized, or girthy?

Would we be liberated to create more art?

To write more books?

To be involved in more theater?

To participate more as global citizens of the world?

To see more of the world?

To see more of each other?

To revel in our meals?

To revel in our bodies?

To revel in one another?

To dance naked in the sunlight, pleasuring in bodies big enough to contain all our possibilities?

Here's to boldly living the questions.

To read these and more truths, pick up a copy of Paul Campos's "The Diet Myth" (formerly The Obesity Myth) and J. Eric Oliver's "Fat Politics: The Real Story Behind America's Obesity Epidemic."

References and Reasoning

*"Excess Deaths Associated With Underweight, Overweight, and Obesity" by Katherine M. Flegal, PhD; Barry I. Graubard, PhD; David F. Williamson, PhD; Mitchell H. Gail, MD, PhD
JAMA. 2005;293:1861-1867.*

Katherine Flegal's team (as illustrated in the above noted 2005 JAMA report) found the number of deaths attributable to overweight and obesity close to 100,000 --- not the 400,000 reported by The Center for Disease Control. Her research found that modest overweight protects against premature death. When the statistics are adjusted for the lives saved by extra weight, the number of deaths due to obesity falls to around 25,000.

"Does Obesity Justify Big Government?" Published in The Freeman, December 2005, by Radley Blako, policy analyst at the Cato Institute.

*"Fat Politics: The Real Story Behind America's Obesity Epidemic," by J. Eric Oliver
Oxford University Press, U.S.A., November 2005*

*"The Diet Myth," by Paul Campos
Gotham, May 2005*

*"The Epidemiology of Overweight and Obesity: public health crisis or moral panic?"
International Journal of Epidemiology 2006;35:55-60
by Paul Campos, et.al.*

Various obesity related articles from The New York Times, The Seattle Times, The New Yorker, Salon, and Slate.

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Big Fat Blog

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