

SUPERSIZED DEBATE

The claimed links between obesity and a variety of medical ills don't always hold up on close inspection. **BY LAURA DEMANSKI**

AMERICANS ARE GETTING FATTER;

that much we know. In the last decade, the U.S. Surgeon General, the National Institutes of Health, the Centers for Disease Control and Prevention—the list goes on—have done their part to sound the alarm about the national obesity epidemic and its dire consequences.

Calls to action have been issued, reports have been published in medical journals, and newspapers and magazines have duly covered the disturbing trend. Thanks partly to Morgan Spurlock's 2004 breakout film *Super Size Me* and Eric Schlosser's bestselling 2002 book *Fast Food Nation*, the fast food industry is on the lips of a thousand talking heads. In the realm of health policy and politics, this is nothing less than war.

Unlike the previous decade's triumphant assault on smoking and big tobacco, however, the "war on fat" comes with its own antiwar movement of sorts—a growing, motley assemblage of researchers and commentators from all areas of expertise united by the shared objective of throwing cold water on the most heated rhetoric and the most far-reaching claims of the forces aligned against fat.

The first really prominent dissenting voice piped up in 1996 with exercise physiologist Dr. Glenn Gaesser's book *Big Fat Lies*, which argued that body weight is misunderstood and is a far less meaningful register of healthfulness than we think. The most pugnacious of these voices probably belongs to Paul Campos, author of *The Obesity Myth* (2004) and *The Diet Myth* (2005). A law professor at the University of Colorado, Campos also writes an opinion column for the *Rocky Mountain News* and occasional pieces for the *New Republic*, where *The Diet Myth* got its start as an essay.

The latest important voice to emerge on the side of the debunkers is that not of a fitness expert or polemicist but of a young expert on contemporary U.S. politics, J. Eric Oliver '88.

Oliver still seems a little surprised to find himself fighting the war on the war on fat. A Berkeley-trained political scientist who is now a professor at the University of Chicago, his research interests run the gamut of current domestic social and political issues. His first book examined the viability of democracy in

the U.S. suburbs, while his forthcoming book looks at racial segregation in multiethnic America; his teaching at Chicago encompasses such disparate topics as "Buddhism, Psychoanalysis, and the Emotional Life" and "Public Opinion and Voting Behavior."

In 2000, Oliver knew little about obesity and the growing movement to represent it to the public as an epidemic. He was at Yale University on a research fellowship sponsored by the Robert Wood Johnson Foundation's Health Policy Research Program. Free from teaching responsibilities but needing a health-related topic to delve into, Oliver was reading an issue of *Harper's* magazine in New Haven's Union Station after missing a train. There he stumbled on an article that painted a dire picture of a nation literally eating itself to death.

The article was Greg Critser's "Let Them Eat Fat: The Heavy Truths About American Obesity," which argues that the steep rise in obesity in the United States is deeply intertwined with economic inequality. What popped out at Oliver, however, were the gaudy statistics that underlay Critser's analysis: 20 percent of Americans obese,

25 percent of children overweight or obese, hundreds of thousands of obesity-related deaths each year, billions of dollars spent to treat obesity-related disease. "At that time," says Oliver, "there hadn't been a lot written about the rise in obesity yet, and I thought the politics around it should be very interesting. I really thought that obesity was a major health problem."

Almost as soon as Oliver began conducting preliminary research, doubt crept in. "One of the first things I needed to do was to establish that obesity was in fact the major health problem that everyone said it was," he recalls. "And that was going to lead into the argument that something needs to be done about it and the analysis of the challenges involved." But two seeming truisms that were to be central premises of the book he was planning proved anything but verifiable: that U.S. obesity rates are rampantly on the rise and that excess weight indisputably causes disease and death. The deeper Oliver dug into the data that purportedly supported these articles of faith, the less certain they appeared to him. What was well on its way to becoming

installed in the conventional wisdom as a full-blown epidemic began to look from this social scientist's perspective like a house of cards.

"Once I actually started doing research on the related health issues of body weight," Oliver says, "I found that the scientific evidence linking body weight with all these adverse health outcomes was actually far from clear. Using my training in statistics, I looked at the data, the statistical methods, the inferences drawn from the analysis, and together all of these were painting a picture that was very inconclusive from the outset." He had started out on the road to producing a wholly different book than the one he set out to write: the combative and controversial *Fat Politics: The Real Story Behind America's Obesity Epidemic*.

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(and reprinted in paperback last August), *Fat Politics* made Oliver one of a growing number—though still a decided minority—of voices that have sprung up over the last decade to counter the chorus of doomsaying con-

cerning obesity. Ever since the prestigious *Journal of the American Medical Association* published a 1999 report estimating that 280,000 deaths per year are attributable to obesity, the alarm has been sounded repeatedly. In 2004 it was cranked up to a new level following the publication of another influential report produced by researchers from the Centers for Disease Control and Prevention (CDC) that claimed 400,000 U.S. deaths each year were the result of obesity. Armed with such horrifying statistics, a number of parties—from government agencies to professional associations and interest groups to journalists like Critser and Michael Fumento—have succeeded in ushering the sobriquet "obesity epidemic" into common parlance.

But after reading the studies that are said to justify claims of an epidemic and scrutinizing the data they marshal, Oliver concluded that these studies are seriously flawed—so seriously that they are sometimes almost comical. The 1999 *JAMA* report, for example, counts and compares deaths of obese and non-obese subjects without taking into account causes of death.

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As a consequence, Oliver writes in *Fat Politics*, "even if an obese person died in a car accident or from a snakebite, the cause of his or her death was attributed to body weight." The CDC altered the conclusions of its 2004 study following an investigation by the U.S. General Accounting Office, lowering its estimate of deaths from obesity by a quarter. By Oliver's calculations, however, even the lower revised estimates remain generously inflated. More important, they are unsupported by any proven causal link between excess weight and conditions such as heart disease, diabetes, and organ failure.

While causal relationships between excess fat and most of the conditions it gets blamed for have not been established, there are plenty of data that demonstrate a strong association between, say, heart disease and obesity. Oliver doesn't dispute that Americans are gaining weight, nor that this trend is a problem—or, rather, a telling symptom of one. Even if causation were proven tomorrow, Oliver would still take issue with the overheated rhetoric that attends most discussions of obesity. The body weight standards that do so much to determine Americans' self-image, he points out, derive from a surprisingly arbitrary measure in the Body Mass Index or BMI.

The little-known history of the BMI provides a fascinating and illuminating section of Oliver's book. The BMI is familiar to anyone who has stepped foot in a general practitioner's office in recent memory. Virtually all of the studies that underlie the diagnosis of a national fat crisis rely on the BMI to sort the national population into the underweight, normal, overweight, and obese. As far as mainstream obesity studies are concerned, your BMI categorization holds your medical destiny—despite the fact that it is only a particular expression of the proportion of your weight to your height.

It is well-known that the muscle mass carried by bodybuilders and elite athletes confounds the BMI, which classifies someone like Arnold Schwarzenegger as obese. Less well known is how little the original design of the BMI had to do with correlating weight and health. The index was devised by Adolphe Quetelet, a Belgian astronomer who was trying to apply the laws of probability to characteristics of human beings. It was later adopted by the Metropolitan Life Insurance Company to predict policyholders' mortality by means of their body weight.

Belying the ironclad authority with which they are wielded by health care practitioners and obesity research-

ers, BMI designations are far from set in stone. Today, a BMI of 25 or higher pegs one as overweight, and a BMI of 30 tips one over into the ranks of the obese. Ten years ago, however, the overweight mark was set at 27.8 for men and 27.3 for women. When the National Institutes of Health redefined normal weight in a 1998 report, Oliver notes, "more than 37 million Americans suddenly became 'overweight,' even though they had not gained an ounce."

The problem with raising the bar in this manner is that there was no compelling medical reason to do so—in fact, as Oliver details in *Fat Politics*, a previous study cited by the NIH as justifying its decision to redefine "normal" down had found that higher mortality rates don't discernibly kick in until one's BMI reaches 30. If anything, the cited study supported raising the ceiling for what counts, in medical terms, as normal weight.

If altering the BMI hasn't helped Americans better assess their health and understand their risk factors for serious disease, who has it helped? According to Oliver, anyone who stands to profit from a national obsession with slimming down. This group, Oliver points out, includes many of the researchers and scientists on the panel that advised the NIH on the report in which it recommended the new standards. The pharmaceutical industry routinely supports researchers who sit on panels like this one that play a major role in setting the public health agenda and in turn deeply influence what kinds of medical treatment and drug therapy are sought by Americans and prescribed by their doctors.

Of all the unexpected conclusions Oliver's research turned up—the flawed nature of the BMI, a smaller number of overweight Americans than we have been led to believe, the faulty statistical analysis underlying so many breathless declarations of an epidemic—he was perhaps most surprised to find that so few conditions and diseases have been causally linked to excess body fat. Oliver grants that someday such evidence may emerge, but not until we develop a much fuller understanding of fat.

"There are a lot of hypotheses out there. And as each hypothesis comes up, there's a bunch of noise about it but it doesn't get confirmed, and then a new hypothesis comes up." For now—with a few exceptions including uterine cancer in women and osteoarthritis—fat remains, in Oliver's judgment, innocent until proven guilty, and a scapegoat we blame at our peril.



BILL BURKHART

OVERTURNING THE RECEIVED WISDOM on obesity with a modicum of rancor but a profusion of evidence and interpretive savvy, *Fat Politics* bears a family resemblance to a wave of recent smart, contrarian books that tell us everything we think we know is wrong.

The recent best-selling *Freakonomics: A Rogue Economist Explores the Hidden Side of Everything*, a prime example, was written by colleagues of Oliver's in the University of Chicago Social Sciences Division, Steven D. Levitt and Stephen J. Dubner. Levitt provided an enthusiastic blurb for Oliver's book jacket and on his blog called *Fat Politics* "an excellent book, very much in the *Freakonomics* spirit of debunking conventional wisdom." Cultural critic Steven Johnson, whose 2005 book *Everything Bad Is Good for You*, mounts a spirited defense of television and video games as worthwhile activities, also endorsed Oliver's book. But studies like Levitt's and Johnson's clearly delight in debunking for its own sake as much as for the sake of uncovering the truth. Both evince a tinge of the showman in their work. In contrast, Oliver is an accidental debunker who stumbled on his negative evidence in the process of trying to verify the received wisdom.

Accidental or not, the experience has made him a confirmed contrarian in regard to an issue on which dissent tends to be drowned out. The repulsion from fat that runs deep through our culture—some deem it the last remaining socially acceptable prejudice—only goes to further marginalize such voices. In a chapter of *Fat Politics* provocatively called "Why We Hate Fat People," he takes a hard look at anti-fat bias and concludes that it underlies much of the putative concern for the well-being of overweight and obese Americans.

"I would argue," he says, "that our aversion and hostility to fatness may be causing much more harm than the actual fatness does." For instance, the castigations they encounter from health care professionals keep many obese Americans from seeing a doctor regularly. "Many health problems go undiagnosed for a long time and then get exacerbated," Oliver points out, "and ironically these get blamed on their fat when they are in many cases the consequence of the fat prejudice."

Oliver's book has drawn its share of heated rhetoric, much of it coming at talks he has given around the country since its publication. "The people who get most angry are not fat people—the people who get most angry are people who make their living off of being concerned

about fat people," he says. But many others, including medical professionals, have responded with gratitude and relief: "I've had a number of health professionals e-mail me and say they thought this was bogus for a long time and thank me for writing the book."

Those who decry the fatness of Americans may believe that their reproofs are the unobjectionable equivalent of urging the populace to eat well and exercise. But while doing so reliably benefits our health and longevity, Oliver insists it doesn't necessarily result in a body weight low enough to meet the standards set by the BMI. Especially for older women and people who have a genetic disposition to heaviness, being healthy and being thin simply aren't the same thing. By too narrowly focusing us on the numbers on our scales, the current wave of medical warnings dovetails with the deeply entrenched cultural bias against fat to push increasing numbers of Americans to undertake ineffective and downright dangerous means of shedding pounds: appetite suppressants, fad diets, and bariatric surgery, to name a few. In the face of the heated rhetoric on obesity, the quest to be thin can readily become conflated with or even trump—and sometimes sabotage—the wish to be healthy.

In Oliver's view, the majority of us are trapped between a rock and a hard place: our bodies have evolved to store fat to protect themselves in case of famine, yet we now live in an advanced capitalist culture wherein food is readily available at all times and survival does not depend on physical exertion. The wrenching contradiction between our biology and our culture is only redoubled by the push and pull of the conflicting imperatives issuing from the culture: "The forces that make us so negative about gaining weight are so strong and so pervasive, and the forces that are causing us to gain weight are so strong and so pervasive," Oliver says. "It's unclear how those two things are going to be reconciled."

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