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NEWS AND COMMENT

HOSPITAL REVEALS TRUE PRIORITIES IN MEMO ABOUT WEIGHT LOSS PROGRAM

NEW NAAFA MEMBER SUBMITS COPY OF CONFIDENTIAL MARKETING PLAN

A midwestern hospital has unknowingly revealed its weight loss marketing plan, a copy of which has been given to this **Newsletter** for examination. The marketing plan calls for promotion of the hospital's various weight-loss programs through a local fitness center, local physicians, clinical dietitians, word-of-mouth referrals, and local advertising.

Their "Weight Management" program utilizes three phases: An ordinary dieting and behavior modification program for those who are from 10% to 100 pounds over "ideal" weight; a balloon insertion procedure, for those who weigh from 20% to 100% over "ideal" weight; and gastric bypass surgery for those who are more than 100 pounds or 100% over their "ideal" weight.

The marketing plan calls for physician referrals to bring in candidates for the gastric bypass surgery, but advertising is proposed to be the main source of patients for the new balloon procedure. The emphasis in the entire plan is on the balloon--and on the advertising that will be needed to generate new patients for the program.

Some highlights of the steps to be followed for the balloon procedure are listed as follows:

"The balloon will be placed in appropriate individuals who are medically in good health except for obesity, and who are psychologically sound. Due to careful selection criteria and a multidisciplinary approach to weight loss, 80% of clients will reduce to a desirable body weight."

"...upon selection, each candidate will sign an agreement to participate in a comprehensive diet and behavior modification program following placement of the balloon...the client will participate in a twelve-week program to learn sensible eating habits and lifestyle changes for weight loss...the balloon will be removed by an approved physician when the desired weight has been reached...the physician will see the client after two months, six months, and twelve months for routine follow-up."

The goal of the program is that "NINETY PERCENT of clients undergoing the balloon procedure will reduce to a desirable body weight and will maintain that weight loss for at least ONE YEAR." (Emphasis ours)

According to the marketing plan, the most important issues to be addressed concerning the balloon procedure are 1) COST, and 2) ADVERTISING. Other factors, such as "Medical Management", "Follow-up", "Referral", and "Administration" are listed, but no actual medical issues are addressed in the marketing plan.

COMMENTARY

What is so interesting about the marketing plan is the strong emphasis on advertising for a new, experimental procedure--the balloon--and total lack of reliance on physician referrals. The emphasis on business decisions, and no hint of medical concerns is also revealing--it shows an aspect of medical care that most of us would rather ignore.

Worst of all is the naive assumption by those who drafted the marketing plan, that they have been given good medical information on which to base goals and, ultimately, advertising claims. According to most authorities, no weight loss can be considered successful unless it has been maintained for a minimum of three to five years. But this hospital believes that it will have a 90% success rate, with patients maintaining their loss for at least one year!

And is the balloon procedure safe and effective? In his article in the February, 1986 Newsletter, Dr. Paul Ernsberger raised several concerns about the safety and the long-term effectiveness of the procedure. In summary, he said that the gastric balloon is probably safer than any form of weight-loss surgery--but the best approach remains a balanced, varied diet combined with exercise for gradual and permanent weight loss. (We would add that even that moderate approach, as healthy as it is, doesn't work for everyone. It has to be repeated that, for many of us, especially those whose "setpoints" appear to have been damaged by crash dieting and/or amphetamines, it is not "overeating" that keeps us fat.)

Anyway, according to our source, the midwestern hospital is unexcelled in "tooting its own horn" within the community. The source is particularly angry that the hospital did not propose the balloon procedure in order to "help people who feel they need to lose weight, but that it's just another gimmick to market this hospital...it's like selling another toothpaste..."

Sometimes it seems that health care is a business like any other. But must it be? And, can you necessarily trust a medical procedure because it is associated with a well-known hospital? If Dr. Ernsberger's findings with weight-loss surgery are any guide, the answer is NO. Fat people must be always vigilant to withstand "marketing" attempts to recruit them as desperate customers. We are being marketed to death!

Wouldn't it be nice if the money and creative energy that went into marketing weight loss schemes were used instead for real issues in society? We certainly have plenty of them... ■

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MEDIA AND PUBLICITY WATCH

The attitude of nationally syndicated columnist Ann Landers about body weight has been improving lately. Landers, who has received letters from NAAFA for many years about her attitude, has shown increased compassion and understanding for fat people in her column in the last few months. In her latest response to a letter from an anti-fat reader, she advised,

"You assume that all overweight people (except those who have glandular problems) are gluttons and deserve to be despised. I find this irrational and mean-spirited. If you put six overweight people in a room and question them, you might discover six different reasons for their obesity. One is metabolism. Some folks eat everything in sight and are skinny as beanpoles. Others are constantly dieting and have a terrible time losing a pound. Heredity is another factor. Look up the word "prejudice" in the dictionary and hang your head in shame. I'd rather be fat than prejudiced like you, Kiddo."

NAAFAns who would like to give a "pat on the back" to Ann Landers for such words in defense of fat people should write to her at PO Box 11995, Chicago, IL 60611.

The PBS television series Bodywatch began in late March. As mentioned in this column last month, one show in the series dealt with weight control. NAAFAns who saw the show had mixed reactions. A fairly progressive attitude toward weight on the part of most of those who were interviewed was offset somewhat by repeated closeups of fat people eating, reinforcing the old stereotype. The show did use NAAFA's suggestion to include a sequence showing children's reactions to fat kids, from the award-winning Grandview Hospital video, Being Obese.

A show in New York on April 3 called Midday Live featured plus-sized model maven Pat Swift, editor Hara Marano, of Vogue magazine large-size supplement fame, and Nancy Roberts, recent author of Breaking All the Rules. The three of them did an excellent job holding their own against a run-of-the-mill weight-loss doctor, although there were some areas about which all four guests seemed to agree.

Also on April 3, two NAAFAns appeared on People are Talking in Philadelphia. Susan Mason (NJ) and Dr. Monique Belton (NY) appeared in a discussion of unpopular body styles and their effect on careers and other problems in society. And, finally, NAAFA was quoted several times in the April issue of Ebony magazine.

NOW IN PREPARATION...Programs on treatments for obesity--using NAAFA to help with resource material, are scheduled for Dr. Art Ulene's show, Feeling Fine, based in Los Angeles. Shows on male F.A.'s and their point of view are tentatively scheduled on June 11 and June 12 in Boston and Pittsburgh, respectively. Boston's People are Talking, and the show Pittsburgh Today will be airing the material.

NAAFA is slated for a listing under "Support and Advice" groups in the July issue of Shape magazine. Surprisingly enough, NAAFA has been listed before in Shape, which is devoted primarily to the pursuit of figure perfection...

The National Enquirer, the weekly tabloid that has a controversial reputation in journalistic circles, is about to run a feature story on NAAFAns Mary-Jane Grace and Jim Brown, Co-Chairpersons of

the New Jersey Chapter. Mary-Jane is also NAAFA's Secretary (to the Board), and the Coordinator of the SUPERSIG Special Interest Group. The article is expected in late April. The last time NAAFA was written about, members had mixed feelings about the article, but NAAFA received more than 100 new members.

NAAFA is likely to appear in a listing of resources to be published by GEO magazine soon.

A book called California Dreamin', to be released in May by Warner Books, has been written by Michelle Phillips, formerly of the '60's singing group, the Mamas and the Papas. The book is described as telling about the author's life with the group, which included 275 pound Cass Elliot. Of note is the statement that "Mama Cass" did not die in 1974 of choking on food, as the American press prematurely reported. The coroner determined that Elliot died of a heart attack. But a half-eaten ham sandwich was found by her bed, and reports of the sandwich preceded the coronor's report. (This Newsletter reported the event at the time in the July, 1974 issue. It seems that the London pathologist reported that Elliot died of obesity, even though she had recently lost 70 pounds--saying nothing about her history of yo-yo dieting. Fortunately, that report was refuted by Dr. George Mann of Vanderbilt University.) Meanwhile, what remains in the memory of some Americans is their initial impression created by the MEDIA at the time, that is, that she died by choking on a sandwich. The importance of the media is why we write this column... ■

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ELECTION NOTICE

The 1986 Election Committee (consisting of C. Blickenstorfer, P. Dachis, J. Hoxworth, N. Summer, and E. Williams) met on February 15 to discuss possible rule changes and to nominate candidates. Paula Dachis was elected to chair the committee.

According to Paula, "This year, three seats on the eight-seat Board of Directors must be filled. The following seven NAAFA's were nominated:

Neil Dachis	Maryland	William J. Fabrey	New York
Carrie Hemenway	Massachussetts	Eileen M. Lefebure	New York
Linda Martin	New York	Lynn McAfee	Pennsylvania
Russell F. Williams	Maryland		

Of the seven nominees, six have accepted the nomination and will be running in this year's election. Linda Martin declined the nomination.

There is a procedure for nomination by petition. Those interested in running for the Board of Directors, and who have been a NAAFA member for more than one year, are advised to call the NAAFA office immediately for instructions. A petition showing the signatures of at least 25 dues-paid NAAFA members is required.

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PROGRESS IN NEW PEN PAL PROGRAM

The Pen Pal program has always been a popular item in the list of NAAFA's optional activities, with as many as 15% of the NAAFA membership participating. The popularity is based on the need by many members to reach out and correspond with others with similar experiences (even including F.A.'s corresponding with other F.A.'s). According to Chairperson Elisabeth Williams, a new revised program will begin soon. The re-worked application forms and questionnaires are almost ready. The new program will be using a new "one-shot" matching method, in which matches are made quarterly, and new applicants are guaranteed a one-time set of between five and ten matches. Full details of the new program will be mailed with the new application forms to all members within several weeks.

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LETTERS TO THE EDITOR

LIKES NEW FORMAT

I am very pleased to see the new monthly, shorter format for the Newsletter... While I will miss the depth and variety offered in the longer format, I feel the shorter, more regular and timely mailings will do a lot to keep the membership in touch with the national officers and make everyone feel more a part of a national organization.

Members need to feel that they are clued into the inside happenings to really feel a part of the group, and more mailings (communication from leaders) will facilitate better feelings all around.

--Christine Cook Applegate (CA)

COMPETITION - The topic of competition within NAAFA has come up a number of times recently, in discussions about leadership problems, and even more often in discussions about NAAFA's social climate. It almost always seems to be considered a negative force within the group.

Webster's defines competition as "to contend" or "to vie", "to strive against rivals or difficulties", and "to strive for superiority". Those definitions carry no moral judgments of right or wrong. Only the reader's personal bias can add a positive or negative flavor to the words.

There are numerous examples of positive competition, or of competition that leads to very positive ends. Whether you're discussing the Olympics, the race for space, or which steak sauce sells the most, competition is a major factor in the achievement of results. New lands, new medicines, new machines, and even new mayonaisse recipes have been discovered by people competing for a greater share of prestige, power, or possessions; and our lives are often better for their discoveries.

So why is competition viewed with such scorn and dismay in NAAFA? I think the answer is simple: Many fat people do not know how to compete. Fat oppression has left us feeling like losers. Since we feel we can't win no matter how hard we try, we back off from competitive situations. This is especially true of people who have been fat all their lives. Fat children are rarely taught competitive skills. And you have to know how to compete, and feel comfortable doing so, in order to compete in a positive way. People who feel that they can't compete find alternative (and often inappropriate) ways of achieving their goals. It's only natural.

Where do people learn competitive skills? They learn them in Little League, Girl and Boy Scouts, school, the 4-H Club, from parents, in gym class etc. They hone their competitive social skills at high school dances, fraternities and sororities, discos and clubs. But what are the fat people doing when all this is going on? Usually, they're being picked last for the team, not being invited to parties or on dates, and sitting home on Friday night. It isn't too surprising that, combined with lowered self-esteem, this lack of experience produces in many people, the inability to compete fairly.

Here's an example of fat people not competing: We've wondered why so few fat men join NAAFA, compared to the number of fat women who join. I've often heard the explanation that "fat men just don't have it as bad out there as fat women". If true, that may be a part of the answer, but I think that another possible reason is that they do not perceive NAAFA as a place of warmth and acceptance. What they see when they walk in the door of a NAAFA event is their "competition": the thin male F.A.'s. They can compete with thin men anywhere--so why should they join NAAFA! The "word of mouth" advertising that has brought so many fat women to our door for social reasons, just is not taking place among fat men, possibly for this reason.

For those fat people who do join NAAFA, they often find themselves in a situation where they may be competing for something (or someone) for the first time in their lives. NAAFA makes it relatively safe for them to try, and that's good. The problems arise from the fact that they just don't know how to go about it. What we tend to see in NAAFA is a lot of people competing for approval, friends, lovers, leadership roles, etc. who just don't feel they are up to the challenge of their (real or perceived) rivals. Since many feel they aren't good enough to compete in an open and honest way, they use a variety of inappropriate and negative techniques to get what they want.

How do you know if you are competing in a positive or fair way? I offer this very general rule of positive vs. negative techniques in competition: If, whether you win or lose, you are enriched in some way by the experience, then you are probably competing in a positive way. If, on the other hand, whether you win or lose, you are a little less for the experience (emotionally, spiritually, intellectually, etc.), then you probably have been competing in a negative way.

Example: Two students are in competition for a scholarship. A test will determine the outcome. Ann competes by studying hard and taking extra courses. Barb competes by purchasing a copy of the test. (It's cheating, but in our less than perfect world, Barb's technique may be quite effective for achieving her goal.) But what are the real effects of the competitive techniques each person used? If Ann wins, she really knows that she deserved that award. If Ann loses, she still has a wealth of additional knowledge that will benefit her in many other ways, perhaps even in obtaining a different scholarship.

What about Barb's technique? If Barb loses (maybe she bought the wrong test), she's lost money and the chance to really find out what she is capable of accomplishing. Unfortunately for Barb, even if she wins, she loses. She may have the scholarship, but she did not increase her confidence in her abilities and will never really feel that she deserved or earned the award. She will also be lacking in the knowledge that she might have obtained had she competed in a fair way. Barb's technique, no matter what arena it is used in, only leads to a further decrease of self-esteem and self-confidence.

In Part 2, in a future issue, I will discuss with more detail how to know if you are competing in positive ways, and I'll offer some solutions to the problems of competition within NAAFA. ■

SHOULD NAAFA PUBLISH ADVICE ABOUT LOWERING YOUR SET POINT? - Last month, this Newsletter published a column by Dr. Paul Ernsberger outlining some of his ideas on setpoint and weight loss--and he continues that series in this issue. But some NAAFAnS sincerely believe that we should leave that subject alone, and that "sensible eating habits" and "health risks" are subjects that have been beaten to death outside NAAFA. NAAFA is seen as a haven away from the world of dieting and weight loss. (Some also disagree with Ernsberger's position about the permanence of slow weight loss, and they believe that if any advice about losing weight is followed, the usual yo-yo problems must inevitably be encountered.)

But Ernsberger is not promoting weight loss--he is responding to the plea of many NAAFAnS for responsible commentary on health issues. Many have posed these questions, or variations of them: Since weight-loss surgery is risky and often ineffective, and most diets seem doomed to failure, what can someone do who seems to gain weight indefinitely, apparently without ever arriving at a setpoint? Is it possible to lose any weight at all, in a healthy and permanent way? A survey two years ago seemed to bear out the idea that the majority of our fat members would prefer to weigh less. It's a pretty safe bet that most would appreciate level-headed advice on how to lose moderate amounts of weight, or at least, how to stop gaining more weight.

As to whether or not we should make any mention at all of the increased health risks of the very obese ("say, over 300 pounds"), it would surely be irresponsible for Dr. Ernsberger to write about health and to gloss over those special areas that, for whatever reason, seem to pose increased risk factors for very fat people. Now, "risk factors" do not doom any individual person to an unhealthy existence. Just the same, a discussion of those areas now and then would seem to be common sense.

Some NAAFAnS do not renew their membership because they detect in NAAFA such a strong "pro-fat" bias that they feel that we overcompensate in trying to escape from society's hostility on the subject. Ernsberger's writings should help to dispel that concern.

Meanwhile, NAAFA defends the right of the individual to decide for him or herself how to handle being fat. So, if for any reason you are not pleased 100% of the time with what is discussed in Dr. Ernsberger's column, try to remember the things that he writes that do please you. You are always free to accept or reject his advice, as you wish!

Dr. Ernsberger and the Newsletter staff is interested in receiving letters from NAAFA members on this subject. Please mail them to the NAAFA office in Bellerose. ■

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ASK DR. ERNSBERGER...by Paul Ernsberger, Ph.D.; Chairman, NAAFA Advisory Board

RESETTING YOUR SETPOINT (continued)

Mention weight control, and most people will envision tiny, precise portions of unappealing food, deprivation, and constant hunger. Following a low-calorie diet is difficult, frustrating, and painful, and may actually be counter-productive because the intense cravings and accumulated hunger of the dieter can lead not only to bingeing, but also to metabolic changes that make it especially easy to regain weight.

Fortunately, there is an alternative. Instead of fighting to stay below their natural or setpoint weight, and always regaining back up to it or higher, some people can lower their setpoint to lose weight slowly but permanently, without deprivation, while at the same time, improving their overall health because of the dietary changes they can make.

The most important factor influencing your setpoint, next to exercise, is dietary fat. When animals or humans are offered a diet rich in fats, their weight rises until they reach a higher plateau, which is their new setpoint. A low-fat diet lowers setpoint so that weight falls naturally, without triggering the setpoint-defending biological responses that makes us miserable on a low-calorie diet. Even more importantly, eating less fat can reduce your chances of developing hardening of the arteries and other heart disease, lower your blood pressure, and protect you against many forms of cancer.

You'll get these health benefits right from the beginning, regardless of what happens to your weight. The average American gets 40-45% of his or her total calories in the form of fat. A good goal to shoot for is cutting that in half, so that only 20% of calories come from fat.

If you cut down on your fat intake, you'll automatically be following other recommendations that will lower your setpoint and help protect you from disease. Low-fat foods are often rich in dietary fiber, or roughage, which not only helps you feel full but also improves metabolic and digestive functions and protects against bowel cancer. Fat and sugar are often found together, and sugar and other sweeteners can raise your setpoint, as well as possibly increasing your risk of heart disease and

having other harmful effects. The foods you'll be eating on a low fat diet will also be low in cholesterol and salt, two more nutritional undesirables.

The best diet for lowering setpoint is also an ideal diet for warding off heart disease and cancer, and is also a good eating program for diabetics and people with high blood pressure or high cholesterol. Compared to what the average American eats, this ideal diet is: 1) lower in fat, 2) higher in fiber, 3) lower in sugar. Comparable recommendations have been made by the U.S. Senate Select Committee on Nutrition and also the American Heart Association.

Resetting your setpoint doesn't mean following a rigid eating plan or going hungry. It does mean making intelligent food choices. Let's survey each of the Four Basic Food Groups and identify some of the foods that fit best with our dietary goals and some that are in conflict. Although some foods are more desirable than others, it's important not to eliminate any food entirely if it's one that's important to you. Eliminating such a food may lead to feelings of deprivation and "diet-breaking" or bingeing. Instead, one could have small portions of a favorite high-fat food and balance it with low-fat items.

MEAT GROUP This food group provides the most fat in the American diet. Most Americans eat too much meat, probably as a result of years of media propaganda on the value of lots of protein. Heavy people have even more of a problem, because of the popularity of low-carbohydrate diets (Atkins, Stillman, and Scarsdale diets, among others), which all encourage heavy meat consumption. In the long run, these kinds of diets promote poor eating habits and further weight gain.

To fulfill protein requirements we need only two servings of meat (2-4 oz. each) or meat substitute such as beans (about 1 cup). Beans and other legumes are able to fulfill dietary meat requirements while providing almost no fat. Nuts and seeds can also substitute for meat, and provide dietary fiber, an advantage shared with beans. However, nuts and seeds have more fat than most meats and should be eaten sparingly (cashews are 70% fat, peanuts 75%, macadamia nuts 92%). One trick is to buy natural-style peanut butter and pour off some of the oil that floats on top.

In order to cut down fat content in the meat group, it's best to have fish as your first choice for a meat dish. Fish is not only low in fat, but can help lower your blood pressure and cholesterol levels and prevent heart attacks. According to a recent Dutch study (1), eating half a pound of fish each week cuts the risk of heart attack by 50%. Poultry is a good second choice, especially if the skin is removed. Fish and poultry should not be fried, since that increases the fat content considerably (broiled skinless chicken is 25% fat, but fried chicken is 43% fat). Select lean cuts of beef, such as flank or tenderloin, and then trim any visible fat. Even for lean beef or port, fat provides 50% or more of the total food energy, so it is best to reduce consumption of these items.

Prepared meats are a special problem. Fat provides more than 80% of total calories in hot dogs or saugages, and salami and other lunchmeats are around 75% fat. To make matters worse, nearly all the fat is of the saturated type, and cholesterol is in abundant supply, creating a "double whammy" to raise levels of cholesterol in your bloodstream, where it can promote hardening of the arteries. If that's not bad enough, prepared meats are very high in salt and contain nitrites, which have been suspected of promoting bowel cancer. Fortunately, alternatives are now available in most supermarkets, mainly in the form of sliced turkey or chicken products which are very low in fat.

Eating out can be difficult, especially if schedules and budgets seem to dictate "fast food". Many restaurants are now sensitive to the needs of people seeking to reduce their intake of fat, but this has not extended to the fast food industry, except those that have introduced salad bars--a commendable trend. There isn't really anything for a "resetting diet" at McDonalds. The new "McDLT" is 58% fat, and a biscuit with sausage is 60% fat. Even worse, both these items contain over 2,500 milligrams of salt--more than anyone with a concern about blood pressure should get in a whole day! You might think that you'd be better off with a fish sandwich or chicken nuggets, because fish and poultry are generally low in fat. But these items are 53% and 59% fat, respectively, because during deep frying, the breading soaks up large quantities of lard. If you want fast food, you're probably better off with either Chinese take-out or pizza (29% fat, with a plain cheese or vegetable topping).

Next month: Guidelines for the Dairy, Fruit and Vegetable, and Breads and Grains Basic Food Groups. Also: Learning to start and to stop eating in response to bodily signals.

1) D. Kromhout and others. *New Engl J. Med* 312:1205, 1985. ■

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