## Contents

Preface, vii  
Acknowledgments, ix  
Introduction: The Mother of All Wars, 1  

1 Children First: Maternal Ideology in the War on Obesity, 31  
2 There’s No Place Like Home: Fatness and Families in the Courts, 57  
3 Public and Private Shame: Using Children as Message Boards, 83  
4 What If the Cure Is Worse Than the Disease?: How We Treat Children in the Age of Obesity, 113  

Conclusion: A Cramped Room, 141  

Notes, 151  

Bibliography, 177  

Index, 195
Preface

There were many times I thought seriously about not writing this book. In fact, at some points, I was nearly certain I wasn’t going to write it. When I’ve posed questions about “the obesity epidemic” or suggested to a colleague that perhaps we ought to think more carefully about obesity, I’ve been charged with many things. I’ve been told I was glorifying fatness. I’ve been accused of not caring about people’s health. Once or twice, I was even accused of being racist for not understanding or caring about issues such as “diabesity” among minorities because I was questioning the Let’s Move! campaign.¹ In truth, I decided to continue writing the book because those experiences taught me that there is a serious need for more dialogue—even though the conversations may prove difficult.

As a field, Fat Studies has done a tremendous amount of work to open new conversations about fatness and provide compelling means of revisiting ongoing debates. As a Fat Studies scholar, I have drawn deeply from the discipline and from scholars who have helped forge the field of Fat Studies and critical conversations about obesity. The work of Paul Campos, Sondra Solovay, Abigail Saguy, Michael Gard and Jan Wright, and many other forerunners has proven invaluable. I also drew a great deal on my own background as an American Studies scholar who has taught everything from English to Women’s and Gender Studies to Science and Technology Studies and who once served as the director of programming for the Intersex Society of North America. Those experiences and the training and preparation they required have helped to make this book an interdisciplinary examination of contemporary America’s obsession with fatness and how women and children are being victimized by those discussions and policies. In its focus and methodology, this book adds to the continuing conversation about childhood obesity while pushing readers to think about how the panic over childhood obesity actually threatens the well-being of both children and their mothers.

When I realized I didn’t have all the answers, I thought long and hard about what it meant to own that and to write a book that examines the issue of obesity
without necessarily reducing the matter to simple metrics like the numbers on the bathroom scale. The lure of the scale and of the language of the obesity epidemic is that they make everything seem so simple; one number tells people all they need to know about an individual, about his or her family, and about the health not only of that individual but also of the entire nation. I knew I’d be asking readers to give up a great deal to come along with me on a different kind of journey, a journey where I ask them to think seriously about how the war on obesity has become a war against women and children. But I’m asking.
Acknowledgments

Somehow, I thought writing the acknowledgments would be the fun part, but I’m paralyzed with fear that I will forget someone. Given that, let me begin by saying thank you to anyone who has ever helped me—in any way—with this project. There have been far too many of you to name.

There are, however, some individuals who deserve special thanks. My work in Fat Studies would have never been possible without my graduate school mentors. I had the good fortune to run into three colleagues, in particular, who encouraged me to continue my work—even when others suggested I was crazy for asking people to look at fatness as anything other than pathological. Jon Robison, Cressida Heyes, and Alice Dreger all played key roles in my development as a Fat Studies scholar—each in very different but important ways.

Over the years, I’ve maintained a close relationship with my dissertation director, Alice Dreger. As this project sat on the back burner while I was teaching a four/four load (often with four preps!), Alice continued to urge me to write whenever I could. She sent me news articles and links to blogs, and I have no doubt that part of why she did it was to encourage me to keep working. I’m indebted to her for all the conversations about my work in Fat Studies that we’ve had over the years. She has been my mentor, my confidant, and the person who lovingly kicked me when I needed it, and I’m proud to know her as a colleague and friend.

I also have to acknowledge the friends I made along my trek through academia who have supported my work. I only spent one year at Gustavus Adolphus College, but I made lasting friendships there with a group of incredibly smart women. My thanks to Alisa Rosenthal, Jill Locke, Peg O’Connor, and Lisa Heldke for making opportunities for me to come back to campus to talk about my work and for always being there when I needed a sounding board for my ideas.

Here at Winona State University (WSU), I’ve made equally supportive friends. Dan Lintin, Kara Lindaman, Ruth Forsythe, Jane Carducci, and Cindy Killion were my human shields while I waded through tenure and promotion
and this project. I also have to thank all of my colleagues in the English Department. When I tell people how well our department functions, they often think I’m lying. I’m not. Our English Department is somehow filled with the most normal and functional academics I’ve ever met, and I can never fully express my gratitude for their having taken an interdisciplinary scholar like me in as one of their own. I know many of them taught extra sections of freshman composition so I could have my sabbatical and finally finish this project, but they never complained. They are truly good eggs.

I’m also grateful to WSU for the funding I received to help with the project. Dean Ralph Townsend and the Winona State University Foundation both provided funding for rights and permissions, and I’m grateful for their financial assistance. Also, Susan Byom, in our Interlibrary Loan Department, saved me more than once with her skills and connections, as did other librarians at WSU, such as Allison Quam.

Like most scholars, I’ve benefited greatly from colleagues, too numerous to name, who attended conferences to see me give my papers and offer me encouragement and advice. The scholarly community at conferences such as that held by the National Women’s Studies Association has been so helpful for my thinking and my psyche as I worked on this project. The online activist community has also been supportive and helpful. I’m especially thankful to Marilyn Wann and Ragen Chastain for their work on their own activist projects and for loaning me their many connections to the fat-positive community, including the individuals and families from the I STAND campaign who allowed me to use their photos for my work.

I’m deeply grateful to the editors and staff at the University Press of Kansas for taking on this project when it was in its budding stages and seeing me through to the end. Even when I was ready to give up, they still wanted the book and encouraged me to keep going. My work here is all the better for their efforts.

On a more personal note, I owe thanks to my mom and dad. I know they don’t always understand what exactly it is that I do, but they tell me to do what makes me happy. My mom, in particular, has waited a very long time to see this book in print.

Above all, I want to thank S. Through the gnashing of teeth as I labored on this volume and the intense moments of doubt followed by joyous dancing when a chapter was finished, S. never wavered. Even when I didn’t believe in myself, S. believed in me and in this project. There’s no way I could have completed this book without that support.
Fat Blame
The Mother of All Wars

The reason why the “obesity epidemic” has come about could not be less important. The future will be decided along moral and ideological—that is, political—grounds.

—Michael Gard and Jan Wright, The Obesity Epidemic

COLLATERAL DAMAGE

In September 2000, Anamarie Regino, a three-year-old Mexican American girl living in New Mexico, was taken away from her parents because she was obese and experiencing health problems believed to be directly related to her obesity. At the time, many thought removing Anamarie from her home was an extreme measure. Since then, however, courts in Iowa, New Mexico, New York, Pennsylvania, and Ohio have also removed children from their homes, and doing so is quickly becoming seen as a logical means of making children thin and getting the attention of all parents. When such cases are reported, media outlets often cite statistics about the rise in childhood obesity, and they almost always mention the children’s weights in the headlines of their articles. But what’s rarely discussed are the psychological consequences of removing a child from a home or whether any weight loss achieved in the process is actually maintained in a meaningful way. In other words, the long-term psychosocial and physiological consequences and data are often neglected in favor of reporting on pounds and assuring the public that something is being done.

We know from the Regino case, which is one of the few cases where both the child and the parents later spoke openly to the media about their experiences, that the psychological toll of Anamarie’s removal from her home and family has been long lived. At the age of fourteen, Anamarie reflected on the 2011 call made by physician David Ludwig and lawyer Lindsey Murtagh for obese children to be removed from homes; in a televised interview, she said,
“It’s not right, what [Dr. Ludwig] is doing, because to get better you need to be with your family, instead of being surrounded by doctors.” In the same news interview, Anamarie’s mother stated that the damage done to her child by her removal could not be undone with money or therapy and that the two months Anamarie was away from home were “hell.” At the time of the interview on ABC’s Good Morning America, it was clear to anyone watching that Anamarie was still a very fat teenager in spite of the hell that she and her family had endured. Even more tragic is that both of her parents have now passed, and one can only imagine that the two-month separation from her family, imposed by court order, stings all the more after their early deaths. Given Anamarie’s outcry against removing children from their homes based on her own experience, some people might ask how something like this could have happened and how such practices could continue even now. The truth is it happened because her parents, especially her mother, were constructed as negligent, working-class immigrants who either didn’t understand how to properly care for their child or simply didn’t care enough to do so, making the Regino case one of the earliest bellweathers signaling the ways in which the war on obesity would soon become a war against women and children, especially those also marginalized by other categorizations, such as race and class.

Perhaps most disturbing is that so many people in the American culture have come to see these types of interventions as logical, commonsense approaches to dealing with childhood obesity, as evidenced by the plethora of Facebook memes and online comments on news stories about obese children that boldly state childhood obesity is, in fact, child abuse.

As I will show throughout this book, concerns about fatness are regularly coconstructed alongside other cultural concerns, with fatness providing a kind of shorthand for talking about many different worries regarding the demise of American culture. What is unfortunately forgotten, however, is that the shorthand often eclipses the underlying problems and the fact that there are real people being affected by these conversations and interventions. The Regino case isn’t, of course, only about obesity; it is also about all the other social categories and issues with which obesity has become associated and for which weight can become a stand-in, such as race, gender, class, and immigrant status—or even just parenting styles that may be different. Although interventions in what are deemed public health crises are most often presented as necessary and benign, they are not, as scholars such as John Evans and Brian Davies have pointed out, value neutral. The war on obesity is as much about tensions surrounding gender, race, and class as it is about obesity, and the Reginos are just one of the millions of families harmed by the ways the panic over
obesity has been mapped onto the bodies of women and children as the first sites of intervention in what is arguably positioned as the epidemic of our time.

In the same way that taking Anamarie Regino out of her home might seem like a commonsense approach, so, too, have the existence of the obesity epidemic and the need to intervene become rational concepts to most Americans. Yet, many well-respected scholars from a variety of fields have questioned the very existence of an obesity epidemic, and even mainstream venues such as the New York Times now regularly publish pieces where the logic that overweight or obese equals unhealthy is challenged, especially the health consequences of fatness among people who are physically active. This is not to say that there may not be some health effects of being fat; rather, it is to question how much those health effects matter in a person’s overall life or whether the health effects of being fat are any more significant to one’s life span than, for instance, being male. Keep in mind, though, that this is when looking at weight itself, not conditions that may or may not be tied to weight, such as diabetes or heart disease. Since obesity doesn’t cause those conditions (the medical community regularly acknowledges that there are correlations but not causations), the effects of obesity on health warrant separate study. When Americans ask, “Is being fat bad for you?” the best and most fair answer that can be reached from all the existing data is, “Maybe.”

Although largely out of sight for mainstream Americans, hot debates continue in the scientific community regarding the data on overweight’s health effects—and not always just because of scientific disagreements. There are decidedly political and social aspects to how some scientists want to present data to the general public. Recently, the journal Nature rebuked the chair of Harvard’s School of Public Health’s Nutrition Department, Walter Willett, for his assertion that a landmark study suggesting the effects of overweight on health are fairly benign was junk science. Willett came out hard against a meta-analysis that included nearly 3 million people and ninety-seven studies that showed being overweight was not, in fact, a death sentence. The meta-analysis, conducted by Katherine Flegal, an epidemiologist at the National Center for Health Statistics, is widely accepted as a touchstone among a growing field of studies that posit some measure of fatness, in and of itself, is not necessarily unhealthy. Willett, who is a very visible figure in debates about obesity, was asked about Flegal’s study during an interview on National Public Radio (NPR) and responded by saying, “[It] is really a pile of rubbish, and no one should waste their time reading it.” Many scientists and researchers came immediately to Flegal’s defense, and according to Trevor Butterworth’s piece in Forbes, Willett admitted his biggest concern was that such a study was “dangerous,” for he feared that it would
lead people to think it was okay to be overweight and that it might be co-opted by soft drink companies and other special interest groups. In other words, although he said the study was rubbish, his overriding concern apparently wasn’t getting closer to the truth about the effects of overweight on health but rather ensuring that the findings wouldn’t be used in ways he deemed inappropriate.

Willett’s worry about such a study being co-opted by soft drink companies seems in keeping with current discussions about what causes obesity and how to best address it as a growing problem. Although everything from endocrine disruptors to so-called thrifty genes to viruses has been posited as the cause for obesity, many of the most popular mainstream arguments on the causes of the obesity epidemic are those that take up more social and environmental issues, such as the rise of the fast-food industry, the lack of safe sidewalks and other means of engaging in physical activity, the consumption of soft drinks, and the demise of school lunch programs across the nation. Despite the popularity of these explanations, a great many of the interventions—and some of the most harmful ones at that—occur at the level of individuals’ bodies.

Specifically, those believed to be most at risk (usually children) and most capable of changing future generations (usually women) are subject to the most interventions on their bodies. Perhaps because they are so defined by their bodies and thought to be vulnerable to the whims of their bodies, women and children have historically been subjected to intense medicalization and interventions; consider the proposed mandatory testing of pregnant women for drug use and HIV status and the host of physical fitness and antidrug campaigns aimed at children. In short, their bodies are often constructed as troublesome, in need of surveillance or correction, and the sites of crises. The fight against fat has proven no different in this respect, with the language of crisis and epidemic identifying the enemies as women and children and spawning “treatments” for obesity that act, first and foremost, on bodies rather than on the inadequate sidewalks and the food deserts, areas where affordable and nutritious food are difficult or impossible to attain, that are also blamed for obesity. This is a book about how the war on obesity is, in many ways, shaping up to be a battle against women and children, especially women and children who are also marginalized via class and race.

PLOTTING A NEW COURSE

Currently, most conversations about obesity operate on one of two axes: fat is beautiful versus fat is ugly and fat can be healthy versus fat is always unhealthy.
In his newest book, *The End of the Obesity Epidemic*, Michael Gard writes about the reception given his previous book, *The Obesity Epidemic*, which he co-authored with Jan Wright. He provides examples of reviews and opines that those who reviewed the book seemed to garner from it either that he was “pro-fat” or that he was completely “anti-science.” He states that both lines of thinking about the work missed the point because he was actually engaging in a wholly different kind of conversation, as he and his coauthor aimed to look at the ways conversations about the obesity epidemic were ideological rather than purely scientific. In other words, Gard and Wright were working on a different axis.

Like Gard, I hope to initiate a different kind of conversation. This book plots the discussion about obesity on a different axis, examining who is blamed for the obesity epidemic and the interventions that occur because of that blame. This is not, then, a book about whether obesity is healthy or unhealthy or ugly or attractive; regardless of whether obesity is healthy, attractive, ugly, or lifeshortening, the ways women and children are blamed for obesity and the ways interventions aimed at preventing obesity are affecting women and children are problematic in and of themselves. From bariatric surgeries performed on children to women being positioned as responsible for carrying to term a generation of thin children, this book looks closely at the stories of real people whose lives are drastically altered by interventions that are supposedly for their own good. The argument is not necessarily that we shouldn’t be at all concerned about obesity but rather that the nation seems to be in the grips of a panic that fosters engaging in rash and poorly researched practices to supposedly curb obesity, practices that are often ineffective at best and downright damaging at worst. This is not a book that offers definitive truths about the obesity epidemic; instead, it is a work that offers readers a different way of thinking about obesity, particularly about how public discussions and policies around the obesity epidemic deeply affect private lives.

In attempting to outline a discussion of obesity on a different axis, I’m aware that some readers will, as Gard notes, still misunderstand my argument because “moral and ideological predispositions shape the way they read, think, and advocate when it comes to human body weight.” As a scholar, I also have my own framework for understanding body weight. As Gard writes in his introduction, “I take it for granted that many of my own biases will be more obvious to others than to me, that others will see things that I am too myopic to see, but that this fact does not disqualify me (or anyone else) from speaking or attempting to critique received ways of thinking.” I believe his perspective about offering a different kind of voice in the conversation—in spite of that voice being critical of well-received ways of thinking—is especially vital given...
how the lives of so many people, especially those of women and children, are negatively affected by interventions to stop obesity.

As is the case with so many practices and interventions surrounding bodies and health, including dieting, people are often simultaneously blamed and empowered through policies and interventions, particularly those that appear to offer them choices. An individual who is blamed for his or her obesity may feel empowered by making the choice to have bariatric surgery. A mother who knows she may be blamed for having an obese child may feel empowered by making what she feels are the best choices for her fetus by monitoring and regulating her own weight during pregnancy. My aim is not to strip away all claims of agency, but I do want to acknowledge the pressures people may feel to be empowered in specific ways and the manner in which some choices may have the illusion of being empowering when, in fact, they are not.

The focus of this project, then, is on fat blame and the way that women and children—who are, in many respects, just everyday people—are pushed, pulled, and sometimes even victimized by interventions such as bariatric surgeries and having their families broken up by the courts. Their victim status is highlighted here so that, as Karen Zivi argues in her book *Making Rights Claims*, we can challenge that same status.\(^{16}\) If we think about this in terms of a social issue such as sexual assault, it is clear that those who are sexually assaulted must necessarily understand themselves as victims of a kind of violence and inequality and be understood as victims before any kind of structural analysis or reclaiming of power can occur. In other words, you must understand yourself as a victim before you can even begin to understand yourself as a survivor and reclaim agency. If you are not a victim, after all, then what have you survived? Likewise, before policies can and will change, the public must understand members of a particular group as being victims of discrimination. This project hails women and children as victims with the aim of eventually helping to provide a fuller and richer kind of agency for them.

**ENEMIES OF THE STATE**

By now, I dare say it would be impossible to find an American who isn’t aware that the United States has declared a war on obesity.\(^{17}\) In doing so, the country has said that fat is one of the most serious enemies it faces, an enemy formidable enough to warrant a war. When Surgeon General David Satcher announced America’s “war on obesity” on December 13, 2001, he and Health and Human Services Secretary Tommy G. Thompson held a press conference. To motivate
those watching, Thompson declared that “all Americans—as their patriotic duty—[should] lose 10 pounds.” As his call to action suggests, “fitness” often signifies more than a healthy body: it also marks who is and who is not a worthy American. For such a call to go out only a few months after the attacks of September 11 suggests that the problem of obesity was deemed critical. Curiously, at the same time that other leaders were telling Americans that consuming was the way to defeat the terrorists, by moving forward with a normal way of life and keeping the economy strong by shopping, Tommy Thompson was urging people—at least some people—to scale back on their consumption. Perhaps Thompson’s call was about the fear of war, especially war on American soil, in the same way that John Kennedy’s Presidential Fitness tests were designed to make sure that young people were “fit” for civic duty. According to Greg Critser, one prominent figure in the discussions of the Presidential Fitness tests was quite blunt about the national investment in fit children, saying, “Why was a pull-up so important? Ask any soldier who had to pull himself out of a foxhole, or any fireman who had to hang from the window of a burning building.” Yet, such standards became applied to everyone in society, not just those who would need to perform such tasks. In short, all Americans were expected to be in the fight, and it was their individual responsibility—and this applied even to children—to fulfill these goals.

There is a long historical trajectory for such discussions. In fact, historians of fat, such as Peter Stearns and Hillel Schwartz, have documented that concerns about food and weight have flourished especially during times of national angst or war. For instance, during World War I, “healthy eating became part of a patriotic duty, with one influential doctor saying that ‘any healthy, normal individual who is now getting fat is unpatriotic.’” Some of the concerns that drove conversations during World War I about overconsumption being unpatriotic were based on fears of food shortages, but of course, this belies an assumption that fatness necessarily manifests as a result of the overconsumption of food. Schwartz notes that concerns about food during World War I didn’t start out being about fatness or about fat in foods but later came to be projected onto fats as a food category and fat people as a demographic. As many people began to consider it criminal to waste rationed foods such as fats, meat, and sugar, overweight people were targeted because they were assumed to be excessively consuming these rationed goods. The assumption seemed to follow the logic of “you are what you eat.” According to Schwartz, “a woman overweight by 40 lbs was to be accounted as hoarding 60 lbs of sugar in her excess flesh.” From there, the jump to thinness equaling patriotism was short but devastating: “In such an atmosphere, reducing weight became civil
defense,” and in 1918, a member of “the Interallied Scientific Food Commission announced, ‘There are probably a good many million people in the United States whose most patriotic act would be to get thin . . . and then to stay thin.’”22 In short, “[the war] transformed gluttony into treason.”23

In 2003, on the verge of the war with Iraq, Richard Carmona, the sitting US surgeon general, boldly declared that obesity was the most pressing problem facing contemporary America and scoffed at the idea that Saddam Hussein’s weapons of mass destruction (WMDs) could even compare.24 The most dangerous enemy was among us—on our very bodies. Since that time, little about the rhetoric of the war against obesity has changed. As the website for HBO’s 2012 documentary series Weight of the Nation proclaims, “Obesity in America has reached a catastrophic level. Almost every aspect of our lives is threatened. The first step toward ending the damage is learning how to fight back.”25 As we all learned later, there were no weapons of mass destruction in Iraq, but the rhetoric of WMDs had already done a tremendous amount of damage because people were swept up in fears of what the future might hold, justifying extreme actions. The same appears to be true for the war on obesity.

This is not, of course, the first time that US health officials have declared war on an illness. Before the war on obesity, there was the war on HIV, a virus that struck fear into the hearts of millions of Americans and made gay men the scapegoats of the HIV epidemic. A similar kind of fear and penchant for blame now seems to have been mapped onto obesity, which Susan Sontag, perhaps best known for her analysis of how illness and metaphor work in societies, suggests is part of an ongoing historical process by which societies map various anxieties onto bodies and diseases. She writes, “It seems that societies need to have one illness which becomes identified with evil, and attaches blame to its ‘victims,’ but it is hard to be obsessed with more than one.”26 Certainly, numerous public health campaigns are running at any given time in contemporary America, ranging from awareness about heart disease to mental illness. But it is the concern about weight that drives national campaigns such as First Lady Michelle Obama’s Let’s Move! initiative, as well as the fervor around discussions of school lunch programs, whether soda companies ought to be allowed in schools, and programs that send letters home to parents about their children’s body mass indexes (BMIs). It’s difficult to imagine such widespread and concerted efforts taking place around, say, mental health, with letters being sent home about the importance of stress management or the surgeon general saying that mental illness is the nation’s worst enemy (even though the number of people now taking medications such as SSRIs might indicate otherwise). It also seems unlikely that a documentary about another illness would make a
claim like that made by HBO’s *Weight of the Nation*—that America’s whole way of life is threatened by a particular disease—and remain popular nonetheless. In short, obesity has arguably become the illness that US society is now obsessed with.

To be sure, a great deal of stigma still surrounds HIV, but it can reasonably be argued that the larger part of current public discourse about the most threatening disease facing Americans now revolves around obesity rather than HIV. Take, for example, an editorial from the *New York Times* that Sontag quotes as reading, “We all know the truth, every one of us. We live in a time of plague such has never been visited on our nation. We can pretend it does not exist, or exists for those others, and carry on as if we do not know.” The editorialist was writing about HIV in the 1980s, but the piece could just as easily have been written about obesity yesterday, illuminating the ways in which American society has now chosen obesity as its one illness and has mapped the evil and blame once associated with HIV and queer sexualities onto obesity and fat people. In fact, there is a surprising similarity to the claims made in *Weight of the Nation*. As Anna Mollow points out in her recent *Bitch* article, “In 1966, *Time* described homosexuality as a ‘pernicious sickness.’ Today, ‘a deadly epidemic’ is the cliché about ‘obesity.’” Further, descriptions of fatness and homosexuality share a great deal of turf, with theories about fat people’s lack of control as the cause of their fatness now being as widespread as theories once were about overbearing mothers and absent fathers causing homosexuality. And although Mollow doesn’t pick up this thread, many of the theories about the cause of childhood obesity focus as much on absent or inappropriate parenting as those earlier theories about homosexuality did.

In what I think may be the best example of how the fear once attached to HIV is now projected onto fatness, Greg Critser, author of the popular *Fat Land: How Americans Became the Fattest People on Earth*, equates fast-food restaurants with San Francisco bathhouses when he paints a picture of those he thinks most likely to be counted as “victims” of the obesity epidemic. He writes, “Places like McDonald’s and Winchell’s Donut stores, with their endless racks of glazed and creamy goodies, are the San Francisco bathhouses of said [obesity] epidemic, the places where the high-risk population gathers to engage in high-risk behavior.” In a few sentences, Critser artfully harnesses the fear and disgust many people felt about HIV and puts them to work on the obesity epidemic. The tie between McDonald’s and Winchell’s and San Francisco bathhouses and between obesity and HIV establishes obesity as a correlate to a disease many Americans consider to be the punishment for engaging in high-risk (read sinful and immoral) behavior.
Fat Studies scholar Natalie Boero asserts that the obesity epidemic is represented as a national crisis that has individual solutions, and the same was true for the HIV epidemic. In the end, both fat people and those with queer sexualities are blamed for not being able to control their urges and appetites. In her ethnographic study of Overeaters Anonymous, Boero found that the organization actually uses the term *abstinence* when referring to not eating trigger foods, which I would argue echoes ties to sexuality and suggests that it’s all about an individual controlling urges. No one, after all, is really forced to go to a bathhouse. It’s a place one chooses to go, and Critser’s rhetorical strategy of aligning bathhouses and fast-food joints puts volition at the forefront, which is one of the ways the “victims” of the disease of obesity end up being blamed for their own condition. Sontag notes that illnesses that elicit fear are often tied to “spoiled identities,” as Erving Goffman calls them. Part of the reason such illnesses and identities spark fear is precisely because they are read as being the result of deviance. Bioethicist James Childress writes of HIV: “Many of the actions that lead to the exposure of HIV are not considered ‘innocent,’ and the associated lifestyles are sometimes viewed as a threat to dominant social values.” The premise seems to be that people ought be able to resist the “endless racks of glazed and creamy goods” and the bodies of attractive men—and when they don’t, they have no one to blame but themselves.

Interestingly enough, the practice of blaming individuals for obesity among so-called at-risk populations, such as African American and Hispanic communities, comes from both the Right and the Left. Both sides ultimately suggest that fat people are harming themselves and the nation, and they again echo previous fears about queer sexualities and HIV. As Mollow writes: “According to the right wing, queer sexualities are a threat to our children, a risk to our national security, and a blight on our future. Similar claims are routinely repeated about ‘obesity,’ on both the Left and the Right: Fat people are charged with ‘eating themselves to death,’ weakening our military, overburdening our healthcare system, and promoting disease among children.”

In the comments section for Mollow’s *Bitch* article, the vitriol against fat people themselves—regardless of any environmental causes of overweight and obesity—was explicit. One person wrote, “Maybe [fat people] could stop using excuses and just lose the Weight [sic], because it is nobody’s fault but your own.” Another commenter declared that “fat people irresponsibly trash their own body [sic] and expect doctors to fix everything for them.” Finally, dismissing structural causes for obesity and putting the blame squarely onto the shoulders of individuals, one person wrote, “If you have 30 minutes to watch tv, you have enough time in your day to take a walk and improve your [sic] weight.
If you can afford McDonald’s for lunch, you can afford to pack a salad and hummus instead.”37 The comments left on Mollow’s piece were not so different from the recent tweet by New York University psychology professor Geoffrey Miller in the sense that weight was seen as an individual flaw with an individual solution in all of these remarks. Miller’s tweet stated: “Dear obese PhD applicants: if you don’t have the willpower to stop eating carbs, you won’t have the willpower to do a dissertation. #truth.”38

Sontag asserts that “one feature of the usual script for plague” is that “the disease invariably comes from somewhere else.”39 In the case of obesity, the somewhere else apparently is the bodies of those who are already marginalized via their gender, race, class, or immigrant status. For Professor Miller, it seems that it’s also the bodies of people who don’t have Ph.D. degrees and people who, according to him, will never attain that level of education. Adding obesity or childhood obesity to those already “spoiled identities” by portraying obesity as primarily a problem of race and of individuals—as campaigns such as Let’s Move! arguably do when they acknowledge structural problems but intervene primarily at the level of the individual by promoting healthful eating and exercise as solutions—potentially provides new avenues for racism and classism, especially in light of arguments about obesity contributing to the rising costs of health care. Writing about the changing face of America and its growing immigrant population, American Studies scholar George Lipsitz maintains that new avenues of racism often appear in response to changing demographics and the resulting anxieties. He observes, “Competition for scarce resources in the North American context generates new racial enmities and antagonisms, which in turn promotes new variants of racism.”40 As Boero found in her study of people attending weight-loss programs, many individuals opt to lose weight in order to fit in—to avoid discrimination—rather than to be more healthy.41 It hardly seems a coincidence that at a time when medicalized or biologically based accounts of race or poverty or both have fallen out of vogue, arguments about the classed and raced nature of obesity have gained popularity, allowing accounts that front-load personal responsibility and prompt blame to find fresh footing because they focus on obesity and supposedly are for the benefit of those who are fat.

None of this is to deny that some groups of people may be heavier than others on average or that access to nutritious food and exercise are not without importance or are not influenced by socioeconomics. It is to say, however, that the fear of fatness and what Robert Crawford has called the construction of “unhealthy others” may rework “existing class, race and ethnic prejudices into public health issues.”42 Bodies and what in Critser’s case are presumed to
be people’s regular diets have become a way to mark difference: “In a society that likes to discuss equal opportunity and resists class labels, the United States has used dieting as a marker among groups.” The result is that negative attitudes about fatness easily map onto already existing negative attitudes about minorities, and because diets and fatness are seen to be artifacts of personal responsibility, people may feel justified in holding a host of problematic beliefs about minorities and blaming fat people regardless of other mitigating factors. In fact, studies have shown that people with strong antifat attitudes are also more hostile toward minorities and the poor. For instance, Mollow asserts that “the slur ‘fat, ugly dyke,’ used to police women of all sizes and sexual orientations, exemplifies the deeply rooted intersections between fatphobia and homophobia.” According to American Studies scholar Amy Farrell, understanding this complex interplay among fatness and other stigmatized categories is paramount. She writes, “If we want to think clearly about health issues within this national and international anxiety regarding the ‘obesity epidemic,’ we had better work to strip away the cultural baggage that has fueled a fat-hating perspective.”

Examining the obesity epidemic and the hatred of fatness necessarily entails understanding how fatness intersects with troublesome attitudes about race and other social categories that organize US society. At first glance, Critser, whose book was met with a great deal of critical praise and was even reviewed in the New York Times by Michael Pollan, in some ways appears to follow the good liberal explanation that obesity rates in communities of color aren’t the result of personal failures. He argues that many poor blacks are almost forced to eat at McDonald’s and therefore become obese. In fact, at several points in his book, Critser maintains that the obesity epidemic is driven by a fast-food industry that traded in its desire to be associated with a white, family atmosphere for a growing inner-city, poverty-stricken, and captive market. In short, he contends that fast-food industries exploit populations who are hungry, need food, are short on cash and time, and often lack transportation—arguments that are, by now, quite familiar to most people.

Even though Critser staunchly argues that we must recognize these social and economic causes of obesity and understand why they affect poor people of color more than others, he also clearly retains the right to criticize obese people in (de)moralizing ways and to suggest that they are to blame:

Although open around the clock, the Winchell’s near my house doesn’t get rolling until around seven in the morning, the Spanish language talk shows frothing in the background while an ambulance light whirls atop the Coke
dispenser. Inside, Mami placates Miguello with a giant apple fritter. Papi tells a joke and pours ounce after ounce of sugar and cream into his 20 ounce coffee. Viewed through the lens of obesity . . . the scene is not so feliz.47

Regardless of his intentions, Critser’s description reads much more like an anthropological description of obesity as a result of poor parenting skills and misguided role modeling than as an argument about racial or socioeconomic injustices beyond an individual’s control.

Critser might argue that if the Winchell’s wasn’t there, the people he describes might not have such easy access to fritters, coffee, and sugar, yet his descriptions imply that obesity remains largely volitional and particularly a problem for weak people of color, especially weak mothers of color who “placate” their children with large portions of sugary, fattening foods. Although Pollan heaps a great deal of praise on Critser’s book, even he concludes his New York Times review by pointing out that “instead of seriously entertaining any public solutions to what he has so convincingly demonstrated is a public problem, Critser ends by imploring us to eat less, get off our duffs and, incredibly, bring back gluttony as a leading sin.”48 In the end, Critser firmly places the blame on the parents in the scene he describes, and his conclusion is not so different from the one reached by the social worker who essentially blamed Adela Martinez-Regino for her daughter’s obesity, telling her that she understood “it’s hard to say no.”

THE LANGUAGE OF WAR

The targeting of specific people in what is supposedly a public crisis may be an unfortunate consequence of the rhetoric of war so often used to talk about fatness in the United States. Writing about the US government’s war on AIDS, Michael Sherry insists that wars require a recognizable enemy, in part, because the emotions that such rhetoric inspires can’t readily be directed at something as ephemeral as a virus: “Since the most obvious enemy—the viral agent—was faceless and invisible, [HIV] served poorly as the object of those intense emotions that war . . . arouses; instead, it located the disease within and on the bodies of the disease’s victims.”49 Surely, the war on obesity, with its constant references to bankrupting the United States and ruining the nation’s future, must also require a recognizable enemy. Nameless, faceless adipose tissue doesn’t provide a clear sense of one’s enemy any more than a virus does—nor does it
address the lack of sidewalks or the poorly planned school lunch programs. As Boero puts it, fat bodies absorb the criticism instead of structural inequality.50

The use of war imagery to talk about obesity, particularly the elimination of obesity, runs the risk of producing as many problems as it might resolve, especially when that rhetoric is so often used to discuss people who are already on the margins of US society. As Sontag points out:

In all-out war, expenditure is all-out, unprudent—war being defined as an emergency in which no sacrifice is excessive. But the wars against diseases are not just calls for more zeal, and more money to be spent on research. The metaphor implements the way particularly dreaded diseases are envisaged as an alien “other,” as enemies are in modern war; and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims.51

Those who are already considered “others” in society via being people of color, poor, and/or working-class are often the individuals most closely associated with the obesity epidemic. And as a consequence, many people may well become social pariahs with the continued use of the war metaphor.

There is a long history of such cultural wars being visited on particular groups. Take the war on poverty that ultimately ended up looking much more like a war on poor people, since those receiving public assistance became subjected to increased surveillance. For women in particular, the war on poverty was waged on their bodies because states began to enforce “family caps” that limited the number of children a woman could have and still receive assistance. Historically, the use of the war metaphor has often meant that a group of very specific people rather than a large social problem became targeted.

One need only think of nightly news reports about fatness, which almost always include footage of fat bodies without heads, to understand that even though the individual identities of fat people may be camouflaged, the group identity is not. As Sontag says, this is part of what enables fault to be attributed to the patient, and it happens even when those said to be the victims of obesity are children. The point is clearly exemplified by two magazine covers that heralded the downfall of the nation’s children due to obesity. A photograph for the cover of a July 2000 issue of Newsweek featured a young boy whose face was partially hidden behind a double-scoop ice-cream cone while his larger-than-average body was totally visible (Figure 0.1). Time followed suit with a strikingly similar cover shot nearly eight years later (Figure 0.2). Both covers also included headlines about the childhood obesity epidemic. The
Figure 0.1: Newsweek cover from July 3, 2000
Figure 0.2: *Time* cover from June 23, 2008
message they sent was clear: this is what a child who is a problem looks like. People may not have been able to pick the *particular* little boys out of a crowd because their faces were either cut off or obscured by their ice-cream cones (thereby allowing both magazines to exploit these boys with a clear conscience), but the audience had surely gotten the message about identifying children who looked like these little boys, rather than ubiquitous fast-food outlets or nonexistent sidewalks, as “problems.”

**THE CULTURE OF FEAR**

In the midst of an epidemic or crisis, everyday objects can come to inspire fear. During the AIDS epidemic, many people came to fear commonplace objects such as public drinking fountains and restaurant cutlery. Similarly, the use of ice-cream cones on the covers of *Time* and *Newsweek* served as an important rhetorical device that located the danger of childhood obesity close to home, a tactic that has been common to other domestic, issue-based “wars,” such as the war on drugs. Without doubt, one of the most infamous images from public service announcements during the war on drugs was the image of the frying pan and the egg. The image of the egg sizzling in the hot pan came with the message “This is your brain. This is your brain on drugs.” In an instant, the war on drugs was moved into America’s houses by using, according to rhetorician William N. Elwood, “an object found in almost every American kitchen and a common breakfast item to convey the message that ‘the drug problem’ [was] as close as [the] viewer’s home.”

In the case of obesity, even ice-cream cones become dangerous, and these items may be in the hands of our children. At the very least, such items are, as Cultural Studies scholar Charlotte Biltekoff points out, on grocery shelves, and they are common objects that are being represented in the war on obesity in ways that both suggest immediate danger and promote fear. According to Elwood, during the war on drugs, President George H. W. Bush noted that the “American people would achieve ‘victory over drugs’ . . . ‘neighborhood by neighborhood, block by block, child by child.’ Although there was a great deal of discussion about the socioeconomic features of the drug trade and drug use, it was still the individuals who were blamed for using drugs. The war on drugs also focused on volition, with Nancy Reagan’s famous tagline “Just Say No” being her best advice about how to fight the battle. The war against obesity also seems to be positioned as a “child by child” battle, but now it is also cone
by cone, and it is still the sort of war where individuals who appear not to be able to “just say no” are blamed.

Given that the discussion of obesity has historically been used as a way of talking about and working through fears regarding the demise of American culture, the current war on obesity may not be entirely about obesity but rather may be, at least in part, about other social tensions for which fatness is a convenient replacement. Because obesity is medicalized, it is convenient to be outraged at fat people because the outrage is supposedly for their own good: “Americans love to moralize about fat because, among other reasons, fat has become a convenient stand-in for various characteristics that have been traditionally associated with the pariahs of the moment.”56 Rather than arguing that women ought to be in the home because they belong there and not at work, it’s now convenient to say that their being in the home will alleviate childhood obesity. And rather than saying that people of color and/or poor people don’t deserve respect because they’re not hardworking, people can now say that they don’t deserve respect because their fatness is bankrupting the nation and is an obvious sign of both their laziness and their overconsumption of resources.

SAVE THE CHILDREN

The statistics about childhood obesity are so commonplace in daily discussions that most Americans probably know them by heart: “Childhood obesity has more than tripled in the past 30 years”;57 “16% of children age 6–19 years are overweight”;58 “today, about one in three American kids or teens is overweight or obese.”59 Just as ubiquitous is the long list of side effects said to accompany childhood obesity, including everything from depression and sleep apnea to heart disease, type 2 diabetes, and various forms of cancer. Nearly everyone has heard that children today are likely to have shorter life spans than their parents due to the prevalence of childhood obesity.60

After hearing about the complications, illnesses, and premature death associated with obesity in children, many people undoubtedly want to help. It’s difficult for them to think about children suffering in such ways without wanting to do something. Even more gut wrenching may be the fact that children are usually seen as innocent victims, which is likely why so many charities focus on “saving” the children—both abroad and at home. Whether it’s children in Appalachia who need dental care or starving children in the Sudan, images of suffering children motivate people to care about populations who might otherwise be forgotten. Surely, fewer people would be likely to contribute to campaigns
that featured seemingly able-bodied adults who needed food or dental care because they would probably think that adults were capable of helping themselves.

Obesity coupled with childhood, however, presents its own set of specific challenges, especially given the omnipresence of “fat talk” in US society. Some people may want to “save” fat children because they think it’s terrible that youngsters would suffer type 2 diabetes at an early age. But I would guess that just as many people want to end childhood obesity simply because they don’t like fat and/or because of the cost they think each and every American—in spite of his or her weight—will have to take on for those overweight and obese children. Some campaigns that aim to end childhood obesity actually encourage people to adopt the perspective that childhood obesity should be ended because it’s expensive. At the launch of her Let’s Move! campaign, First Lady Michelle Obama declared that because of childhood obesity, “the physical and emotional health of an entire generation and the economic health and security of our nation is at stake.” Rhetorically, she asked that people care about obese children, yes, but one of the reasons she offered for doing so was because they were about to bankrupt the country and ruin what many might refer to as “our way of life,” as HBO’s Weight of the Nation might put it. Even if her strategy proves effective and people begin to care about fat children, they may do so not because they see children as inherently worthy of care but because not caring about them may mean that everyone else must sacrifice their health care dollars and their country. In this case, I’m not convinced that the ends justify the means, particularly when the attitudes toward fat children and the interventions into their lives so often involve placing blame and responsibility on the youngsters and their mothers.

Beyond hearing that the costs of childhood obesity are more than $3 billion a year, Americans are also being told that the costs of adult obesity are skyrocketing out of control and that the best way to control those costs is to prevent obesity as early as possible in the life cycle. It’s not just that fat children are costly as fat children but also that if they grow into fat adults, they become even more expensive, for it is believed that their risk factors for diseases such as diabetes will go up (contributing to direct costs) and their productivity at work will plummet (contributing to indirect costs). Studies show that children who are obese are likely to become obese adults, and even those who are obese at very young ages (as early as two years old) are thought likely to grow up to be obese. These data are used to bolster claims that obesity in children is threatening and needs to be stopped before the United States is left penniless. And that is one of the reasons why children such as Anamarie Regino are sometimes removed from their homes.
A POUND OF FLESH

Since obesity is so often framed as an individual medical issue in American society and since, as Abigail Saguy argues in *What’s Wrong with Fat?*, how issues are framed exerts a tremendous amount of influence over how solutions are imagined, it shouldn’t be too surprising that individuals are the targets of most interventions. Although there’s a great deal of talk about food deserts and unsafe sidewalks, even campaigns such as Let’s Move! still ultimately suggest that it’s up to individual families and children to overcome the obstacles and produce thin youngsters. The changes most expected are actually changes to individual bodies. In short, the commonsense solution to the obesity epidemic is really thought to be for people to just lose weight. Just say no to the carbs, as Miller might say.

In spite of the fact that blaming fat people for their own condition is likely to spawn more discrimination against them as a group, including children, some people contend that weight-based discrimination may actually be helpful. Critser, for instance, argues that targeted weight-based discrimination can help stem the tide of obesity by helping individuals control their weight—in spite of all other factors. Contrasting statistics about black and white women’s average weights, Critser opines that “social stigma may serve to control obesity among white women.” And citing the rising number of overweight children and adolescents, he finds the prospect of young black women not being teased about their weight problematic.

Recently, Daniel Callahan, a prominent bioethicist and cofounder of the Hastings Center, made waves when he also argued that weight-based discrimination could be helpful. Calling for “discrimination lite,” Callahan believes that strategies similar to those used to stigmatize smokers—by making their behavior socially unacceptable—should be applied to overweight and obese people. After several individuals reminded him that those working in public health have repeatedly indicated stigma is not an appropriate treatment, Callahan continued to insist that such measures were reasonable and indeed necessary, in part because he believes that many fat Americans aren’t aware of their fatness. According to Lindsey Abrams, when responding to critics who consider stigmatizing obesity is an overreach of government into the lives of individuals, Callahan argues, “Whatever they may think about the power and excess of government, it [government intervention] is inescapable in this case, as much as with national defense.” His choice of comparison is telling. By using the language of war and national defense, he has, as Sontag argues, suggested that all is fair in the war against obesity.
When a child isn’t thin or doesn’t become thin and family intervention is judged to have failed, the child is sometimes removed from his or her home with no apparent regard for the fact that there may be little the parents can do about the child’s weight or that there may be different styles of parenting. As scholars who study public health campaigns, among them Lisette Burrows, have noted, the concept of valued or valuable cultural “difference” seems to fall by the wayside when body size, food, eating, or parenting around these issues are being discussed. Even in the United States, a country that openly acknowledges the multicultural nature of its society, “health” and a “good diet” are assumed to be without context and value neutral. Critser paternalistically dismisses the notion that “health” or “wellness” might vary or should be allowed to vary within communities, and he proposes opening up yet another avenue of discrimination, all in the name of equal opportunity—equal opportunity stigma, that is. In suggesting that the African American community is behind the times in terms of its role models for young women, he pathologizes African American culture, just as “much of the conversation among experts about why people of color and the poor are more likely to be obese . . . entails pathologizing cultural preferences, such as foodways, parenting styles, and beauty standards.” As I discuss in several of the following chapters, a similar kind of pathologizing of difference—be that difference in race, class, or even marital status—is visible in cases where obese children are removed from homes, supposedly for their own good, or when parents are prosecuted because their child’s obesity is understood as a sign of neglect.

**BLAME THE WOMEN**

In a recent editorial about McDonald’s being sued for using toys to entice children to eat Happy Meals™ and the ways such practices have led to the epidemic of childhood obesity, the author squarely places the ultimate blame and responsibility on parents rather than on the fast-food chain, remarking that “kids can’t drive themselves to McDonald’s.” Regardless of how flawed such thinking might be (because surely not all fat children eat at McDonald’s and not all thin children refrain), the commonsense notion that parents are responsible for giving their children unhealthy food remains powerfully entrenched. Further, because food practices are still so gendered in the United States—and are expected to be—it’s more likely that the mother is blamed for giving her children foods such as Happy Meals™ or, alternatively, for causing a father to have to take his children to McDonald’s because mom is working outside the
home or just doesn’t cook. After all, when people bemoan the demise of the homecooked meal, their concern is that women, not men, aren’t fulfilling their role in the kitchen. Americans may talk about “deadbeat dads” who don’t meet their financial responsibilities, but they don’t tend to talk about men who are “bad fathers” because they fail to cook meals or change diapers.

A political ad paid for by psychiatrist and presidential hopeful Mark Klein, which appeared in 2006 in the Washington National Times Weekly, a conservative news magazine with nationwide circulation, firmly placed the blame for the childhood obesity epidemic on women. The ad featured a photo of a woman in a business suit moving swiftly away from her children—so swiftly, in fact, that her image was blurred for effect. Behind her trailed two cartoon children, one of them yelling for her “momma.” In the text of the ad, Klein blamed “feminist careerism” for the divorce rate, low wages for women, a decrease in buying power, emotionally starved children, and finally the epidemics of both adult and childhood obesity and diabetes. He claimed that the “obesity driven” epidemic of diabetes among children has resulted from “mothers working” and “too few adults and children eating balanced, nutritious, portion-controlled homecooked meals.”

The idea that working mothers specifically are a primary cause of childhood obesity is also prevalent in many parenting manuals about children and weight. One particularly strong example of this trend of blaming obesity on food that isn’t homecooked by mom comes from J. Clinton Smith. He cites research from 1994–1995 claiming that “57 percent of Americans of all age groups—71 percent of teenage boys—consumed meals and snacks away from home on any given day.” Smith adds that many of these snacks and meals were based on fast foods, and he asks, “Is this trend likely to continue, given the fact that 75 percent of American women work outside the home?” He responds to his own query with a resounding, “Yes, because with many working parents, preparation of any meal, much less a healthy one, can constitute a major time commitment.” Although Smith acknowledges larger cultural issues, such as both parents working and the desire to provide for one’s family by having two incomes, his statements still suggest that the increased consumption of fast foods (and therefore the increase in childhood obesity) is tied to mothers working and not preparing more meals at home.

Some authors posit that the lack of family meals is at the heart of both the childhood obesity problem and the general decline of America. Paula Ford-Martin, in one of several sections of her parenting manual about overweight children, cries, “Alert! Up to 40 percent of American families seldom eat together,” and she goes on to cite a 2003 study that found children who ate “meals
with their families four or five times weekly were significantly more likely to eat more vegetables, fruits, and dairy products.”76 Claims about the lack of mothers in the home to cook meals, the greater reliance on fast food, and data that suggest family meals are key to children eating fruits and vegetables may all have some truth behind them and be relevant to discussions about childhood obesity. Yet, even though authors such as Ford-Martin speak more frequently than, say, Smith, about family meals rather than mothers’ particular responsibilities, the role of the mother is likely more linked to preventing childhood obesity due to the expectation that women are the ones who cook and gather families around the dinner table. According to Gard and Wright, Mary Eberstadt goes even further in her article “The Child-Fat Problem” when she argues that “America is in deep social decline and that at the heart of the problem are absent mothers.”77 Writing specifically about the problem of overweight children, Eberstadt notes, “There would appear to be an obvious relationship between absentee parents—meaning particularly . . . mothers—and overstuffed children.”78 Nowhere does Klein or Eberstadt, both of whom directly blame women, suggest that men could also cook dinner or that men’s careers might be causing problems.

Looking at a series of articles from sources such as the New York Times and the Sacramento Bee, Boero argues that analyses of family dynamics that may contribute to childhood obesity (such as eating out or the lack of homecooked meals) often do not “explicitly mention mothers, but when ‘both parents work,’ it is mothers, whose paid work is often seen as unnecessary, who are to blame for children being home alone.”79 Again, it might be true that Americans are eating more fast food or that a significant portion of American families no longer eat meals as a family unit. The leap, however, to the claim that such factors are solely, primarily, or even partially responsible for childhood obesity is often not based on sound evidence but rather on a nostalgia for a particular lifestyle, a lifestyle that places mothers at home rather than at work. Because the problem is framed as an issue of women being out of the home, the solutions imagined focus primarily on getting women back into their traditional roles.

The cover of Critser’s Fat Land also makes clear the assumption that women are responsible for feeding children the kinds of food thought to cause obesity (Figure 0.3). The subtitle of the book, How Americans Became the Fattest People in the World, rests right below an image of a spoon full of ice cream, syrup, and sprinkles being offered to a child who is already holding a piece of pizza and wearing a donut as a bracelet, a hamburger as a cummerbund, and whipped topping, nuts, and a cherry as a hat. The hand holding the spoon is decidedly a female hand, as indicated by the red-polished nails. Authors don’t always have control over the art used for book covers, of course, but publishers certainly do,
Figure 0.3: Cover of Greg Critser’s *Fat Land: How Americans Became the Fattest People on Earth*
and Houghton Mifflin knows that what sells books are images that are visually arresting but also familiar in terms of the ideas and values they portray. As part of her study on mother blaming, Paula Caplan surveyed 125 articles published in nine mental health journals from 1972 to 1984. She found that “mothers were blamed for seventy-two different kinds of problems in their offspring,” including everything from bed-wetting to “homicidal transsexualism.” In other words, blaming women is a familiar tactic in confronting what are often complicated and vexing social problems or stigmatized identities among children.

In current discussions of childhood obesity, however, it’s not just that women are blamed for children not having homecooked meals or eating fast food; it’s also that they are blamed for literally reproducing childhood obesity. Various studies, such as those positing that even children who are obese when under two years of age still have a good chance of growing up to be obese adults, have prompted discussions about what is now referred to as “fetal overnutrition.” This theory hypothesizes that women being heavy may contribute to their future children being fat. Women who are overweight or obese during pregnancy—and even before pregnancy—are now thought to predispose their fetuses to obesity throughout their lives. Although fetal overnutrition has been studied for more than ten years, researchers and scientists still haven’t reached firm conclusions about its veracity, as is so often the case with research into obesity. In a recent Canadian study of siblings born to women who gave birth both before and after bariatric surgeries, researchers noted that the children born after bariatric surgeries seemed to be thinner than older siblings who had been born presurgery. Reporting on the story via the Associated Press did, however, point out that the study was not conclusive: “Clearly diet and exercise play a huge role in how fit the younger siblings will continue to be, and it’s a small study. But the findings suggest the children born after mom’s surgery might have an advantage.” Though much of the buzz surrounding the study was about the genes of the children born to moms after bariatric surgery being positively affected by a different uterine environment, as the Associated Press reporter astutely notes, other environmental factors—including diet and exercise—may have been at play as well. Such studies are still inconclusive, suggesting only that there might be an advantage.

No doubt, we’ve learned a great deal about how the uterine environment may affect children, but thanks to the field of epigenetics, which seeks to understand how traits are passed along and how certain genes may be turned off or on, researchers also know that men are just as likely (and perhaps more likely, in some cases) to pass along traits to a fetus. Nonetheless, much of the data is ignored or certainly not considered mainstream because American...
culture focuses much more attention on women’s bodies, in particular the parts of women’s bodies that involve future children. As Rebecca Kukla notes, American culture has a long history of portraying women as merely vessels for carrying children. She cites a *Time* cover from November 11, 2002, which features the title “Inside the Womb” and depicts a free-floating fetus, as a prime example of how discussions of what happens in the womb often occur as if the womb is distinctly separate from the woman.83

The mother blaming that involves women’s bodies and the childhood obesity epidemic, then, represents a deeply gendered and fatphobic cherry-picking among a vast field of influences on fetuses. Yet, whether by virtue of poor feeding practices, role modeling, or their own bodies, women are the ones most consistently blamed for the childhood obesity epidemic—even when the evidence is still being debated and effects on fetuses are poorly understood. As for the study about children born to mothers who had bariatric surgeries being better off, reporter Lauren Neergard rightly concludes, “Only time will tell if these youngsters born after mom’s surgery really get lasting benefits.”84

Because we don’t know the answers to so many of the questions raised by the panic surrounding the childhood obesity epidemic, including what causes obesity and what the best solutions for it might be, we need to slow down and take a step back to carefully examine the collateral damage. As Gard and Wright point out in the epigraph to this introduction, how we move forward from this point isn’t necessarily—and perhaps shouldn’t be—based on finding out how we’ve arrived here. Rather, the most important decisions to be made are about how the real people caught in what has become a political, moral, and ideological debate should be treated. The search for scapegoats that leads to the blaming of women and children and to hasty interventions into their lives and on their very bodies doesn’t improve their existence.

**HOW IT ALL COMES TOGETHER**

In chapter 1, I discuss how recent conversations in the war against obesity position women’s bodies, in particular, as among the most strategic sites in the battle of the bulge—in ways that affect their broader lives and, in some cases, even their reproductive choices. The basic thinking is that if women remain thin during pregnancy, childhood obesity will be prevented. On the surface, some people may find this to be a reasonable recommendation, but the ways in which concerns about maternal obesity and obesity in women are tied to concerns about childhood obesity have led to discussions and policies that may end up
undermining all women’s reproductive rights. For example, there are now new weight guidelines for pregnancies, certain restrictions on fertility treatments for women whose BMIs are above a set level, and other policies and practices that position women as mere vessels for carrying pregnancies that will result in a generation of thin children. Thus, concern about women’s weight stems not necessarily from concern about their health but rather from concern about the trouble their bodies might bring to others, namely, the children they bear and the nation that believes it will have to pay for obesity-related expenses.

As I show in chapter 1, the focus on maternal obesity and its effects on children represents a serious culling from all possible influences on a fetus, especially since new work in the field of epigenetics suggests paternal obesity could exert as much—if not more—influence on the future weight of a fetus. Perhaps even more disconcerting is that the practices now being proposed, such as counseling all women about their weight and advising all women to maintain an ideal weight (even if they don’t currently plan to get pregnant) and limiting heavy women’s access to fertility treatments, may drive many women away from medical care, simply because they fear being lectured or facing further interventions. Political scientist Karen Zivi argues that, historically, marginalized women have suffered the most under such interventions but that the values underpinning the recommendations and policies harm all women because they suggest that women’s rights are ancillary to fetal and child rights. She argues that this “ideology . . . comes to function as a regulatory norm that authorizes the disciplining of women’s lives and bodies that results in the subordination of women’s interests to those of children in ways that often jeopardize the well-being of both.”

When children are judged to be too fat, one of the remedies currently used is removing them from their home environments, which are often thought to be the cause of their obesity. In chapter 2, I discuss what have become three touchstone cases of children being removed from their homes because of obesity. Like the Regino case, these cases underscore the complexities of how fat is constructed and how fat on a child’s body comes to symbolize poor parenting. Although many conversations about childhood obesity mention the struggles parents face in today’s food and social environments, the final blame is still often laid at the feet of the parents, who are expected to make their children thin no matter what. When children remain fat, parents are almost always imagined to be uncooperative with authorities, dismissive of social conventions, and a danger to their offspring.

These three touchstone cases also suggest that there are gendered expectations for who is doing the parenting and that parents’ bodies often serve as
indicators of their ability to care for a child. In all three cases, the mothers are expected to be the primary caregivers—even when the fathers could also provide care. Thus, this chapter continues to show how mother blaming features in the war against obesity. I also argue that in these cases, being fat—in and of itself—literally removes women from the realm of good parenting, partly because their bodies are thought to be evidence of their ability to contaminate their children with their bad eating and exercise habits. Repeatedly, the courts have insisted that a mother’s weight is evidence of her inability to care for herself and therefore to care properly for her child, at least as far as weight loss is considered proper child care. In the court documents, any other good parenting that may be taking place is ignored, as the focus is only on making the child thin and on the mother’s failure to do so. I argue that by taking such an approach, courts are doing harm to children and to families by failing to account for the psychological consequences of removing youngsters from their homes.

Chapter 3 examines the ways in which fat children’s very bodies have come to symbolize failure—of the children, the parents, and even the nation. Here, I turn my attention to recent representations of children in several public health campaigns and argue that the shame these campaigns engender shouldn’t be understood as a treatment for obesity; in reality, they are likely to make children less healthy by encouraging them to be too focused on their weight. When children see other children who look like them being held up as examples of disease and as warnings of future demise, they may come to understand their own bodies as their enemies. I use studies from experts on children and body image to make this point but also offer an analysis of the writings by one of the children who was featured on Georgia’s Strong4Life billboards with a literal “warning” sign across her stomach. Her writings suggest that she feels guilt over eating even one piece of a graham cracker, and I question how fostering what many experts would consider disordered eating behaviors can possibly lead to healthier children.

In this chapter, I widen my scope to investigate what happens to children featured in such ads and also to question the broader cultural effects of these kinds of representations. I consider what it means for children’s bodies to be used as public message boards in these ways and how doing so may not only encourage fat children to see their own bodies as the enemy but also prompt other children and adults to see fat children as adversaries. Teasing is often said to be one of the most painful experiences fat children endure, yet people working on public health campaigns that use children as evidence of an epidemic don’t seem to give much thought to the ways these representations may actually encourage the teasing of fat children. Looking at studies about
peer-to-peer teasing and parental teasing, it’s clear that teasing has a profound negative impact on children’s lives. Many children who are regularly teased, especially by parents, suffer depression and develop eating disorders. The campaigns I examine explicitly aim to raise awareness about childhood obesity among parents, but they fail to take into consideration the harmful effects of having parents focus on a child’s weight. I argue that these campaigns are both shortsighted and harmful and that a better choice would be to work toward establishing a culture in which all children are supported, regardless of their body weight or shape.

When all else fails—and obesity can’t be stopped before it ever starts by counseling women or intervening in their pregnancies—there are surgeries that can be performed on children’s bodies, some literally excising a pound of flesh as sacrifice and payment for being obese. In chapter 4, I discuss bariatric surgeries that are now being performed on children and what it means to alter youngsters’ bodies so drastically. Gastric-banding procedures performed on adolescents are on the rise, but so is the virtually irreversible Roux-en-Y procedure, which surgically reconstructs a smaller stomach pouch and bypasses a large portion of intestine. Both gastric banding and Roux-en-Y come with serious side effects attached, including nausea, vomiting, diarrhea, and malnutrition (all of which are intended side effects meant to stop patients from overeating or from eating certain foods) as well as more severe and unintended side effects, such as internal bleeding, slippage of bands and pouches, malnourishment to the point of disease, and even death. Currently, the accepted guidelines allow for performing these procedures on boys as young as fifteen and girls as young as thirteen, but some surgeons take on much younger patients.

I question what it means to perform such drastic procedures on children, supposedly with the aim of making them healthier. I look closely at the physiological and psychological effects of these surgeries, especially since they reinforce the notion that children ought to change their bodies in order to alleviate what are ultimately social problems, such as teasing. Looking at postbariatric narratives from adults and studies about their compliance with required eating and vitamin regimens, it’s clear that many grown people don’t necessarily understand that having these procedures will drastically alter their lives and that almost all patients struggle with the rigid routines the surgeries require. And all of this raises serious doubts as to whether children and adolescents can comprehend the gravity of these operations or commit to the required follow-up care.

In the end, what I’m suggesting is that we needn’t engage in a separating of the wheat from the chaff in terms of who is fat because of structural inequities
and who is fat because of overeating. Nor am I suggesting that we parse out who is a good mother and who is a bad mother based on the cause of a child’s obesity. As Kathleen LeBesco suggests, concentrating on why people are fat almost always entails a kind of “will to innocence” model in which some fat people become okay (because being fat is not their fault) whereas others become blameworthy (because they’ve brought on their own condition).87

Regardless of how someone comes to be fat, removing children from homes, undermining women’s reproductive rights, performing poorly studied surgeries on young bodies, and representing children and parents as social pariahs aren’t helping to make anyone’s life better. And none of these approaches appear to be real solutions to what is supposedly an epidemic; after all, not all children can be given surgeries. In the end, it’s likely that fat women will continue to become pregnant, and it’s likely that there will still be children who eat well and exercise and remain fat. It’s also likely that women will continue to work outside the home, and there certainly aren’t enough foster homes for all the fat children in the United States. Given these very real limits to the interventions now being proposed and implemented, some of the most vexing and lingering questions about the childhood obesity epidemic would appear not to be about its cause but rather about why, in spite of their limitations, these interventions persist and even appear reasonable to so many people today.