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Claremont McKenna College

Politics of the Obesity Epidemic

Submitted to
Professor Frederick Lynch

by
Jacob Lyle

for
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Chapter 1: Introduction

The specter of excess adiposity has haunted the American mind since the turn of the 20th century. By 1999, the director of the Centers for Disease Control (CDC) was putting out press releases calling for a national prevention effort to fight this “epidemic” that claimed the lives of 300,000 Americans each year.¹ The CDC director encourage people to treat it as urgently as any other life-threatening disease. A push by public health officials and journalists resulted in the widespread adoption of the framework of an epidemic. However, the American Medical Association (AMA) did not recognize it as a disease until 2013.² The condition in question is obesity, and these contradictions go to show the difficulty of addressing this issue the medical community has had. On one hand, longstanding research shows some correlation between obesity and heart disease, diabetes, high blood pressure, and lower life expectancy. On the other hand, it has been difficult for researchers to isolate the independent negative health effects of obesity and what causes it. Still, the consensus of the medical community is that obesity is a life-threatening condition that eventually leads to chronic diseases later in life.

Before this most recent focus on obesity, there was another period of fascination with expanding waistlines. From the 1930s to the 1950s, obesity was public health enemy number one. It was the subject of intense study by life insurance companies to utopian-minded government officials. Very little was known about the health impacts obesity before 1900. Obesity was not generally an issue doctors took interest in, and cultural

¹ “CDC - Newsroom Archive,” Centers for Disease Control (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2019).

² Susma Vaidya and Nazrat Mirza, “Perspective: Five Myths about Obesity,” *Washington Post*, May 13, 2021.

views of obesity tended to be more positive than today. Being slightly overweight indicated that you had the ability to provide more than enough food in a time when large portions of the population were malnourished. Sincere investigation into the topic began with the nation's largest life insurance companies looking for the ideal weight for life expectancy. Around the 1920s, the science of the thyroid was beginning to become understood, and the first thyroid prescriptions came into use. For some period, the treatment of obese patients fell nearly entirely to endocrinologists who prescribed thyroidal medications to nearly all their obese patients. Eventually, the popularity of endocrinology as a treatment for obesity fell out of favor. This is when psychology made its move into the treatment of obesity.³ The introduction of psychological treatments, combined with the political backdrop of the 40s and 50s, created an environment where obesity was attributed to a mental or moral defect. This was an important shift in the public's perception of obesity. It marked the beginning of the blaming individuals for obesity. Losing weight was viewed as a simple task, and the failure to do so reflected a lack of character. This was an important cultural step that underlines how society still views obesity.

As scientific research on obesity matured, researchers introduced a new definition of obesity. In contrast to past studies that utilized average, median, or "ideal" weight, Body Mass Index (BMI) supplied a standardized tool for researchers. Body Mass Index is calculated by taking an individual's weight in kilograms and dividing that by the square of their height in meters. This new metric was more forgiving compared to older

³ Nicolas Rasmussen, *Fat in the Fifties: America's First Obesity Crisis* (Baltimore: Johns Hopkins University Press, 2019).

standards. Its introduction reduced the scope of the obesity problem on paper and momentarily reduced cultural anxieties around the issue. Nevertheless, BMI numbers began rising in the 1980s along with important cultural and economic factors emphasizing obesity, and the obsession with obesity began again. Since that time, obesity has been a significant focus of public health.

The current obesity “epidemic” is an expansive issue, dealing not only with policy, but also cultural factors. This paper will mainly focus on the issue of obesity, defined as an individual with a BMI greater than 30. Overweight, the precursor of obesity, is defined as an individual with a BMI greater than 25 and less than 30. The proportion of the population that can be described as obese and overweight is rising, and the already obese are becoming even more obese. The proportion of the population with morbid obesity- those with BMIs greater than 40- is growing at a faster rate than overall obesity.⁴ Military officials publicly worry that obesity will harm recruitment, with more than 71% of military age recruits being at least overweight.⁵ In 1980, 43.7% of U.S. adults were either overweight or obese. In 2016, that same group of adults is greater than 70%.⁶ This period of public health focus on obesity comes after the cultural shifts that resulted in the blame for obesity being placed solely on the shoulders of the obese. The treatment of obese people in the culture and by the medical community have been massively shaped by that.

⁴ KM Flegal and RP Troiano, “Changes in the Distribution of Body Mass Index of Adults and Children in the US Population,” *International Journal of Obesity* 24, no. 7 (July 2000): 807–18, <https://doi.org/10.1038/sj.ijo.0801232>.

⁵ Bill Frist, “Has Childhood Obesity Become a National Security Threat?,” *Forbes* (December 19, 2018), .

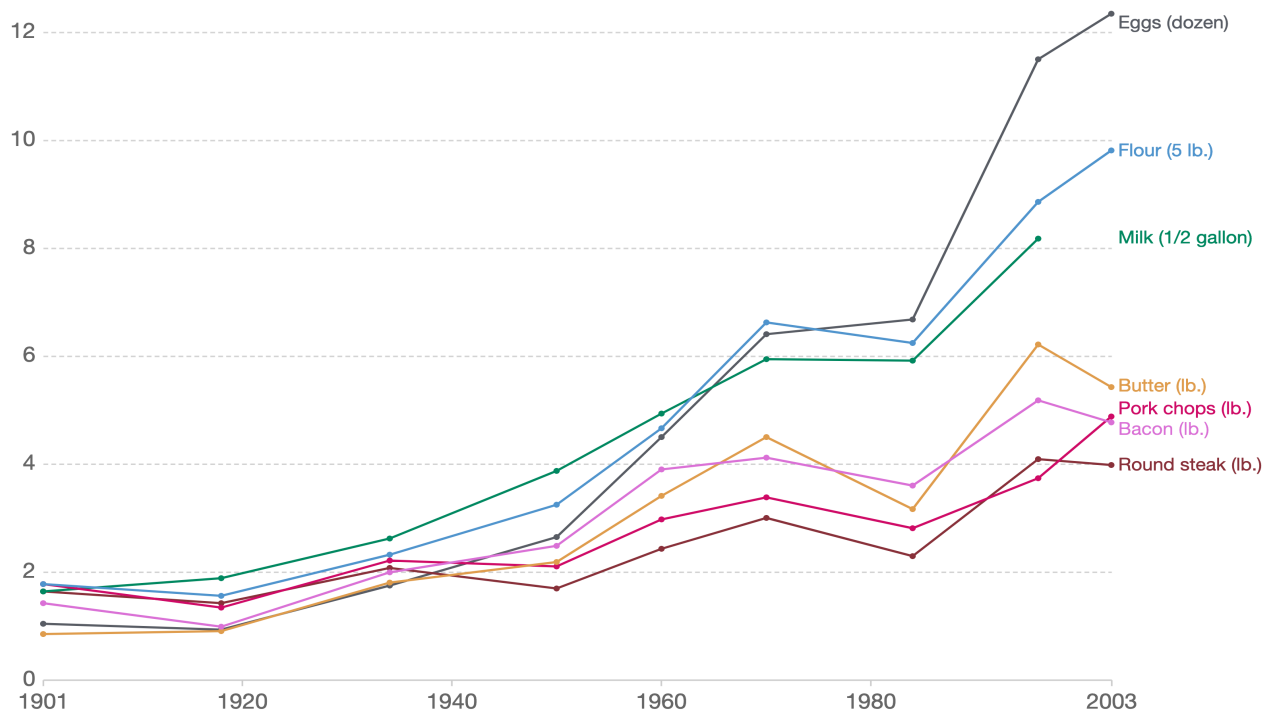
⁶ Hannah Ritchie and Max Roser (2017) - "Obesity". *Published online at OurWorldInData.org*. Retrieved from: 'https://ourworldindata.org/obesity' [Online Resource]

These assumptions about obese people are a through line for all the attempts to tackle the public health issue of obesity.

The causes for rising obesity rates are complex. At a base level, many public health officials will say that weight gain is a product of caloric surplus and to lose weight individuals must put themselves into a caloric deficit. This means weight is a simple product of expended calories versus consumed calories. Since 1961, the average food supply in OECD countries has risen from 2720 calories per day to 3244 calories per day.⁷ Relative to average wages, food is cheaper today than at any other point in the last century.⁸

⁷ “OECD-FAO Agricultural Outlook 2018-2027,” *OECD-FAO Agricultural Outlook*, July 3, 2018, https://doi.org/10.1787/agr_outlook-2018-en.

⁸ Elaine Chao, “00 Years of U.S. Consumer Spending Data for the Nation, New York City, and Boston” (2006).



Source: U.S. Bureau of Labor Statistics (2015)

OurWorldInData.org/food-prices/ • CC BY

Figure 1: How much food can be purchased with a typical hour of wages in the manufacturing sector?

It is almost certain that this increase in caloric intake is at least a significant contributor to the increase in obesity in the U.S. From an epidemiological review of the obesity crisis, “Data on dietary intake in the US population, which has one of the highest rates of obesity in the world, show a clear trend toward increased dietary energy intake.”⁹ Still, the public health profession has struggled to practically apply these findings into public policy. At the other end of the metabolic equation, the average person does less physical activity than in the past. The automation of manual labor in the workplace and the rise of the automobile account for a large degree of this reduction. Despite this

⁹ Caballero, Benjamin. “The Global Epidemic of Obesity: An Overview”. *Epidemiologic Reviews* 29, no. 1 (2007): 1–5. <https://doi:10.1093/epirev/mxm012>.

seeming straight forward explanation, empirical research that complicates this narrative continues to emerge in the scientific literature, making it hard to make any hard assumptions about the causes of weight gain.¹⁰

The increase in overweight and obesity and their effects on public health has been significant over the past four decades. The prevalence of diabetes, heart disease, and hypertension have tracked with the rise in obesity in recent decades. Through advances in medical treatment, individuals with these conditions are living longer, more fulfilling lives than people in the past with these conditions. Still, conditions theorized to be strongly related to obesity represent the most common causes of death for Americans. Obesity is estimated to be the primary contributing factor to roughly one-fifth of all deaths in the United States each year.¹¹ A 2021 study estimated that obesity cost the American healthcare system an additional \$260.1 billion annually, or put alternatively, an additional \$2,505 per person with obesity per year.¹² Throughout the period of increase, cultural and political responses have tried to address the issue and reverse the trends.

Obesity is a difficult topic for public health professionals to address because it is impossible to tell a simple, true story about it that applies to everyone. This stands in contrast to diseases like malaria, where after the science of the disease was understood, the public health countermeasures were clear. Excess weight is likely linked to poor

¹⁰ Jennie Brand-Miller, “Challenging the Dogma,” *International Journal of Obesity* 44, no. 8 (May 22, 2020): 1631–32, <https://doi.org/10.1038/s41366-020-0601-z>

¹¹ Katelyn Newman, “Obesity in America: A Public Health Crisis,” *US News & World Report*, September 19, 2019, .

¹² John Cawley et al., “Direct Medical Costs of Obesity in the United States and the Most Populous States,” *Journal of Managed Care & Specialty Pharmacy* 27, no. 3 (March 2021): 354–66, <https://doi.org/10.18553/jmcp.2021.20410>

health, but there are many confounding variables based on an individual's circumstances. At the societal level, overweight and obesity are important public health issues to be addressed, but the remedy for the condition is an inherently individual undertaking. On the other hand, the lack of compelling story to tell the public made it difficult for public health professionals to convince people that the issue was urgent and societal focus on it was required. This has led to the public health community relying on sensationalist and overgeneralized language to motivate action. Suddenly, the medical community changed its definition of disease and epidemic to shoehorn obesity into these categories to gain attention. This contributed to the politicization of the issue, as one side of the political aisle adopted this language and concern over obesity into their political program. This paper looks to evaluate the major political players responsible for creating, defining, and influencing America's obesity problem over time. Since obesity is as interdisciplinary issue as an issue can be, significant sections of this paper will be dedicated to explaining the cultural, economic, political, and scientific contexts in which this issue lies.

Chapter 2: Historical Background of the Obesity Epidemic

Historical Perceptions of Fatness

For most of human history, obesity has been a fringe issue compared to chronic malnutrition. Overweight women were generally viewed positively throughout most cultures. From prehistory, where hunter-gatherer societies associated overweight women with fertility and desirability, as exemplified by the Venus of Willendorf to the plump female figures in art popular throughout Europe after the Renaissance; there was wide admiration of overweight females.¹³ It is also important to remember the rarity of this during times where food insecurity was more prevalent than abundance. For men on the other hand, there has been a mix of cultural perceptions around their obesity. Men of the Classical civilizations of Greece and Rome were often encouraged to maintain their physical fitness, which meant keeping a lean figure.¹⁴ In the 6th century, the Catholic Church named gluttony as a major evil impulse to be resisted.¹⁵ However, fatness was not a cultural focus at any point and was often viewed charitably. Fond iconoclasts of genial, jolly fat men were proliferated through literature- such as Shakespeare's Falstaff and Cervantes' Sancho Panza- and oral traditions- such as Santa Claus.¹⁶

¹³ Garabed Eknoyan, "A History of Obesity, or How What Was Good Became Ugly and Then Bad," *Advances in Chronic Kidney Disease* 13, no. 4 (October 2006): 421–27, <https://doi.org/10.1053/j.ackd.2006.07.002>.

¹⁴ Ibid.

¹⁵ "Gregory the Great - Moralia in Job (Morals on the Book of Job) - Book XXXI (Book 31) - Online," www.lectionarycentral.com, n.d.

¹⁶ Garabed Eknoyan, "A History of Obesity, or How What Was Good Became Ugly and Then Bad," *Advances in Chronic Kidney Disease* 13, no. 4 (October 2006): 421–27, <https://doi.org/10.1053/j.ackd.2006.07.002>.

For most of the 19th century in the United States, to the extent that obesity was viewed negatively, it was through the moral lens of it being the product of gluttony. The late 1800s were an important turning point for the status of fatness. Fat Men's clubs spread in popularity throughout the U.S. after the first one was established in New York in 1869; members in these clubs were generally wealthy and required to weight at least 200 pounds.¹⁷ Portly men were common among politicians and other public figures. In 1882, Grover Cleveland's supporters incorporated the cultural trope of older fat men being wise and powerful to advertise their candidate.¹⁸ Up through this period, cultural biases toward obesity were close to neutral.

Diets and weight loss treatments began to proliferate around the turn of the century as fat began to be seen as less desirable. Art shifted to portraying slimmer figures and the assumptions that fat meant wealth and power began to falter. Fatness also gained popularity as a political insult. In Grover Cleveland's second presidential term, his critics attacked him as "The Fat Knight".¹⁹ Criticisms of fat people centered on the large portions of food they ate, or the frequency of their eating.²⁰ Gilded Age economic tensions led to the creation of tropes showing exploitative, rich businessmen as fat gourmands. The practice of powerful people conducting business over eight course banquets that involved massive amounts of food further perpetuated this image. Prominent social critics of the time highlighted the contrasts between the material

¹⁷ James Cave, "Yes, Fat Men's Clubs Actually Existed," HuffPost, April 1, 2016.

¹⁸ Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York: Free Press; London, 1986).

¹⁹ Ibid

²⁰ Ibid

abundance of the rich and the crushing absence of sustenance for the masses. During the 19th century, Ellen Swallow Roberts stated that, "... the well-to-do classes are being eliminated by their diet, to the detriment of social progress, and *they* and *not* the poor are the most in need of missionary work."²¹ This reenforced the association between excess weight and poor morals. Within the first few decades of the 20th century, obesity had lost much of its positive cultural perception and had gained significant negative perceptions.

An important factor to consider in any treatment of obesity is the gendered nature of the issue. Although stigmas around obesity affect both genders, men and women typically experience obesity very differently. Historically, obesity has primarily affected women by marking them as unattractive and undesirable. On the other hand, obesity has affected men by undermining parts of their masculinity. The physical impairments that severe obesity can impose have led to perceptions that obese men are impotent or that they lack ambition. If obese men suffer, it is usually constrained to medical and professional discrimination. Obese women must endure those kinds of discrimination in addition to the social stigmas of unattractiveness. Men must suffer from obesity a degree worse than women for them to suffer the same level of social penalty. Slightly overweight men are rarely the target of social stigma relative to overweight women and severely obese men. However, this dynamic has rapidly changed over the last several decades. Societal tolerance of overweight and obese men has largely evaporated; men are expected to present at least athletic looking physiques to avoid judgement. Women may have

²¹ Ibid

overcome the double standard that weight stigma imposed, but it was not by way of eliminating the standard.

The fat acceptance movement, beginning in the 1960s, derived a lot from the context of the feminist and gay movements. In fact, activists in the fat acceptance movement were almost all involved in another cultural movement of the time. A “fat-in” at Central Park in 1967 marked the start of the movement. The National Association to Aid Fat Americans was founded in 1969 to provide a structure for activists to fight weight discrimination as a civil rights issue.²² In Los Angeles in the 1970s, a group called the Fat Underground began to advocate against weight loss programs. Susie Orbach’s 1978 book, *Fat is a Feminist Issue*, introduced anti-diet ideas into the fat acceptance discourse as a way to reject the diet culture that was beginning to calcify inside the American psyche. Fat acceptance gained footholds in academic and legal spaces beginning in the 1980s. Workplace discrimination laws were extended by the courts to prevent employers from using weight as a basis for discrimination.²³ The legacy of the fat acceptance movement is the Health at Every Size movement of the present. Health at Every Size takes a weight neutral approach to health that looks to balance physical and mental health, while focusing on non-weight factors that contribute to health.

Initial Measures and Treatments for Obesity

²² Linda Gerhardt, “The Rebellious History of the Fat Acceptance Movement,” Center For Discovery, February 4, 2020.

²³ Sarah Simon, “The Feminist History of Fat Liberation,” Ms. Magazine (Feminist Majority Foundation, October 18, 2019).

As cultural views of obesity began to sour, obesity also caught the eye of early public health scientists. The massive public health improvements of the early 20th century rapidly eliminated infectious disease as the top cause of death for Americans. Consequently, American life expectancy rose dramatically from the turn of the century to the 1920s, especially for the white middle class. With this demographic shift, the leading causes of death shifted as well. In 1900, tuberculosis was the biggest killer of Americans; by 1921, heart disease was number one.²⁴ The medicalization of obesity was made possible by these advancements and the desire they created for further improvements in public health.

Early scientific research into obesity began in the early 1900s. New Deal public health reformers saw chronic diseases like obesity and heart disease as the next major obstacle to conquer. The field of public health had been enjoying a meteoric rise over the past few decades including its prominent role in severely curtailing infectious diseases like tuberculosis and in managing the 1918 influenza pandemic. A lot of the academic energy around this research was contained by the Public Health Service (PHS) and the life insurance industry. Government-funded public health research was a blossoming field during this period. New Deal efforts to create a nationalized health system in the U.S. prompted the Roosevelt administration to reorganize elements of the executive branch to provide an apparatus to monitor public health. The PHS was responsible for conducting some of the most prominent studies on chronic illness in the first half of the 20th century. They conducted the first comprehensive survey of American morbidity in

²⁴ “Leading Causes of Death, 1900-1998,” *Centers for Disease Control* (National Center for Health Statistics, 1999), https://www.cdc.gov/nchs/data/dvs/lead1900_98.pdf.

the 1920s; the PHS managed to report on the health status of 2.8 million participants in the National Health Survey with unprecedented funding from the Works Progress Administration and found empirical support that chronic illness- mostly heart disease- was becoming the primary public health concern. The results of these studies galvanized the public health community in search of causes and solutions. Later studies would link excess weight and increased risk for heart disease. These findings would lay the groundwork for a public health campaign against obesity that would go dormant for several decades after the 1970s, but would roar back around the turn of the 21st century.

The most prominent early researcher of obesity was Louis Dublin. A Lithuanian immigrant to the U.S., he graduated Columbia with a Ph.D. in biostatistics in 1904. In 1908, Dublin began a long professional career in the life insurance industry with Mutual Life Insurance. Life insurance companies had begun requiring physical exams before offering insurance to customers in the late 19th century. In his new role, Dublin was tasked with determining the premium increase obese patients should have to pay. Due to the physical exam requirements, life insurance companies possessed the largest and richest datasets on the health and mortality of the U.S. population at the time. Dublin's early work produced the first tables calculating average weight for each height and age in men and women. Dublin was also the first researcher to establish an empirical link between obesity and worse overall mortality outcomes. In 1929, Dublin found that men 25 percent over the average weight for men their height had overall mortality rates at least 30 percent higher than men of average weight. This result prompted Dublin to investigate how obesity was affecting mortality; in 1930, Dublin conducted an actuarial study that linked obesity to a small number of ailments resulting in death, primarily: heart

disease and diabetes.²⁵ Dublin continued to be an important obesity researcher in the insurance industry who was widely respected in public health circles. In light of the new prominence held by heart disease as the nation's top killer, obesity began to draw more scrutiny from the medical field.

Treatment of obesity during the interwar period was dominated by the field of endocrinology. Thyroid disorders were thought to be the cause of most cases of obesity. In contrast to more recent framings of obesity, this explanation for obesity lifted a lot of the blame off of individuals. While negative stigmas around obesity continued, the individuals were not necessarily responsible for their situations. Obesity was merely the product of a malfunctioning organ and could be treated as any other disease.

Additionally, endocrinology was a fast-developing field and drugs for the treatment of thyroid disorders were proliferating throughout the early 20th century. Thyroid powders and hormone treatments were popular through the 1930s. Thyroid treatments did result in increased metabolic rates and significant weight loss. Unfortunately for obese patients, the vast majority of them did not suffer from low metabolism associated with a thyroid problem, so the thyroid treatments they were provided often endangered their health severely. The growing recognition of the rarity of thyroid disorders relative to obesity and the dangerousness of endocrine treatments led to the disappearance of these treatments by the Second World War.²⁶

²⁵ Nicolas Rasmussen, *Fat in the Fifties: America's First Obesity Crisis* (Baltimore: Johns Hopkins University Press, 2019).

²⁶ Ibid

Diet pills were also a major factor in obesity treatment for many decades after the 1930s. The active ingredient in many of these pills was amphetamine. In fact, the American population was consuming an extraordinary amount of amphetamines throughout the middle of the 20th century. The popularity of these stimulants exploded during the Second World War. Military forces on both sides of the conflict issued doses to soldiers to promote energy despite tough battlefield conditions. By the war's end, 16 million Americans had been exposed to the drug.²⁷ Interest in amphetamine's appetite suppressant effects spiked again after the war. Drug companies formulated versions of amphetamines designed to maximize these effects and began marketing campaigns targeted at young people. Amphetamines, mixed with various substances and distributed through numerous walk-in clinics, formed the rainbow pill diet popular among young women in the 1950s and 60s.²⁸ By 1962, the U.S. was producing enough amphetamine doses for every American to have 43 doses per year.²⁹ While weight loss was not the only reason for taking the drug, it was a major factor in its popularity, especially among young people. The drug massively fell out of favor in the 1970s when critical media coverage of its safety risks led the government to label it a Schedule II drug and put significant restrictions on its use.³⁰ Amphetamine pills impacted American's perceptions of weight

²⁷ Erin Blakemore, "A Speedy History of America's Addiction to Amphetamine," *Smithsonian Magazine*, October 27, 2017, <https://www.smithsonianmag.com/history/speedy-history-americas-addiction-amphetamine-180966989/>.

²⁸ Nicolas Rasmussen, *Fat in the Fifties: America's First Obesity Crisis* (Baltimore: Johns Hopkins University Press, 2019).

²⁹ Rasmussen, Nicolas. 2008. "America's First Amphetamine Epidemic 1929–1971". *American Journal of Public Health* 98 (6). *American Journal of Public Health*: 974–85.

³⁰ Erin Blakemore, "A Speedy History of America's Addiction to Amphetamine," *Smithsonian Magazine*, October 27, 2017,.

loss treatments. It led people to believe that quick, effective, effortless interventions were the standard to be expected.

Treatment of obesity changed sharply in the postwar period. The medical community came to view obesity as a product of an addiction to food which indicated a lack of character. The Freudian concept of oral fixation dominated much of the psychological discussion on obesity in the immediate postwar period. Psychology blamed overbearing mothers for babying their children, resulting in oral fixation and an obsession with eating.³¹ The siege attitude created by the Cold War reenforced the perception that obesity was the product of moral failure; from this point of view, obese Americans were not doing their fair share in maintaining a healthy population to combat the threat of communism. Obese men were not physically fit enough to serve in the military. Obese women were threats to pass on their moral flaws to their children through poor mothering which was crucial in Freudian child development theories. Both obese men and women did not live up to the standard of the idyllic American, and by that were a cause for shame and disappointment.³²

By the 1950s, public health professionals embraced campaigns to advocate weight loss as a way to respond to the threat of heart disease. With psychological explanations for obesity growing, group therapy grew in popularity as a treatment for obesity. Group therapy was popular in the medical community because it did not necessarily disrupt doctors' ability to continue prescribing amphetamines for weight loss and did not require

<https://www.smithsonianmag.com/history/speedy-history-americas-addiction-amphetamine-180966989/>.

³¹ Ibid

³² Ibid

any additional services from doctors. Early research on group weight loss provided promising results; most studies found that participants lost significant amounts of weight. These programs had strong Freudian influences, with a focus on uncovering the unconscious compulsions that led individuals to overeat. Group sessions brought the participants together in a shared understanding of their overeating and helped them to gain a stronger self-image of themselves. In the 1950s, the American Medical Association endorsed group weight loss as a preferred method for losing weight. In 1953, the Public Health Service was supporting group weight loss programs in 19 states or territories.³³ Eventually, the practice of group weight loss therapy would lose its medical association and fall into the domain of the emerging diet industry.

As obesity research progressed, researchers evolved different methods of measuring obesity. Up until this point, deviation from average weight-for-height was the most common measure of obesity. Louis Dublin's original research that had linked excess weight and increased mortality had relied on deviations from the average weight of the sample. However, problematically for some researchers, the average weight of the population increased from decade to decade. In the 1940s, the life insurance industry shifted their definition of excess weight to be a set deviation from the weight that maximized life expectancy- a weight that was lower than the average and median weight of the population. By this definition, most Americans were defined as being overweight. As research into obesity and its health effects through the postwar period, researchers looked for more scientifically objective measures of excess weight. A popular measure

³³ Ibid

was skinfold tests that measured adiposity. In general, these measures were taken by measuring the extent to which a person's skin could be extended from their body at certain points where fat was known to build up. Scientifically, adiposity measures were as predictive of heart disease as weight-for-height measures of obesity. However, they presented researchers with a myriad of issues such as standardization, cost to administer, and willingness of participants. Finally, in the 70s, researchers settled on BMI as the main measure of obesity after a long campaign by Ancel Keys to replace the weight-for-height measures used by the insurance industry with measures of adiposity. BMI was picked for its mix of predictive accuracy and ease of collection and use. BMI is relatively easy for researchers to compile from basic height and weight data because it does not require trained researchers to measure. BMI's popularity as a research tool also spilled over into clinical practice. Today, BMI is used in clinical settings to place individuals in weight categories created by the medical community.

Ancel Keys was a major figure in the research on obesity and heart disease. Keys is most famous for his advocacy of his diet-heart hypothesis. This hypothesis argued that excess weight and caloric consumption were not responsible for cardiovascular disease because the primary contributor to heart disease was consumption of saturated fats. Keys used the results of the Seven Countries Study, which he led, to argue that dietary saturated fats are the primary driver of heart disease. Throughout his career, Keys also led campaigns to undermine the results of public health researchers that found connections between excess weight and heart disease by questioning the weight-for-height definition of obesity and the unrepresentative samples used in the initial life insurance studies. Not to be missed, American sugar manufacturers were major supporters of Keys' research

from 1944 through the 1970s because they saw that pinning the blame for excess weight mortality on unhealthy fats would be more beneficial to them instead of the consensus idea of excess weight itself contributing to coronary disease.³⁴ Keys' and his diet-heart hypothesis are largely responsible for the massive popularity of diets focused on restricting saturated fat intake, such as the Mediterranean diet. The popularity of the diet-heart hypothesis was significantly bolstered in 1977 when the U.S. Senate Committee on Nutrition and Human Needs used the claims made by Keys to form the recommendations that ended up being included in the first ever U.S. Dietary Guidelines. These ideas further engrained themselves into the American psyche, combining with other cultural factors biased against fat, to create a health ideology of low-fat equating to health. Eventually, the scientific community largely abandoned the diet-heart hypothesis as further studies and inspections of previous studies methodology undermined many of the claims made by Keys.³⁵

The Current Status of Obesity in America

After Keys' theories faded from prominence, research on obesity, heart disease, diabetes, and mortality continued to progress. Research from that period has generally maintained that obesity has a strong relationship with mortality, forming a J-shaped curve

³⁴ Nicolas Rasmussen, "Downsizing Obesity: On Ancel Keys, the Origins of BMI, and the Neglect of Excess Weight as a Health Hazard in the United States from the 1950s to 1970s," *Journal of the History of the Behavioral Sciences* 55, no. 4 (October 1, 2019): 299–318, <https://doi.org/10.1002/jhbs.21991>.

³⁵ La Berge and Ann F, "How the Ideology of Low Fat Conquered America," *Journal of the History of Medicine and Allied Sciences* 63, no. 2 (April 1, 2008): 139–77, <https://doi.org/10.1093/jhmas/jrn001>.

where mortality is minimized around a BMI of 25. Slightly overweight individuals have the smallest mortality penalty opposed to underweight and obese individuals.³⁶

Population research has found that the American population is getting more obese overall, and the obese population is becoming more extremely obese in particular.³⁷

America's increasing obesity rate has sparked significant academic and governmental interest in the topic after the mid-century lull that coincided with the height of Keys' diet-heart hypothesis.

Research since the 1980s has increased understanding, but key questions about obesity remain. The causes of obesity are not well understood. The theory of energy balance maintains its status as the most popular explanation for changes in weight, but other theories exist to explain the uneven outcomes observed. Some studies have produced results that cast doubt on the ability of obese people to lose weight and keep it off long term. In fact, one study showed that dieting can result in long term weight gain

³⁶ Krishnan Bhaskaran et al., "Association of BMI with Overall and Cause-Specific Mortality: A Population-Based Cohort Study of 3·6 Million Adults in the UK," *The Lancet Diabetes & Endocrinology* 6, no. 12 (December 2018): 944–53, [https://doi.org/10.1016/s2213-8587\(18\)30288-2](https://doi.org/10.1016/s2213-8587(18)30288-2).

³⁷ KM Flegal and RP Troiano, "Changes in the Distribution of Body Mass Index of Adults and Children in the US Population," *International Journal of Obesity* 24, no. 7 (July 2000): 807–18, <https://doi.org/10.1038/sj.ijo.0801232>.

for unknown reasons.³⁸ Variations in working hours³⁹, exposure to artificial light⁴⁰, proximity to fast food restaurants and physical activity facilities⁴¹, and consumption of sugar-sweetened beverages⁴² have failed to fully explain these variations in obesity outcomes in a way that would make the energy balance hypothesis reliably applicable at the individual level. Many research papers have shown that controlling diet is much more effective in losing weight than adjusting physical activity, but there is no consensus on what should constitute that diet. In summary, the scientific community agrees that excess weight is probably a negative risk factor, but they cannot agree on what causes it or how to remedy it.

Despite more awareness of the issue, obesity is more prevalent today than it ever has been throughout American history. In 2020, the American obesity rate surpassed 40%.⁴³ This means that more than 40% of Americans have a BMI greater than 30. For

³⁸ Philippe Jacquet et al., “How Dieting Might Make Some Fatter: Modeling Weight Cycling toward Obesity from a Perspective of Body Composition Autoregulation,” *International Journal of Obesity* 44, no. 6 (February 25, 2020): 1243–53, <https://doi.org/10.1038/s41366-020-0547-1>.

³⁹ Marianna Virtanen et al., “Long Working Hours and Change in Body Weight: Analysis of Individual-Participant Data from 19 Cohort Studies,” *International Journal of Obesity* 44, no. 6 (November 25, 2019): 1368–75, <https://doi.org/10.1038/s41366-019-0480-3>.

⁴⁰ N A Rybnikova, A Haim, and B A Portnov, “Does Artificial Light-At-Night Exposure Contribute to the Worldwide Obesity Pandemic?,” *International Journal of Obesity* 40, no. 5 (January 22, 2016): 815–23, <https://doi.org/10.1038/ijo.2015.255>.

⁴¹ Kenta Okuyama et al., “Fast Food Outlets, Physical Activity Facilities, and Obesity among Adults: A Nationwide Longitudinal Study from Sweden,” *International Journal of Obesity* 44, no. 8 (May 19, 2020): 1703–11, <https://doi.org/10.1038/s41366-020-0588-5>.

⁴² Desiree M. Sigala and Kimber L. Stanhope, “An Exploration of the Role of Sugar-Sweetened Beverage in Promoting Obesity and Health Disparities,” *Current Obesity Reports* 10, no. 1 (January 7, 2021): 39–52, <https://doi.org/10.1007/s13679-020-00421-x>.

⁴³ Katelyn Newman, “Obesity in America: A Public Health Crisis,” US News & World Report, September 19, 2019.

context, a person who is 5'10" and weighs 209 pounds has a BMI of precisely 30. Epidemiological studies have shown increases in the prevalence of obesity and the severity of obesity. Not only is the average American getting larger, but the most extremely obese individuals are also becoming more obese.⁴⁴ This is despite decades of public health focus on obesity. The conditions most related to obesity are also at all-time highs. In 2020, the CDC reported that 34.2 million Americans suffer from diabetes. Furthermore, they estimated that 88 million adults in the U.S. have prediabetes.⁴⁵ Likewise, heart disease is extremely prevalent. Nearly a quarter of all deaths are related to heart disease; the American Heart Association estimates that half of all Americans suffer from some form of heart disease.⁴⁶ The COVID epidemic seems to have significantly worsened the obesity problem. Recent studies suggest that a significant portion of Americans gained weight throughout the course of the epidemic, with an estimate average weight gain of 29 pounds.⁴⁷

The most recommended treatment for obesity remains diet and exercise. Consensus in the medical community has shifted in the last decade and a half to firmly favoring diet as the most important element of weight loss. However, doctors are also a

⁴⁴ KM Flegal and RP Troiano, "Changes in the Distribution of Body Mass Index of Adults and Children in the US Population," *International Journal of Obesity* 24, no. 7 (July 2000): 807–18, <https://doi.org/10.1038/sj.ijo.0801232>.

⁴⁵ Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020.

⁴⁶ American Heart Association News, "Cardiovascular Diseases Affect Nearly Half of American Adults, Statistics Show," www.heart.org (American Heart Association, January 31, 2019).

⁴⁷ "One Year On: Unhealthy Weight Gains, Increased Drinking Reported by Americans Coping with Pandemic Stress," American Psychological Association, March 11, 2021, .

common carrier of diet misinformation. The doctors that are most likely to speak to patients about diet are not dietitians; instead, general practitioners are far more likely to be the ones recommending weight loss. This can cause problems when the general practitioners do not stay up to date on the latest consensus on nutrition and can lead to doctors suggesting unreasonable or even unhealthy diets. Several weight loss medications are also available. So far, weight loss medications have yet to produce results that could significantly reduce obesity without significant negative side effects. As a result, current weight loss medications are not as prescribed as one might assume given the worsening obesity “epidemic”. The last major form of weight loss treatment is surgery. Various types of weight loss surgeries basically achieve the same goal of restricting the amount of food a person can eat by altering their stomach capacity. Nearly a quarter of a million of these types of surgeries were performed in 2019.⁴⁸ This has been shown to be a highly effective method of weight loss for many individuals, but it poses issues as well. First, surgery is an extremely expensive option. Second, the surgery is risky on two different fronts. Given the generally poor health of the individuals undergoing this procedure, the risk of serious complications related to the surgery are significant. Next, the success of the operation is highly dependent on the behavior of the patient after the procedure is completed. If patients continue to overeat after the surgery, they can stretch out their stomach. At best, this can negate the benefits of the surgery; at worst, it can cause the patient’s stomach to essentially rip, resulting in significant internal injury. Additionally, these surgeries will typically restrict the patient’s diet for the rest of their lives. In most

⁴⁸ Editor in Chief, “Bariatric Surgery Statistics & Facts,” Renew Bariatrics, January 11, 2021.

cases, patients cannot consume carbonated beverages after the surgery. Recent research, studying the effects of weight loss, have found that a very small percentage of people that lose weight keep it off over a long period of time.⁴⁹ This points to the conclusion that while weight loss receives most of the attention in academia and the media, it may be a much smaller part of controlling the obesity problem than prevention.

⁴⁹ Philippe Jacquet et al., “How Dieting Might Make Some Fatter: Modeling Weight Cycling toward Obesity from a Perspective of Body Composition Autoregulation,” *International Journal of Obesity* 44, no. 6 (February 25, 2020): 1243–53, <https://doi.org/10.1038/s41366-020-0547-1>

Chapter 3: Forces Pushing Obesity to the Forefront

The Diet and Fitness Industry

The big diet program companies that dominate the industry today began to emerge from the 1960s to the 1980s. Weight Watchers is one of the oldest companies in the diet industry. It rose out of the popularity of group weight loss therapy during the 1950s. In 1961, Jean Nidetch began to supplement her diet plan with regular peer support meetings. Initially, members paid dues to attend peer support meetings at Weight Watchers centers. From there, Weight Watcher expanded their business; the first Weight Watchers cookbook sold 1.5 million copies in 1966, and the first diet product range was launched in 1968, which allowed members to purchase heat-and-eat meals, travel kits, and scales.⁵⁰ The business expansion to sell diet products directly to consumers is largely responsible for the financial growth of this industry. In 2019, Weight Watchers had more than 4.6 million members globally, primarily based in the U.S.⁵¹ Jenny Craig and Nutrisystem are also big players in the diet industry. Nutrisystem was founded in 1972 by Harold Katz, a journeyman with no college education. The business was based around weight loss clinics where clients paid a setup fee to get started, additional fees for how much weight they lost, and purchased Nutrisystem labeled food products. By the early 1980s, there were more than 500 Nutrisystem clinics in the U.S. Today, Nutrisystem has remained relevant by selling their branded food products at major retail outlets such as Costco, Walmart, and Walgreen's.⁵² Jenny Craig started in the 1960s, initially as a supplement to

⁵⁰ "Evolution & History of WW Program," www.weightwatchers.com, n.d..

⁵¹ Ibid

⁵² Covell, Jeffrey L., and Stephen Meyer. "Nutrisystem, Inc." In *International Directory of Company Histories*, edited by Steven Long, Derek Jacques, and Paula Kepos, Vol.

the founder's gym business. Jenny Craig also relied on storefront business locations to base their business out of. Their diet program focused on behavior education, proper nutrition, and exercise. Participants were required to purchase pre-prepared food from Jenny Craig, manufactured by companies including the Campbell Soup Company.⁵³ In general, diet companies advertised that people in their programs could lose weight while still enjoying eating, in a community of likeminded dieters, with the support of scientifically sound methods of weight loss. In 1988, a Weight Watchers commercial promised a program that, "made losing weight healthier and 20% faster than before". In the commercial, already slim-looking women fly into the air due to the lightness they have achieved on the Weight Watchers program.⁵⁴ The fees and required food purchases meant that participating with the companies was mostly a middle- and upper-class activity. However, dieting was not limited to these classes. Diet program companies, mainly through their marketing, established expectations of a diet plan that was easy to follow, did not require a significant commitment, and produced immediate results.

The prevalence and popularity of diet programs was exceeded by the public enthusiasm for do-it-yourself diets. The last three decades of the 20th century witnessed an explosion in fad diets. The first fad diet of note was the cabbage soup diet of the

170. Farmington Hills, MI: St. James Press, 2015. *Gale eBooks*. https://go-gale-com.ccl.idm.oclc.org/ps/i.do?p=GVRL&u=claremont_main&id=GALE|CX3771200076&v=2.1&it=r&sid=bookmark-GVRL&asid=7164392f.

⁵³ "Jenny Craig, Inc." *International Directory of Company Histories*, edited by Tina Grant, vol. 29, St. James Press, 2000. *Gale eBooks*, [link-gale-com.ccl.idm.oclc.org/apps/doc/CX2843300075/GVRL?u=claremont_main&sid=bookmark-GVRL&xid=d3a6ca1f](https://go-gale-com.ccl.idm.oclc.org/apps/doc/CX2843300075/GVRL?u=claremont_main&sid=bookmark-GVRL&xid=d3a6ca1f).

⁵⁴ "Weight Watchers Quick Success Commercial (1988)," [www.youtube.com](https://www.youtube.com/watch?v=...), August 1, 2019.

1950s, which limited dieters to only eating cabbage soup as a way to restrict calories.⁵⁵

The first big diet book, *The Complete Scarsdale Medical Diet*, was published in 1978 and sold more than 2 million copies. The diet recommended by the book was prone to creating nutritional deficiencies among dieters and did not generally result in positive outcomes.⁵⁶ A niche in the book publishing industry sprung up around these fad diets, promoting more extreme dieting ideas as the next best way to shed unwanted weight. Magic ingredient diets proliferated through this niche throughout the last two decades of the 20th century. These diets promoted one type of food as the key to sustainable weight loss, almost always failing to support their claims with adequate evidence. Most of these fad diets promised outlandish results and quick fixes to excess weight, but few would be considered healthy and realistic ways to lose weight by modern standards. Some of the diets popularized in this process were reasonable diets that helped people lose weight. The Atkins Diet prioritized healthy fats and protein, while minimizing most carbohydrate consumption. The South Beach Diet, introduced in the early 2000s, was another low carb diet like the Atkins Diet; however, the South Beach Diet promoted the consumption of “good” carbohydrates.⁵⁷ Most diet experts today would argue that Atkins and the South Beach diet are at least reasonable methods to lose weight, although criticism is certainly warranted. Today, the public perception of weight loss has been marred by the collective memories of failed fad diets. A 2015 survey found that 77 percent of Americans thought

⁵⁵ Diet Confidential: Heavy Marketing with a Dash of Nutrition. Films On Demand. 2006. Accessed September 23, 2021.

<https://digital.films.com/PortalPlaylists.aspx?wID=278170&xtid=37467>

⁵⁶ Ibid

⁵⁷ Ibid

that diet products are not as healthy as they claim to be and that 61 percent of Americans believed that most diets were not healthy at all.⁵⁸ This disbelief in the efficacy of changing eating behaviors to manage weight can be a major factor discouraging people from attempting weight loss and a way for food producers to obfuscate the true effects diet has on weight.

The modern fitness industry as it exists today can be traced back to the 1980s. Large commercial gyms, such as 24-Hour Fitness and LA Fitness, were founded in the early 80s. Growth in these commercial gyms was fueled by an increased interest among people to maintain an aesthetic physique and promote physical fitness. Aerobic fitness classes were popularized by celebrities, such as Jane Fonda and Richard Simmons.⁵⁹ Recreational jogging also exploded in popularity in the 1970s as a way to promote health and lose weight. Celebrity runners, such as Steve Prefontaine, helped bolster running's popularity.⁶⁰ Millions of Americans engage in some form of exercise, a number that has increased substantially since the mid 20th century. The fitness industry has made physical fitness a visible and important part of American life.

The diet and fitness industries do not possess strong lobbying contingents, but they do not have much opposition. With the largest diet company lobbying budget, Weight Watchers spent \$120,000 in 2020 on lobbying.⁶¹ They also have a strong, natural ally in the significant dietary supplements lobby. Producers of dietary supplements have

⁵⁸ Lisa Roepe, "The Diet Industry," *SAGE Business Researcher*, March 5, 2018, <https://doi.org/10.1177/237455680408.n1>.

⁵⁹ Cedric Bryant, "The Evolution of Fitness Trends," US News & World Report, 2020.

⁶⁰ Phil Edwards, "When Running for Exercise Was for Weirdos," Vox, August 9, 2015.

⁶¹ "Weight Watchers Profile: Summary," OpenSecrets, 2021, <https://www.opensecrets.org/orgs/weight-watchers/summary?id=D000030956>.

managed to evade strict federal regulation by lobbying to have their products classified as food rather than drugs. Increased regulation of diet products- particularly regulation of their claims of effectiveness- would threaten diet supplement producers by setting a precedent that food products could be regulated in this way. The dietary supplement lobby spends between \$1 million to \$3 million annually and currently retains 27 lobbyists.⁶² The diet industry has not faced substantial threats from government action and is generally viewed positively in the light of the public health crisis of the “obesity epidemic”.

These industries have had a far greater impact increasing the salience of obesity as an issue in the public conscience than they have on directly influencing policy. They made dieting something that anyone can and should do, without the assistance of a medical professional. Diet company messaging equated slimness with the ideal body and promised that anyone could achieve the ideal body in a short time, if they simply subscribed to their diet program. American vanity would not allow the country to resist these promises, and consequently the obsession with slimness only increased. Diet and fitness came to occupy such a prominent position in American culture, policymakers could no longer ignore the growing issue of obesity when presented with findings that it was growing rapidly.

The Food Production Industry: Influence and Marketing

⁶² “Nutritional & Dietary Supplements Lobbying Profile,” OpenSecrets, 2021, <https://www.opensecrets.org/federal-lobbying/industries/summary?cycle=2021&id=H4600>.

The food industry underwent a significant change in the postwar era. First, the technology of food greatly advanced in this period. Synthetic processes allowed new and improved food products to be created; unfortunately, the industry did not consider the impact on the obesogenic quality of the products. Cheetos, Hot Pockets, and Doritos all were introduced between the end of the Second World War and President Reagan's 1984 reelection campaign. For the first time, calorically dense foods were available with minimal effort required to get them. Previously in history, many delicious high calorie treats took substantial effort and some skill to make at home; the development of these new food technologies made these treats accessible in minutes to even the most cooking inept people. By reducing the labor costs of the treats, Americans started eating more calorically dense foods more regularly. Increased consumption was the goal of food producers, so these businesses continued to create similar products, minimizing the effort required and maximizing the flavor. Second, the industry consolidated considerably, leaving a small number of large companies to dominate the market. Most identifiable food markets are dominated by a few oligopolist firms, and large firms dominate key chokepoints in the manufacturing process.⁶³ Lack of competition has been a factor in the industry's reluctance to reformulate products to make them less obesogenic. It also contributes to the industry's massive political power, as it is easier to coordinate a smaller number of interests.

⁶³ Mary Hendrickson and Philip H. Howard, "Corporate Concentration in the US Food System Makes Food More Expensive and Less Accessible for Many Americans," *The Conversation*, February 8, 2021.

Food is one of the most heavily marketed products. The beverage and restaurant industries alone spend \$14 billion on advertising each year.⁶⁴ Food marketing has been cited by public health officials as one of the most important factors driving the rise in obesity, but politicians are loathe to touch the issue given the power and veracity of the industry in defending its marketing rights. Food marketing often glorifies massive portions, making overeating a selling point and a reason to buy food at one place over another. Food marketing campaigns have taken on all shapes and sizes. Food has been commercialized, made to be a status symbol, sexualized, and exalted as making life worth living. Fifty percent of all advertising aimed at children is for food, and children are exposed to between three and five fast food ads per day.⁶⁵ There were significant pushes to regulate food advertising aimed at children from consumer interest groups throughout the late 20th century.⁶⁶ However, they were blocked legislatively by industry and bureaucratically by the judiciary. Robert Paarlberg, a food scholar affiliated with the Harvard Kennedy School, said in 2016, "I really don't have a lot of hope for regulating food ads. They're considered to be commercial protected speech, and the Supreme Court would have to act to overthrow that."⁶⁷ Food advertising itself is a cultural behemoth that

⁶⁴ Emily Ha, "Food Marketing," UConn Rudd Center for Food Policy & Obesity, April 20, 2020.

⁶⁵ Allison Aubrey, "Kids Seeing More Fast Food Ads despite Industry Pledge," *National Public Radio*, November 9, 2010, <http://www.npr.org/templates/story/story.php?storyId=131166614>.

⁶⁶ Dan Charles, "A Pioneer of Food Activism Steps Down, Looks Back," *National Public Radio*, September 7, 2017.

⁶⁷ Eliza Barclay, "Scientists Are Building a Case for How Food Ads Make Us Overeat," *National Public Radio*, January 29, 2016, <https://www.npr.org/sections/thesalt/2016/01/29/462838153/food-ads-make-us-eat-more-and-should-be-regulated>.

extends beyond its intended purposes and colors how policymakers perceive what is possible.

The food industry is a large, diverse industry with a powerful presence in the federal government. Individual markets often have their own industry groups to represent their interests. For example, the meat industry is represented by the National Pork Producers Council and the grocery store market is represented by the National Grocers Association. Each subgroup of the industry, generally maintains their own independent -but cooperative- influence machine at the state and federal level. As a subgroup of the industry, restaurants and bars spent nearly \$10 million dollars on federal lobbying in 2020 with the largest spenders being the National Restaurant Association, McDonald's, Starbucks, and YUM! Brands.⁶⁸ Food processing and distribution companies spent another \$27 million on lobbying in 2020, employing 286 lobbyists. PepsiCo – the parent company of the beverage company Pepsi and the snack maker Frito-Lay, among many others- is the largest spender on lobbyists among this group, spending almost \$4 million in 2020.⁶⁹ Agribusiness, a key part of the food industry supply chain, regularly spends more than \$100 million annually on lobbying the federal government.⁷⁰ Health advocates argue that subsidies for corn have greatly contributed to the rise in obesity, but the force of the agribusiness lobby all but takes this off the table as a possible policy solution to the

⁶⁸ “Restaurants & Drinking Establishments Lobbying Profile,” OpenSecrets, 2021, <https://www.opensecrets.org/federal-lobbying/industries/summary?cycle=2020&id=G2900>.

⁶⁹ “Food Processing & Sales Lobbying Profile,” OpenSecrets, 2021, <https://www.opensecrets.org/federal-lobbying/industries/summary?cycle=2020&id=A09>.

⁷⁰ “Agribusiness Lobbying Profile: Background,” OpenSecrets, 2021, <https://www.opensecrets.org/federal-lobbying/sectors/background?cycle=2021&id=A>.

issue. The industry's contributions slightly favor Republicans- although most corporate spending is not partisan, instead going toward outside groups and PACs. While the various industry subgroups often have competing interests, they are usually united in their opposition to most obesity-related reforms. Opposition to advertising restrictions is a major rallying point for the industry. The industry's lobbying power can be even stronger at the state and local level, where their money can easily tip the scales of political debate. The food industry is a rich, powerful influence on American politics without an equal comparison on the other side of the obesity issue.

The Good Government Public Health Lobby

The American Obesity Association was one of the earliest public groups to focus on the issue of obesity. It was founded in 1995 to promote public health solutions to what they were calling the obesity crisis. The organization's early work was focused on getting the government and the health insurance industry to treat obesity as any other disease- making obesity treatment and prevention covered items under private and public health insurance plans. Funding for the organization is largely provided by weight loss companies and high-profile medical professionals that have been on the forefront of treating obesity as a disease. Notable funders of the group include Weight Watchers, Jenny Craig, and the pharmaceutical company responsible for producing the weight loss drug Xenical. The group's major success came in the summer of 2004 when they- working alongside the CDC- convinced the Centers for Medicare and Medicaid to start

covering obesity treatments in their health plans.⁷¹ The American Obesity Association has worked as the effective political arm of people in civil society that have wanted the government to act against obesity. Overall, their influence is a product of interpersonal connections in government and a conducive political environment; they are dependent on the political fortunes of their ideological allies in government.

The Center for Science in the Public Interest (CSPI) was founded in 1971 by Michael Jacobson and two other scientists from the Center for the Study of Responsive Law. The CSPI is not a scientific institute, rather it is an advocacy organization that claims to advocate public policy based on science and consumer interests. The group has its roots in the consumer rights movement spawned in the wake of Ralph Nader's *Unsafe at Any Speed: The Built-In Dangers of the American Automobile*. Jacobson served as the head of the CSPI from its founding until 2017. With a doctorate in microbiology from MIT, he was the individual most responsible for the CSPI's advocacy, leading campaigns to reduce sodium levels, reduce saturated fats, and mandate clear, standardized nutrition labels on all foods. Jacobson described the early days of the CSPI as, "...very anti-establishment, countercultural, really took every opportunity to slam the food industry."

⁷² CSPI focuses on nutritional and alcohol policy.⁷³ The organization's early work did not exclusively focus on obesity, rather their crusade against the food industry was fueled by

⁷¹ J. Eric Oliver, "The Politics of Pathology: How Obesity Became an Epidemic Disease," *Perspectives in Biology and Medicine* 49, no. 4 (2006): 611–27, <https://doi.org/10.1353/pbm.2006.0062>.

⁷² Dan Charles, "A Pioneer of Food Activism Steps Down, Looks Back," *National Public Radio*, September 7, 2017.

⁷³ Lawrence Salinger, "Center for Science in the Public Interest | Definition, Interests, & Funding | Britannica," [www.britannica.com](https://www.britannica.com/topic/Center-for-Science-in-the-Public-Interest) (Britannica, September 21, 2021), <https://www.britannica.com/topic/Center-for-Science-in-the-Public-Interest>.

a general sense that the food industry- like the automobile industry- was threatening the wellbeing of American consumers by failing to make their products safe for consumption. Their mission is to promote consumer and public interests. Jacobson and the CSPI finally broke through after 2008, playing a part in pushing the Obama administration to implement policies to curb obesity. The CSPI is funded primarily through subscriptions to its newsletter, *Nutrition Action Healthletter*. Grants from private foundations contribute a small part of the foundation's budget; the CSPI does not accept donations from political or corporate entities.⁷⁴ The CSPI is not a significant spender on Capitol Hill, At the height of a political battle against the food industry during Obama's first term, CSPI spent only \$70,000 on lobbying for the entire year.⁷⁵ The power of their work is derived through their established relationships and their ability to mobilize grassroots supporters around a particular policy issue.

⁷⁴ "About CSPI," Center for Science in the Public Interest, 2021, <https://www.cspinet.org/about>.

⁷⁵ Duff Wilson and Janet Roberts, "Special Report: How Washington Went Soft on Childhood Obesity" (Washington D.C.: Reuters, 2012).

Chapter 4: Politicization of Obesity

The “Obesity Epidemic”

William Dietz may be the most important individual responsible for the politicization of obesity. The term “obesity epidemic” was widely popularized through William Dietz’s work at the CDC’s Division of Nutrition, Physical Activity, and Obesity. Before his fifteen-year tenure at the CDC, Dietz worked on obesity as a pediatrician and a medical researcher. Dietz’s first professional arrangement dealing with obesity was in 1978 when he was made director of the weight control program at Boston Children’s Hospital. Dietz worked throughout the 80s and 90s in similar roles, working his way up the rungs of medical research and practice. Dietz served as a member of the National Task Force on the Prevention and Treatment of Obesity from 1993 to 1997. Immediately before his appointment at the CDC, Dietz worked as a nutritional researcher at Tufts University.⁷⁶ As director of the Division of Nutrition, Physical Activity, and Obesity, Dietz oversaw a public relations campaign focused at academia and the media to elevate the public’s concern with obesity as a public health issue.

Dietz was a part of a small group of public health academics that maintained a belief that obesity was a major detractor from public health. This group of researchers worked throughout the 80s and 90s to build awareness of the issue in academic and medical circles. When the “obesity epidemic” broke out to become a well-known danger to health, these researchers rose to prominence based on their expertise on the topic. Marion

⁷⁶ Dietz, William. Curriculum Vitae. Milken Institute of Public Health, George Washington University. Accessed October 23, 2021.
<https://publichealth.gwu.edu/departments/prevention-and-community-health-office-dean/william-dietz>.

Nestle worked as a senior nutrition policy advisor in the Department of Health and Human Services during the 1980s. She was responsible for the establishment of the Food Studies program at New York University. Nestle also was the author of the book *Food Politics* and is an influential writer against the food industry.⁷⁷ Kelly Brownell is another major figure of anti-obesity advocacy that emerged from the academic world of the 1980s. Brownell was a formative figure as director of the Rudd Center for Food Policy and Obesity at Yale University and produced psychological research focusing on the causes and effects of obesity.⁷⁸ These and other professionals with similar profiles leaped into action to support the politicization of obesity as an issue in hopes of promoting government action on the issue.

The use of the term “epidemic” pushed the medicalization of obesity to another level. At the time of the coining of the term, “obesity epidemic”, obesity was not considered a disease by the AMA. The AMA changed its definition of obesity in 2014 to make it a disease. A push was made from inside the CDC to amplify the dangers of obesity to get more resources to the issue. In fact, a lot of the public health advocacy against obesity mirrored efforts undertaken by public health officials fighting against nicotine use. Predated by the use “epidemic” to describe the public health effects of smoking, the application of the term to obesity served to shift the framing around the issue.⁷⁹ Obesity

⁷⁷ Eve Turow, “Marion Nestle on Her History with Food Studies and the Future of Food Politics,” The Village Voice, June 20, 2013, <https://www.villagevoice.com/2013/06/20/marion-nestle-on-her-history-with-food-studies-and-the-future-of-food-politics/>.

⁷⁸ Lara LaCaille, “Brownell, Kelly D. (1951–),” *Encyclopedia of Behavioral Medicine*, 2013, 271–72, https://doi.org/10.1007/978-1-4419-1005-9_1578.

⁷⁹ Helen Lee, “The Making of the Obesity Epidemic,” The Breakthrough Institute, March 2013.

became a disease that people suffered from, rather than a risk condition that they created because of their actions.

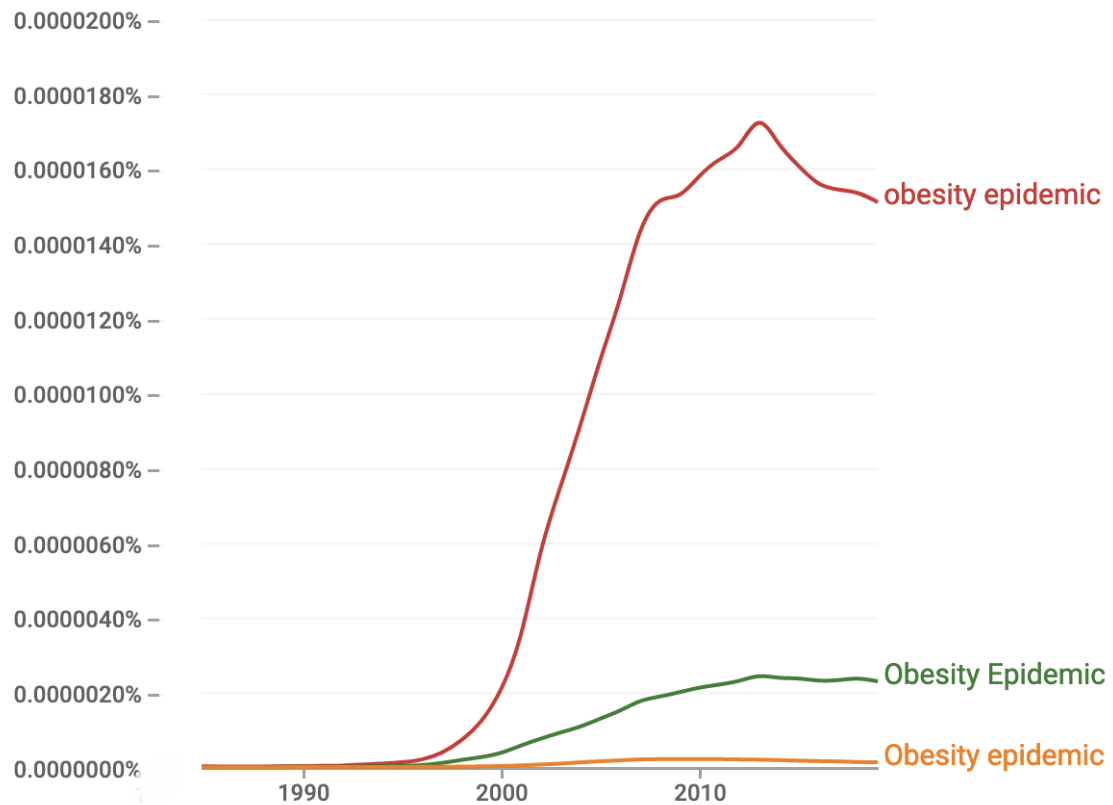


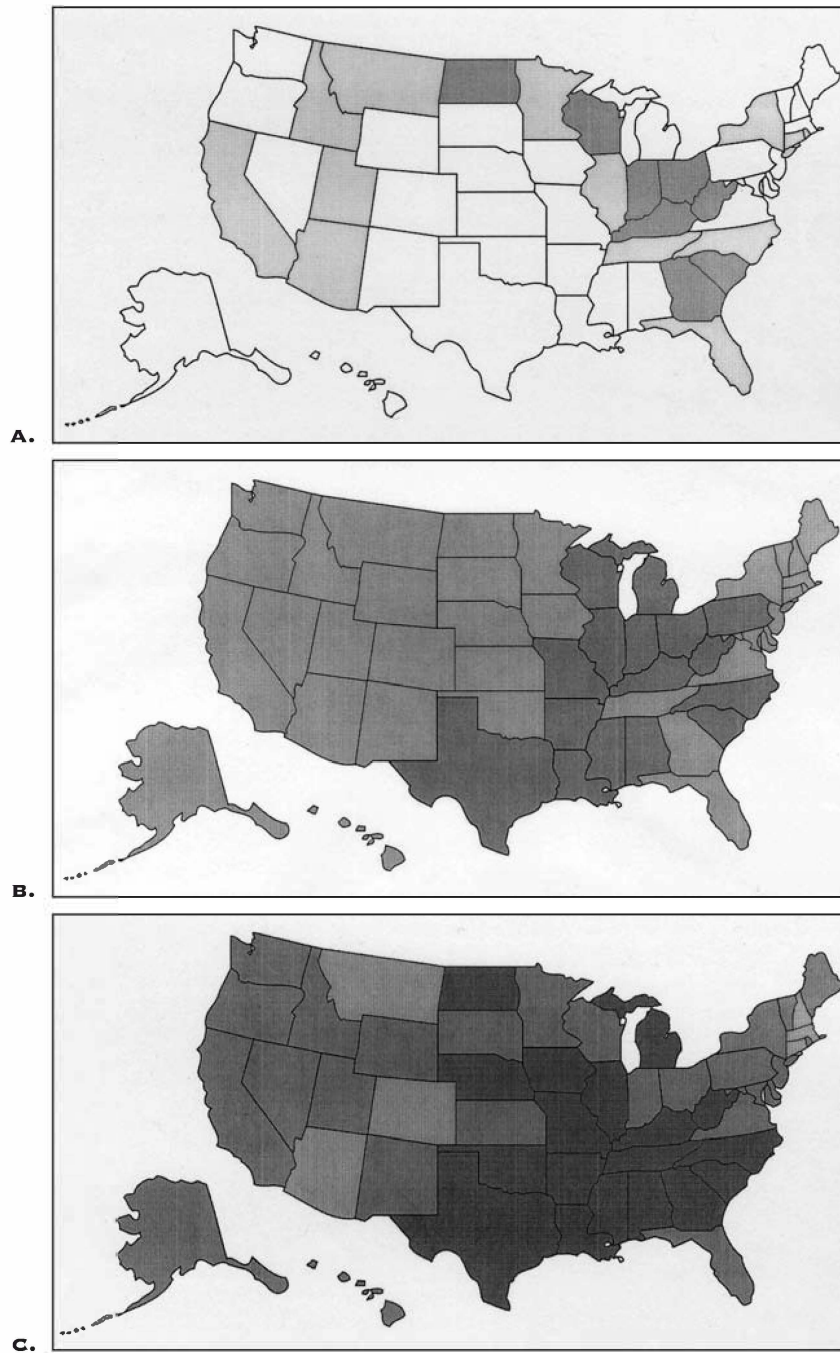
Figure 2- Google Ngram showing the overall frequency the term “Obesity Epidemic” appeared in books. Note the major increase beginning around 1998.

The publication of obesity heat maps and their presentation in PowerPoint slide shows to academic and media audiences heightened the sense of obesity getting worse very quickly and that something needed to be done. The obesity heat maps, showed each state shaded in to represent what proportion of their population was obese, with red being the highest category. In CDC presentations, slides would first show the state of the map in 1985, where most of the states were blue, the lowest category. As the slides progressed, more states would turn red, conveying the urgency of the obesity problem.

The CDC started releasing these maps in 1998, after William Dietz's arrival as Director of the Division of Nutrition, Physical Activity, and Obesity.⁸⁰ Publication to the CDC website, gave academic and media sources easy access to this information. This information was widely distributed by these sources to make Dietz's point: obesity was rising and it was a major public health issue. In 2001, the Department of Health and Human Services released, *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*. This document outlined the scope of overweight and obesity among the American population and estimated that obesity cost the U.S. \$117 billion in 2000.⁸¹ It also employed the CDC obesity heat maps to demonstrate, in dramatic fashion, the growth of U.S. obesity rates. The report made the most aggressive recommendations on obesity that the Surgeon General had ever made; mainly, it called for reducing access to unhealthy foods and large portion sizes. This demand to reduce consumer options would become a major demand of public health advocates that would encounter stiff resistance among a portion of the American population. This sequence of publications, given the context of the last three decades of diet culture and concern for the health of the nation, created the conditions for the rise of obesity politics as we are familiar with them.

⁸⁰ J. Eric Oliver, "The Politics of Pathology: How Obesity Became an Epidemic Disease," *Perspectives in Biology and Medicine* 49, no. 4 (2006): 611–27, <https://doi.org/10.1353/pbm.2006.0062>.

⁸¹ U.S. Department of Health and Human Services. *The Surgeon General's call to action to prevent and decrease overweight and obesity*. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: U.S. GPO, Washington.



CDC maps of U.S. obesity rates: **A.** 1985; **B.** 1994; **C.** 1999.
 Legend: white = no data; lightest gray = < 10%; next lightest gray = 10–14%;
 next gradient = 15–19%; darkest = > 19%.

Figure 3- The CDC heat maps released by the CDC through the work of William Dietz. This image is from J. Eric Oliver's *The Politics of Pathology: How Obesity Became an Epidemic Disease* (2006) in *Perspectives in Biology and Medicine*

Popular media heeded the CDC's call for action. The America media landscape was quickly filled with devastating exposes on the state of the obesity crisis and the consequences it was having on the nation. In 1996, seven front page New York Times news items mentioned obesity; in 2002, forty-seven front page New York Times news items mentioned it.⁸² Fuel continued to be added to the obesity fire throughout this period as well. In 2000, the New York Times ran a series called "The Fat Epidemic", which included articles such as, "As Children Grow Fatter, Researchers Try to Find Solutions" and internet links for readers to estimate their own BMIs.⁸³ Morgan Spurlock's 2004 Oscar-nominated film, *Supersize Me*, featured Spurlock forcing himself to consume nothing except McDonald's food for a month. The documentary showed Spurlock's deteriorating physical health throughout the period and reinforced the public health messaging that poor nutrition was making America sicker and fatter.⁸⁴ Media portrayals of obesity contributed to a major shift in public opinion. In July 2003, 56% of respondents to a Gallup poll said that obesity was either an extremely serious or very serious issue to society. In 2012, 81 percent of respondents answered that way. The percentage of people that thought it was an extremely serious issue nearly doubled in that time period.⁸⁵ While obesity was generally recognized to be an issue throughout the 20th

⁸² Regina G. Lawrence, "Framing Obesity," *Harvard International Journal of Press/Politics* 9, no. 3 (July 2004): 56–75, <https://doi.org/10.1177/1081180x04266581>.

⁸³ "Health: The Fat Epidemic," archive.nytimes.com (New York Times, 2000), <https://archive.nytimes.com/www.nytimes.com/library/national/science/health/obesity-health.html>.

⁸⁴ Michael O'Sullivan, "'Super Size Me': I'm Loving It," Washington Post, May 7, 2004, <https://www.washingtonpost.com/archive/lifestyle/2004/05/07/super-size-me-im-loving-it/7e1dec67-1fcb-454c-9846-ed163393a285/>.

⁸⁵ "Nutrition and Food," Gallup, 2021, <https://news.gallup.com/poll/6424/Nutrition-Food.aspx>.

century, the “obesity epidemic” media frenzy turned it into one of the biggest health problems of the era.

The framing of obesity as a crisis has sunk in so deep that it has led to the securitization of the issue. At a 2012 TED Talk, Army Lieutenant General Mark Phillip Hertling, made the argument that obesity is one of America’s major national security issues. He cited the statistic that 75 percent of people that wanted to enlist in the Army were not qualified to do so and obesity was the number one reason people were not qualified.⁸⁶ Besides limiting the pool of potential military recruits, military leaders are also concerned about the economic consequences of obesity. Securitizing obesity has given advocates of anti-obesity measures another front to push obesity politics to the top of the political agenda. Not only is obesity a threat to the nation’s health, like terrorists and hostile foreign states, it jeopardizes national security.

Two frames of obesity grew out of this period. First, the framework of personal responsibility held that obesity was a consequence of individual decision-making and primarily a concern of individuals. This was the dominant view for most of the 20th century.⁸⁷ This view is also consistent with a belief in the superiority of individual rights and freedom from governmental influence. Under this view, obesity could be corrected by assessing economic penalties on obese people for the increased costs they put upon the health system. With the introduction of obesity as an “epidemic”, the popularity of a

⁸⁶ TEDx Talks, “Obesity Is a National Security Issue: Lieutenant General Mark Hertling at TEDxMidAtlantic 2012,” *YouTube*, December 6, 2012, <https://www.youtube.com/watch?v=sWN13pKVp9s>.

⁸⁷ Kersh, Rogan. 2009. “The Politics of Obesity: A Current Assessment and Look Ahead”. *The Milbank Quarterly* 87 (1). *The Milbank Quarterly*: 295–316. <https://doi:10.1111/j.1468-0009.2009.00556.x>.

second view of obesity increased. The second framework held that obesogenic food environments were responsible for increasing obesity.⁸⁸ Liberals gravitated to this view of obesity as it removed the blame for obesity off of obese individuals. By 2003, the unhealthy food environment framework made up half of all front-page New York Times coverage of obesity.⁸⁹ This framework has been the primary way public advocates have called for addressing obesity. Under this point of view, food companies should be regulated to protect consumers from unhealthy food environments.

The Obama White House

Obama's 2008 election swept in a great liberal hope of reform with it. Addressing obesity was very much wrapped up in that basket of liberal hopes, and this was evident in Obama's first term. First, First Lady Michelle Obama made tackling childhood obesity her project as Nancy Reagan had promoted anti-drug causes. *Let's Move!* was launched in 2009, in tandem with an executive order creating an interagency task force focused on childhood obesity.⁹⁰ President Obama indicated support for *Let's Move!* and that obesity would be a major part of his domestic agenda.⁹¹ The First Lady's childhood obesity campaign name, *Let's Move!*, suggested a concession to the food industry lobby to begin with given its emphasis on physical activity, despite scientific research showing that diet was a far more important determining factor for obesity. The First Lady would make other

⁸⁸ Ibid

⁸⁹ Regina G. Lawrence, "Framing Obesity," *Harvard International Journal of Press/Politics* 9, no. 3 (July 2004): 56–75, <https://doi.org/10.1177/1081180x04266581>.

⁹⁰ Julia Belluz, "How Michelle Obama Quietly Changed What Americans Eat," Vox, October 3, 2016, <https://www.vox.com/2016/10/3/12866484/michelle-obama-childhood-obesity-lets-move>.

⁹¹ Ibid

indications throughout the administration that the program was willing to be amenable to industry demands. Going into the 2012 election, Michelle Obama turned from criticizing food manufacturers- something she had done occasionally in the early years of the administration to challenge them to meet the guidelines set out by *Let's Move!* - to actively promoting exercise as the key to healthy kids and applauding food companies for meager product improvements.⁹² The pattern of *Let's Move!*- some progress ultimately stifled by industry influence- would be echoed across most of President Obama's approach to obesity.

Several initiatives to promote healthier foods failed during Obama's presidency. Senator Tom Harkin of Iowa, chairman of the Senate Health Committee, was a vocal proponent of measures to curb obesity and voiced his displeasure with the President, "I'm upset with the White House...They went wobbly in the knees. When it comes to kids' health, they shouldn't go wobbly in the knees."⁹³ Harkin's disappointment in the White House stemmed from his perception that it failed to actively support his effort in Congress to create guidelines for the marketing of unhealthy foods to children. Harkin and Senator Brownback (R-Kansas) passed a measure in 2009 instructing the Federal Trade Commission (FTC) to create voluntary nutrition standards for children's food marketing. When the FTC produced its guidelines in 2010, there was a massive reaction from the food industry. Food companies said that the guidelines laid out by the FTC would include 88 out of 100 of the most popular food products; their fear was that the

⁹² Duff Wilson and Janet Roberts, "Special Report: How Washington Went Soft on Childhood Obesity" (Washington D.C.: Reuters, 2012).

⁹³ Ibid

creation of voluntary guidelines may lead to nonvoluntary guidelines later on. The industry created the Sensible Food Policy Coalition and hired former White House communications chief, Anita Dunn, to run their lobbying campaign. Lobbyists turned their attention to the House and Senate heads of the relevant subcommittees that oversaw the FTC, focusing on Representative Jo Ann Emerson (R-Missouri) and Senator Dick Durbin (D-Illinois). Representative Emerson, who would end up adding language to an omnibus spending bill that would prevent the FTC from implementing the guidelines, stated that she also believed that the guidelines would become mandatory in due time, citing her experience working for the National Restaurant Association. Emerson's political donations from food companies tripled from 2009 to 2011. Obama advisor Marshal Matz summarized the essence of the administration's problem in tackling obesity, "There's a bipartisan feeling that you can tell someone to eat less fat, consume more fiber, more fruits and vegetables and less sugar. But if you start naming foods, you cross the line."⁹⁴ Every time the administration appeared that they were about to come out with strict policies calling out specific food components, the industry worked cohesively to oppose the effort; the Obama administration did not possess the political will or capital to effectively overcome these obstacles.

The big policy move that was made during Obama's presidency was an issuing of nutritional guidelines for breakfast and lunch programs provided through K-12 public schools. The USDA was instructed to formulate new, healthier school nutrition rules by the Healthy, Hunger-Free Kids Act of 2010. This legislation was championed by the First

⁹⁴ Ibid

Lady as part of her anti-obesity efforts. The *Let's Move* website bragged that the consequent 2012 rule issued by the USDA represented, "... a critical step on the road to deliver healthier food to our nation's school children ...".⁹⁵ This was an opportunity for the administration to affect the dietary intakes of millions of American children. Advocates for healthy food in schools pushed hard for several measures. The final rule fell short of many of these demands.

One of the hopes of the school lunch rule among advocates was that obvious unhealthy menu items, such as pizza and French fries, would be eliminated by the standards. A component of the rule required the inclusion of a red or orange vegetable and stipulated that concentrated products be credited as vegetables based on volume served. The exclusion of concentrates was to prevent schools from counting tomato paste, the primary ingredient in pizza sauce, as a vegetable. Minnesota Senator Amy Klobuchar wrote a letter to the agency asking for the rule to be amended in order to credit concentrates, "as if single-strength constituted basis." In the letter, Klobuchar argued that tomato paste is an important source of dietary fiber, potassium and various vitamins.⁹⁶ Schwan, the supplier of 70 percent of all frozen pizza sales to schools at the time, was headquartered in Klobuchar's home state. She referenced concerned business constituents in her letter to the agency. In fact, Klobuchar used the exact same language, phrasing, and order of words as a Schwann official did in testimony before the Senate.⁹⁷ Language

⁹⁵ "Healthy Schools | Let's Move!," Archives.gov, 2012, <https://letsmove.obamawhitehouse.archives.gov/healthy-schools>.

⁹⁶ Amy Klobuchar to Thomas Vilsack, "Letter Regarding Proposed Rule Change to Nutritional Standards for the NSLP and SBP," Letter, June 22, 2011.

⁹⁷ Duff Wilson and Janet Roberts, "Special Report: How Washington Went Soft on Childhood Obesity" (Washington D.C.: Reuters, 2012).

added to fiscal year 2012 appropriations bill blocked the USDA from implementing the proposed rule in full. Pressure from Klobuchar and the food industry resulted in a carveout being created for tomato paste. Despite the hopes of activists, pizza would still count as a vegetable under the reformed guidelines.

Ultimately, the school nutrition rule greatly improved school nutrition, and fell short of the demands of anti-obesity advocates, while still managing to draw the ire of anti-nanny state activists. Even in a somewhat watered-down version, the rule required schools to offer fruit daily, offer each vegetable subgroup weekly, offer only whole grain rich grains, offer weekly meat alternatives, offer only fat-free flavored milk and low-fat unflavored milk, establish calorie ranges for meals based on age, and reduce saturated fats, trans fats and sodium.⁹⁸ The school nutrition rule was a small win for obesity advocates, but if advances were made, many of them were wiped out under the Trump administration. Obama's refusal to directly challenge the food industry lobby, left them with the political base to continue pursuing their agenda after the school nutrition rule was put in place. In 2018, the USDA relaxed the sodium limit imposed in the original rule and allowed low-fat flavored milk again. The deputy director of legislative affairs at the Center for Science in the Public Interest said that rule changes aimed at promoting flexibility by allowing students to buy items a la carte proposed in 2020, "would create a huge loophole in school nutrition guidelines."⁹⁹

⁹⁸ Nutrition Standards in the National School Lunch and School Breakfast Programs, 77 Fed. Reg. 4087 (01/26/2012).

⁹⁹ Liz Crampton, "USDA Changes Obama-Era School Lunch Rules, Citing 'Flexibility,'" POLITICO, January 17, 2020, <https://www.politico.com/news/2020/01/17/school-lunch-rule-changes-100578>.

Pushed by the Obama administration, the USDA made changes to food labeling in 2016. The changes made by the USDA included: calories and serving sizes being presented in larger text, reporting the amount of added sugars, easy to measure serving sizes, and the elimination of calories from fat.¹⁰⁰ The addition of the added sugars component was a critical addition that had been resisted by the food industry and promoted by activists since the 1990s. The label changes were aimed to have a two-pronged effect: steering consumers away from unhealthy foods and incentivizing food producers to reformulate their products. These label changes were another small win for public health advocates under the Obama administration, but their results may have backfired. The limited reforms achieved under Obama have limited political thinking in obesity politics and solidified the opposing policy frameworks of personal responsibility and obesogenic food environments.

Soda Taxes, Culture War, and the Future of Obesity Politics

While major nutritional reforms stalled in D.C. during Obama's tenure, some energetic state and local governments attempted to tackle the issue on their own. California passed a bill in 2008 requiring trans fats be phased out of food products sold in the state by 2011, but it exempted packaged foods. Previously, diet experts had applauded the use of trans fats- in comparison to saturated fats which were thought to be a cause of heart disease- until new science emerged showing that trans-fat posed a higher danger for

¹⁰⁰ Julia Belluz, "The FDA Just Made the Most Significant Changes to the Nutrition Label in Years," Vox, May 20, 2016, <https://www.vox.com/2016/5/20/11719796/new-nutrition-label-added-sugar>.

cardiac disease, cancer, and obesity.¹⁰¹ Soda taxes were the most popular policy intervention attempted across the country. The City of Berkeley in California imposed a tax on soda in 2014 to moderate success in reducing the consumption of sugar-sweetened beverages. The effort was heavily resisted by beverage manufacturers. The soda tax was a target for the 2016 Trump campaign. After Philadelphia's democratic government passed one of the steepest taxes on sugar-sweetened beverages in the country, Trump used the opportunity to attack his opponent, "Crooked Hillary Clinton has endorsed Philly's soda tax, which violates her pledge to not support taxes on the poor and middle class."¹⁰² This is a stark demonstration of the polarization that occurred around these issues since the Obama presidency.

Another component contributing to the lack of interest in obesity politics is that the milquetoast reforms enacted during the Obama administration did not have any empirical impact on obesity rates. In fact, obesity continued to increase throughout this entire period for every major population subgroup. In 2008, at the beginning of Obama's reforms, the childhood obesity rate was 16.8%. In 2016, it had risen to 18.5%.¹⁰³ Policy that does not affect outcomes can have a serious demoralizing effect on a movement that was supposedly built around scientific principles. It seems some liberals have given up hope that obesity is an issue that can be affected by public policy. The idea that large groups of Americans are irredeemable has permeated liberal thinking in the Trump era;

¹⁰¹ Jennifer Steinhauer, "California Bars Restaurant Use of Trans Fats," *New York Times*, July 26, 2008.

¹⁰² Mark Gimein, "Trump and the GOP Find a New Target: The Soda Tax," *Money*, June 22, 2016.

¹⁰³ "National Obesity Monitor," *The State of Childhood Obesity*, n.d., <https://stateofchildhoodobesity.org/monitor/>.

when this idea is extended to obesity policy, the logical conclusion is that nutritional policy did not affect obesity outcomes because people do not value health and that future attempts to remedy the issue are hopeless.

Michael Bloomberg was the most public advocate of imposing government restrictions on consumers to reduce obesity. As mayor of New York, Bloomberg advocated several reforms aimed at disincentivizing unhealthy foods. New York was one of the first places in the country to ban trans-fats from restaurants in the city.¹⁰⁴ Bloomberg's effort to restrict soda sizes was the move that made a major impact on the national political discourse. His proposal to ban the sale of sodas over sixteen ounces was intended to reduce obesity by creating healthier food environments.¹⁰⁵ After years of legal battles, a court struck down Bloomberg's "Big Gulp" ban. At CPAC in 2013, former vice-presidential candidate, Sarah Palin, mocked Bloomberg's large soda ban by drinking a Big Gulp on stage to loud applause, saying, "Bloomberg's not around; our Big Gulp is safe."¹⁰⁶ Palin's mocking of restrictions on large serving sizes represented an early shift in conservative politics towards intransigent resistance to liberal-type public health officials saying that government intervention was necessary to deal with the obesity. The term "culture war" emerged in the mainstream in to describe the polarizing social forces that were causing the myth of a united American culture to fall apart. The future of obesity politics is bleak because it has been swallowed by the behemoth of the culture

¹⁰⁴ Kim Severson and Melanie Warner, "Fat Substitute Is Pushed out of the Kitchen," *New York Times*, February 13, 2005.

¹⁰⁵ "Mayor Bloomberg vs. the Big Gulp," *Los Angeles Times*, June 1, 2012.

¹⁰⁶ "Palin Mocks Bloomberg, Drinks Big Gulp," www.youtube.com (CBS News, March 16, 2013).

wars, which makes it a case of life-or-death for both sides and snuffs out any discourse on the issue beyond the arguments that have been staked out by either side.

The Trump presidency marked a major blow for the future of obesity politics. Donald Trump, a man who once posted on Twitter, “I have never seen a thin person drinking Diet Coke,”¹⁰⁷ was reported to drink nearly a dozen Diet Cokes per day as President, even installing a button at his desk to call for more Diet Coke.¹⁰⁸ Another man could not have better embodied the stubborn defiance aimed at elite liberal entreaties to regulate consumer choices and make food environments healthier. Trump’s electoral success was fueled by a huge wave of support among non-college educated voters; they made up 70% of his voting base- in comparison, they made up around 50% of Democrats’ base.¹⁰⁹ The groups that made up Trump’s electoral coalition suffer disproportionately from overweight and obesity; however, obesity policy is not anywhere in the list of political demands of this movement. Besides repealing many of the Obama administration’s actions on obesity, Trump made clear that dealing with obesity as a public health issue was not one of his political objectives either. Nominally, efforts were made to fight obesity during his administration. Ivana Trump, his ex-wife, launched a campaign in 2018 to fight adult obesity. Short of any actual public health outreach, the main plank of

¹⁰⁷ Jeva Lange, “The 65 Worst Trump Tweets of the 2010s,” The Week, October 26, 2019.

¹⁰⁸ Erin Snodgrass, “A Breakdown of What’s in Trump’s New Office — Including a Nearly Hidden Bottle That Suggests He’s Drinking Coke despite Calling for Boycott,” Business Insider, April 5, 2021.

¹⁰⁹ Scott Keeter, Hannah Hartig, and Ruth Igielnik, “Behind Biden’s 2020 Victory,” Pew Research Center, June 30, 2021, <https://www.pewresearch.org/politics/2021/06/30/behind-bidens-2020-victory/>.

this effort was to introduce their own low-carb fad diet, the Italiano Diet.¹¹⁰ The Italiano Diet, developed by Ivana's friend, required dieters to purchase items which added up to \$1,070 for the first 45 days of the diet.¹¹¹ Embracing the personal responsibility frame of obesity, the Trump coalition does not perceive of obesity being an issue for serious government intervention.

Trump's liberal critics often lampooned his large stature. In 2018, Trump agreed to begin a diet and exercise regime in order to lose ten to fifteen pounds. CNN even reported that, "Vegetables have begun appearing on his plate, though it's not clear how much of them he is eating."¹¹² Like many Americans, nearly a year after committing to his new diet, the president had not only failed to lose any weight, but he had also gained four pounds.¹¹³ All of this puts aside widespread rumors that Trump's weight was far underreported and that he was closer to 300 pounds. Trump's weight shows a rejection of the dominant media narratives of obesity. Trump was the fattest president since President Taft, yet his weight was rarely an issue outside of some liberal circles. His weight was not a concern of the Republican base at all. This signifies that many Americans have moved beyond the beginning of the century national panic about obesity.

¹¹⁰ Veronica Stracqualursi, "Ivana Trump Launching Campaign to Fight Adult Obesity," CNN, June 7, 2018, <https://www.cnn.com/2018/06/07/politics/ivana-trump-campaign-adult-obesity/index.html>.

¹¹¹ Ibid

¹¹² Kevin Liptak, "Trump's Weight-Loss Regimen: Fish and Half a Bun | CNN Politics," CNN, May 30, 2018, <https://www.cnn.com/2018/05/30/politics/donald-trump-fitness-dover-sole/index.html>.

¹¹³ Annie Karni, Lawrence K. Altman, and M.D., "At 243 Pounds, Trump Tips the Scale into Obesity," *The New York Times*, February 15, 2019, sec. U.S., <https://www.nytimes.com/2019/02/14/us/politics/trump-obese.html>.

For obesity politics to continue to be a live political item, the frameworks around it must be disrupted. The personal responsibility framework precludes all policy options besides saddling obese individuals with the indirect economic consequences of their weight. This is untenable policy for several reasons. First, economic estimates of the costs of obesity are extremely variable and it is difficult to apply group level data to individuals in an equitable manner. Second, these kinds of policies are generally unpopular among voters.¹¹⁴ The obesogenic food environment framework is unviable for reasons previously laid out. Its political momentum stalled due to growing concerns about other issues and the failure of policies based in this framework to get results when they were implemented. Also, there is a growing body of evidence showing that the most basic interpretation of this framework- the idea that food deserts and fast-food availability have a significant impact on obesity- is not true. A high-quality study conducted in Sweden found no relationship between weight and proximity to fast-food restaurants.¹¹⁵

The COVID epidemic may have opened a new political window to act on the obesity issue. Obesity is a major complicating factor for COVID patients and has been a major contributor to many COVID deaths.¹¹⁶ Experts estimate that two-thirds of COVID hospitalizations in the United States were related to obesity or one of its related conditions. Still, this issue is notably absent from conversations about how to respond to

¹¹⁴ Gallup, “Americans Back Higher Insurance Rates for Smokers, Not Obese,” Gallup, July 20, 2017.

¹¹⁵ Kenta Okuyama et al., “Fast Food Outlets, Physical Activity Facilities, and Obesity among Adults: A Nationwide Longitudinal Study from Sweden,” *International Journal of Obesity* 44, no. 8 (May 19, 2020): 1703–11, <https://doi.org/10.1038/s41366-020-0588-5>.

¹¹⁶ Katherine J. Wu, “Studies Begin to Untangle Obesity’s Role in Covid-19,” *The New York Times*, September 29, 2020, sec. Health.

the COVID epidemic.¹¹⁷ Additionally, according to early research, Americans have gained a significant amount of weight during the pandemic lockdown.¹¹⁸ With the public health impact of obesity so clear and stark in the public's mind, there may be some opportunity to recenter obesity politics. The combination of these factors may make the prevalence and the impact of obesity unavoidable and break the present political framework on this issue. However, in this same vein, COVID has clearly not created any other new political dynamics, rather, it has exasperated the nation's pre-existing political divides. COVID has intensified cultural divides between liberals and conservatives—roughly the same line dividing the two guiding frames of obesity.

¹¹⁷ Helena Bottemiller Evich, “Diet-Related Diseases Pose a Major Risk for Covid-19. But the U.S. Overlooks Them.,” *POLITICO*, October 31, 2021.

¹¹⁸ Susan J. Woolford et al., “Changes in Body Mass Index among Children and Adolescents during the COVID-19 Pandemic,” *JAMA*, August 27, 2021, <https://doi.org/10.1001/jama.2021.15036>

Chapter 5: Conclusion

The late conservative media figure, Andrew Breitbart, popularized the saying that, “politics is downstream of culture”. Obesity politics are a classic example of this saying. The all-consuming cultural focus on obesity created a shared understanding that excess weight was undesirable and had a negative impact on health. The media blitz on obesity, orchestrated by public health officials and well-meaning liberals, further hammered these ideas into the American political conscience. Weight loss company advertising blankets the American media landscape, upholding the ideal of a healthy, slim body, and often promoting unscientific expectations related to weight loss.¹¹⁹ Cultural forces pushed obesity to the front of the American mind, until it could not be ignored politically any longer. The cultural and economic histories of obesity led to it being politicized in a major fashion at the turn of the 21st century.

Ultimately, obesity politics in the 21st century is a product of the history that led up to it. Medicine’s shift from acute to chronic diseases made obesity a new target of public health. The discovery of obesity’s relationship to negative long term health outcomes put the target on its back. Fueling this even further, diabetes and other complications related to obesity have reaped a substantial human and economic toll on Americans in the last 5 decades. For good reason, public health has tried to address obesity. There would be substantial gain if obesity was significantly reduced. In the pursuit of trying to get obesity addressed as a serious issue, public health pushed harder to emphasize the importance of the issue. However, this resulted in exaggeration, sensationalism, and – worst of all-

¹¹⁹ Richard Cleland et al., “Weight-Loss Advertising: An Analysis of Current Trends” (Federal Trade Commission, 2002).

politicization. In the end, the politicization of obesity is the thing that has resulted in the current malaise on the issue. If reform efforts under Obama had been more successful and permanent, then the course of obesity politics may have been significantly different. However, these events did not come to pass, and obesity remains a growing, urgent problem with no clear solution on the horizon.

The politicization of obesity introduced a new dynamic to the issue. An additional framing of obesity, the obesogenic food environment frame, came into conflict with the personal responsibility frame. Under the personal responsibility lens, there is little incentive for government intervention because individuals are not only responsible for their own health, but they are also free to make any choice that affects their health. In this view, it is improper for the government to impinge on this freedom. In trying to get policymakers to act on obesity, liberals embraced the obesogenic food environment framework to show that government intervention could have a significant impact on the issue. This conflict led to the significant political movement to address the issue during the Obama administration, but it did not initiate a substantial shift in the obesity policy regime.

The issue at the heart of the debate over obesity is the same as the debate over masks and other COVID restrictions. It is the relative importance of individual freedom and collective good. Just as COVID anti-maskers feel that their rights are being impinged, some people feel that almost any restriction on what they can eat is an affront to their freedom. The debates around COVID have brought this conflict about individual rights and collective good to the front of the public conscience, and it is clear that a large part of the population comes down squarely on the side of individual rights, regardless of the

potential costs of this freedom. The debate around COVID has introduced another important element to this debate. The response to the COVID epidemic has created distrust in the public health profession among the public. It appears this dynamic may be slipping into the obesity discussion. Some elements of the Health at Every Size movement deny any negative health effects related to obesity. This denialist component of the COVID dialogue could sabotage the movement to tackle obesity just as severely. It seems that the COVID epidemic has forced many people to pay serious attention to public health, and many of them have decided that they cannot trust what public health officials say. This does not bode well for the future of obesity policy reform.

Obesity politics have largely fallen to the wayside in the post-Trump era, aside for their part in the widening cultural divide between the right and left. Liberals are willing to weaponize the obesity of their political opponents to make their rhetoric more stinging. When liberals have attempted to address the issue of obesity, they have been met with criticisms of paternalism. Conservatives decry liberal worries about the issue at all; instead, focusing their energy fighting what they perceive to be the intolerable expansion of a liberal nanny state that hates conservative values. In this environment, it is nearly impossible for reasonable, nuanced discussion about obesity to occur. Government action can occur within the executive branch, but that does not allow for the kinds of sweeping reform that public health officials say could actually impact obesity. There needs to be a substantial shift in the framework of American politics for obesity to escape this trap. Obesity is a serious public health issue, but it is not an epidemic. Narratives around obesity are not advancing the cause of addressing the issue. These narratives need to be disrupted for real change to occur. Obesity politics may emerge as a significant

issue after the dominant political frameworks of the present pass away, but it will have a different form, uniquely shaped by this political epoch.

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