



The Health at Every Size (HAES) Manifesto

Health at Every Size: The New Peace Movement

Weight is frequently blamed for many health problems, and weight loss touted as the common prescription for improving health. However, decades of admonishing people to restrict their calories and/or to exercise is clearly not producing the intended results. The weight of [Australasians] continues to increase*, particularly among dieters. And eating disorders and weight preoccupation are painful side effects*. Many of our most basic assumptions about weight just don't hold up to the evidence.

Assumption: “Overweight” people die sooner than leaner people.

Except at statistical extremes, body mass index (BMI)- or amount of body fat- only weakly predicts how long you'll live. Many studies find that “overweight” people live at least as long as “normal” weight people*. Some studies even suggest that people defined as overweight live longer than thinner people*.

Assumption: Being “overweight” puts people at significant health risk.

Epidemiological studies rarely acknowledge factors like fitness, activity, stress, nutrient intake, weight cycling, or socioeconomic status when considering connections between weight and disease. Yet all play a role. When studies do control for these factors, increased risk of disease disappears or is significantly reduced*. What's likely going on here is that these other factors increase disease risk at the same time they increase the risk of weight gain.

Assumption: Anyone who is determined can lose weight and keep it off.

The vast majority of people who try to lose weight regain it, regardless of whether they maintain their diet or exercise program*. This occurs in all studies, no matter how many calories or what proportions of fat, protein, or carbohydrates are used in the diet or what types of exercise programs are pursued. Many studies also show that dieting is a strong predictor of future weight gain*.

Assumption: Weight loss will prolong life.

No one has ever shown that losing weight prolongs life. Many studies actually suggest that intentional weight loss increases the risk of dying early from certain diseases*.

Assumption: The only way for “overweight” people to improve health is lose weight.

Most health indicators, such as insulin sensitivity and cholesterol levels, can be improved through changing health behaviours, regardless of whether weight changes*. Even people who gained body fat while participating in an exercise program have improved their health*.



Assumption: There is a serious obesity epidemic in this country.

Yes, there has been moderate increase in weight since the last generation, but the average person is only [a couple of kilograms] heavier*. This is hardly epidemic proportions. Instead, it's equivalent to eating an extra serving of French Fries every month, or walking a few minutes a day- hardly convincing evidence that we are all slothful gluttons.

The Centre for Disease Control did a slick job of presenting this collective weight gain. Instead of noting the small increase in weight, they dramatized it by showing the percentage increase in the number of people labeled overweight and obese. Weight among populations always resembles a bell curve. Since the overweight category coincided with our average weight (the height of the bell curve), just a few [kilograms] difference pushed a large number of people over the edge from "normal" to "overweight". That the overweight category is meaningless as a health risk predictor reinforces the uselessness of this information.

Sure, we are moderately fatter than we used to be, but life expectancy has also increase dramatically during the same time period in which our weight rose (from 70.8 years in 1970 to 77.8 years in 2004)*. Meanwhile, heart disease rates have plummeted and many common diseases emerge at older ages and are less severe*. We are simply not seeing the catastrophic consequences predicted to result from the "obesity epidemic".

Blame Economics

Why do these faulty assumptions continue to proliferate and why isn't the reality more widely known? There can only be one explanation when science so blatantly contradicts popular thought: economics.

There is a huge industry that benefits from widening the boundaries of what is considered a problematic weight, including weight loss centres, supplement makers, drug companies, physicians, and purveyors of diet books, foods and programs. Even scientists benefit by getting research grants and serving as consultants or by running weight-loss centres at universities. Convincing us of a crisis can also aid government agencies on obtaining congressional funding. And expert panels that create public policy and determine research finding are populated by individuals with financial conflicts of interest.

That said, I do not believe that those engaging in this damaging paradigm are part of a widespread conspiracy. We are all raised with the assumption that fat is bad and permanent weight loss can be achieved through dietary change and exercise. These assumptions are so strongly a part of our cultural landscape that they are regarded as self-evident, and few even consider questioning them. As a result, many well-intentioned, caring people unknowingly collude and transmit this cultural bias. There is little regard for questioning these assumptions, other than peace of mind and professional integrity. Indeed, for a professional to challenge these ideas is tantamount to career suicide; this is in stark contrast to the large financial/ status incentive for supporting the old paradigm.



What you can do

Refuse to fight in an unjust war. Join the new peace movement: Health at Every Size (HAES). HAES acknowledges that well-being and healthy habits are more important than any number on the scale. Participating is simple:

1. **Accept your size.** Love and appreciate the body you have. Self acceptance empowers you to move on and make positive changes.
2. **Trust yourself.** We all have internal systems designed to keep us healthy- and at a healthy weight. Support your body in naturally finding its appropriate weight by honoring its signals of hunger, satiety, and appetite.
3. **Adopt healthy lifestyle habits.** Develop and nurture connections with others and look for purpose and meaning in your life. Fulfilling your social, emotional, and spiritual needs restores food to its rightful place as a source of nourishment and pleasure. Find joy in moving your body and becoming more physically vital in your everyday life. Eat when you are hungry, stop when you're full, and seek out pleasurable and satisfying foods. Pay more attention to the experience of eating and to which food choices truly help you feel good. Tailor your tastes so that you enjoy more nutritious foods, staying mindful that there is plenty of room for less nutritious choices in the context of an overall healthy diet and lifestyle.
4. **Embrace size diversity.** Humans come in a variety of sizes and shapes. Open to the beauty found across the spectrum and support others in recognizing their unique attractiveness.

*References cited in the original source.

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