Executive Summary

It’s been called as dangerous as terrorism and compared to the Black Death and a massive SARS outbreak. But what is the truth about obesity?

Overblown rhetoric about the so-called “obesity epidemic” has itself reached epidemic proportions, sending the public and the media into a frenzy over the nation’s waistline. Policy makers have responded with knee-jerk solutions, such as zoning restrictions on restaurants and convenience stores, and taxes and warning labels on certain foods. Meanwhile, trial lawyers are strategizing to bring large-scale lawsuits against restaurants and food companies.

Activists, politicians, bureaucrats and lawyers rely on commonly repeated obesity statistics for their shock value. These figures include:

- 400,000 Americans die every year due to overweight and obesity
- 65 percent of the country is overweight or obese
- Obesity costs Americans $117 billion a year

While extreme obesity remains a genuine health risk, this brochure, which summarizes a larger book titled *An Epidemic of Obesity Myths*, outlines the extent to which many researchers and academics are actively questioning obesity hype. Relying on peer-reviewed publications and esteemed health experts, they outline the scientific evidence that rebuts obesity hysteria. They also summarize the pharmaceutical industry’s long-term effort to hype the costs (and peddle their solutions) to the so-called “epidemic.”
The federal government defines “overweight” and “obese” using the Body Mass Index (BMI), a simple calculation based only on height and weight. But the BMI’s simplistic formula misclassifies many fit Americans as officially fat. Under the government standard, Tom Cruise, Sylvester Stallone, and Mel Gibson are all technically obese.

It’s not just the official category of obesity that has been affected by numerical hocus-pocus. Thirty-five million Americans went to sleep one night in 1998 at a government-approved weight, and woke up “overweight” the next morning, thanks to a change in the government’s definition. That group includes presently “overweight” celebrities like Will Smith and Pierce Brosnan, as well as NBA stars Kobe Bryant and LeBron James. It even includes President George W. Bush.

“BMI does have numerous limitations that we professionals have chosen to ignore, or at least to tolerate.”

—Obesity Reviews, 2001

By changing the definition of “overweight,” the federal government reclassified more than 35 million previously “normal” weight Americans as overweight—more than doubling the size of the category. The redefinition caused an additional 22% of Americans to be classified as officially fat in 2004.

(Source: Behavioral Risk Factor Surveillance System, 2004)

Myth: You Can’t Be Overweight and Healthy

“In Greek schoolchildren, primary CHD [Coronary Heart Disease] risk factors are mainly associated with physical activity levels, independently of fitness, fatness, and/or fat intake … It is noteworthy that the present data contradict recent reports citing obesity as the single most important contributor in the pathogenesis of CHD during childhood … Confirming a previous report in Greek children, we found that the CHD risk factors studied were not substantially affected by qualitative aspects of diet.”

—Archives of Disease in Childhood, 2004

“Active obese individuals actually have lower morbidity and mortality than normal weight individuals who are sedentary … the health risks of obesity are largely controlled if a person is physically active and physically fit.”

—The President’s Council on Physical Fitness and Sports, 2000
Myth: **Obesity Will Significantly Shorten Life Expectancy**

For the last several years activists and politicians have warned—without any scientific evidence—that this could be the first generation of children to live shorter life spans than their parents. In early 2005, the *New England Journal of Medicine* published a study by Dr. S. Jay Olshansky which was interpreted as supporting this pessimistic theory. But shortly after the study was published, Olshansky admitted his findings—which were always a minority view—were likely incorrect.

"Olshansky now says … his life expectancy forecasts might be inaccurate."

—Science, 2005

Despite Olshansky’s admission, many policy leaders—including former President Bill Clinton and Arkansas governor Mike Huckabee—continue to incorrectly say that this generation of children may be the first to live shorter life spans than their parents.

**Life Expectancy in the United States**

(Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2004)

Myth: **Obesity Kills 400,000 Americans Annually**

On March 9, 2004, the heads of the Department of Health and Human Services, National Institutes of Health, and Centers for Disease Control and Prevention stood in front of a packed press conference and announced that poor diet and physical inactivity kill 400,000 Americans annually. But a little over one year later, a scientifically superior study conducted by researchers from the CDC and the NIH found that obesity and overweight were responsible for fewer than 26,000 deaths per year—one-fifteenth the CDC’s original 400,000-deaths estimate.

After the dust settled, an internal investigation of the 400,000-deaths study revealed that the authors were warned that the study was flawed prior to publication. The report noted:

- "The knowledge about inappropriate use of adjusted relative risks in certain attributable-fraction formulas was in the literature prior to the preparation of this manuscript and was apparently shared with the authors prior to publication …"

- "[The study] might have been better off being presented as a policy exercise rather than a scientific study."
Myth: Overeating Is the Primary Cause of Obesity

“So it’s perhaps surprising that, in a debate that has often focused on foods alone, actual levels of caloric intake among the young haven’t appreciably changed over the last twenty years.”
—Then-FDA Commissioner Dr. Mark McClellan, 2003

“Inactivity is a major cause of obesity in the United States. In fact, inactivity might be a far more significant factor in the development of obesity than overeating.”
—The President’s Council on Physical Fitness and Sports, 2004

“The lack of evidence of a general increase in energy [food] intake among youths despite an increase in the prevalence of overweight suggests that physical inactivity is a major public health challenge in this age group.”
—American Journal of Clinical Nutrition, 2000

“These results suggest that habitual activity plays an important role in weight gain, with no parallel evidence that energy intake had a similar role … The composite findings from NGHS so far indicate that the drastic decline in habitual activity during adolescence might be a major factor in the doubling of the rate of obesity development in the USA in the past two decades, since no concomitant increase in energy intake was apparent.”
—The Lancet, 2005

Sound Science Rebuts Ridiculous Rhetoric

Claim: The “toxic food environment” causes obesity.

“There were no significant effects for dairy or fast-food prices, nor for outlet density ... We initially expected food outlets to play an important role, but no association was found ... the absence of an effect on weight change in our data could also be an indication that density, or at least the variation in density, of food outlets has a smaller impact on diet than commonly assumed.”
—RAND Institute researcher Roland Sturm in Public Health, 2005

Claim: Marketing foods to children is contributing to childhood obesity.

“Despite media claims to the contrary, there is no good evidence that advertising has a substantial influence on children’s food consumption and, consequently, no reason to believe that a complete ban on advertising would have any useful impact on childhood obesity rates.”
—Imperial College School of Medicine Epidemiology Professor David Ashton in the Journal of the Royal Society of Medicine, 2004

Claim: Healthy food is too expensive.

“Among the 69 forms of fruits and 85 forms of vegetables included in the analysis, more than half were estimated to cost 25 cents or less per serving in 1999, and 86 percent of all vegetables and 78 percent of all fruit cost less than 50 cents a serving. That’s 127 different ways to eat a serving of fruits and vegetables for less than the...
price of a 3-ounce candy bar. In fact, consumers can meet the [Food Guide Pyramid] recommendations of three servings of fruits and four servings of vegetables daily for as little as 64 cents. Consumers trying to meet the 5-a-day challenge could do so for even less.”

—US Department of Agriculture report on the cost of produce, 2004

The State of Physical Activity

Many are quick to blame food for the nation’s waistline, but we have seen a substantial decline in physical activity along with increasing rates of obesity.

- Only 15 percent of U.S. adults regularly engage (three times a week for at least 20 minutes) in vigorous physical activity during leisure time.

- From 1977 to 1995, the number of walking and biking trips made by children declined by 61 percent.

- The National Sporting Goods Association’s Youth Participation in Selected Sports survey reports that bicycle riding among adolescents dropped more than 25 percent between 1996 and 2002.

- According to the Kaiser Family Foundation, a child is six times more likely to play a video game than ride a bicycle in a typical day.

- 75 percent of all trips less than a mile are taken by car.

- According to the journal *Pediatrics*, “only 21.3% of all adolescents participated in 1 or more days per week of PE [physical education] in their schools.”

States with a higher percentage of citizens reporting no leisure-time physical activity report higher rates of overweight and obesity.

(Source: Behavioral Risk Factor Surveillance System 2003 and the American Cancer Society)
In 1998, researchers from Harvard and the University of Virginia published a study in *Obesity Research* concluding that obesity costs the American economy $117 billion annually. But their study poses three major problems.

- They wrote: “we are still uncertain about the actual amount of health utilization associated with overweight and obesity.”

- The study used the wrong definition of overweight (29kg/m² instead of the government’s standard of 30 kg/m²).

- The researchers admit that their methodology allowed for the “double-counting of costs,” which “would inflate the cost estimate.”

A later study in *Obesity Research* noted that previous estimates of obesity’s cost failed to control for many important factors. After controlling for these factors, it concluded: “there was no statistically significant relationship between obesity and medical expenditures.”

Soda has become a popular target among activists and academics who seek regulations to curb the so-called obesity epidemic. But leading research indicates that banning soda in school is no solution for obesity.

“…the inclusion of sugar-sweetened beverages in the snack food category did not meaningfully change the results. Regardless of the definition of snack food, there was not a strong association between intake of snack foods and weight gain … Our data did not offer support for the hypothesis that snacking promotes weight gain.”

—Harvard researchers writing in the *International Journal of Obesity and Related Metabolic Disorders*, 2004

“[Body mass index] was not associated with consumption of milk, regular carbonated beverages, regular or diet drinks/ades, or non-citrus juices.”

—*International Journal of Food Sciences and Nutrition*, 2003

“Availability of soft drinks at schools was not associated with significantly increased risks of overweight.”

—*Canadian Medical Association Journal*, 2005

“Evidence for the association between sugar-sweetened drink consumption and obesity is inconclusive … [N]ational data showed no association between sugar-sweetened beverage consumption and BMI calculated from self-reported height and weights of children and adolescents.”

—CDC researcher published in the *International Journal of Obesity*, 2005
**Myth: Obesity Has Made Diabetes Epidemic**

According to the CDC, data from its NHANES survey collected between 1988 and 2000 “indicate that the prevalence of diabetes, either diagnosed or undiagnosed, and impaired fasting glucose did not appear to increase substantially during the 1990s.”

“Type 2 diabetes is still a rare condition [in children].”

—CDC, 2005

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<th>Diabetes &quot;epidemic&quot; amounts to 0.4% increase</th>
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<td>Adjusted percentage of adults aged ≥ 20 with fasting blood glucose levels above 126 mg/dL</td>
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In 1997, the American Diabetes Association (ADA) and the federal government substantially lowered the standard for diagnosing diabetes from a fasting blood glucose level of 140 mg/dL to 126 mg/dL. The journal American Family Physician reported in 1998 that among American adults this redefinition increased the number of diabetics by nearly 50 percent:

“Lowering the diagnostic threshold shifts the definition of diabetes into the central bulge of the bell curve where the glucose level of most Americans falls.”

This shift to treat obesity as a “disease” was the result of a long-term lobbying and public relations campaign waged by the $46-billion-per-year weight-loss industry to hype the costs and risks of overweight, as well as its prevalence.

Since the 1980s, public opinion about obesity has been skillfully molded by the pronouncements of financially conflicted researchers and the companies that fund them. A small group of influential scientists—shaping public and professional notions of obesity—continually exaggerate the consequences of being overweight and obese. At the same time, they receive substantial monetary gifts, honoraria, and research money from the companies that stand to profit directly from their activities.

Author Ellen Ruppel Shell notes in her book *The Hungry Gene*, “[M]any, if
not most, high-profile obesity researchers are either consultants to the diet, food, or pharmaceutical industry, or conduct research for those industries. Many do both.” She continues:

“It is no secret in the scientific community that purveyors of weight loss drugs and diet plans feather the nests of the specialists who vouch for them. Nor is it news that corporate patrons expect to get what they pay for: that scientists who find benefit in weight loss products are more likely to enjoy the continued support of the makers of those products.”

The three organizations most influential in shaping medical and public perceptions about obesity are the American Obesity Association (AOA), the North American Association for the Study of Obesity (NAASO), and the Centers for Obesity Research and Education (CORE). As these nonprofit groups hype the problem of obesity, most people remain unaware of the extremely close ties they maintain with their for-profit sponsors in the weight-loss industry.

Financially-conflicted Obesity Researchers Profiled in the Book:

- Caroline Apovian
- Louis Aronne
- Richard Atkinson
- George Blackburn
- Claude Bouchard
- George Bray
- William Dietz
- Arthur Frank
- David Heber
- Philip James
- Shiriki Kumanyika
- Robert Kushner
- JoAnn Manson
- Judith Stern
- Theodore VanItallie
- Thomas Wadden

AOA’s donors have included the following companies, all involved in the weight-loss industry:

- Abbott Laboratories
- American Home Products
- Eli Lilly and Company
- Ethicon Endo-Surgery, Inc.
- GlaxoSmithKline
- Health Management Resources
- Hoffman LaRoche
- Interneuron Pharmaceuticals
- Jenny Craig International
- Johnson & Johnson
- Knoll
- Medeva Pharmaceuticals
- Merck
- Novartis Nutrition Corporation
- Ortho-McNeil Pharmaceutical
- Pfizer
- Regeneron Pharmaceuticals, Inc.
- Roche
- Sanofi-Aventis
- Slim-Fast Foods Company
- Tanita
- Weight Watchers International
- Wyeth-Ayerst