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Neoliberalism and the "Obesity Epidemic"

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NEOLIBERALISM AND THE "OBESITY EPIDEMIC"

BY

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ABSTRACT

NEOLIBERALISM AND THE "OBESITY EPIDEMIC"

by

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Neoliberalism has been described as a political and economic theory that proposes "human well-being can best be advanced by liberating... freedoms...within an institutional framework [of]...strong private property rights [and] free markets.... [I]f markets do not exist (...such as in... health care) then they must be created, by state action if necessary." I would argue that the "Obesity Epidemic" is just such a created Neoliberal market, and in fact does not actually exist as an "epidemic." By changing the computation of BMI (Body Mass Index) in 1998, the federal government created the "Obesity Epidemic" by definitional fiat, despite myriad contradictory evidence.

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INTRODUCTION

Jacques Cros, in his 1950 doctoral thesis "*Le néo-libéralisme' et la révision du libéralisme,*" described Neoliberalism as "the political ideology which resulted from...efforts [at] reinvigorating classical liberalism, in the period immediately before and during World War II, by political theorists...[who] sought to redefine liberalism by reverting to a more right-wing or *laissez-faire* stance on economic policy (Cros 1950). However, while in the mid-twentieth century this new liberalism debuted as an ideology with goals that included deepening constitutional democracy, limited government, individual liberty, and basic human, civil and economic rights (Thoursen 2012), it quickly turned into a Neoliberalism that concentrated, to a perpetually increasing degree, power and wealth within transnational corporations and elite groups (Saad-Filho 2005). And, as a result of the practical implementation of this new entrepreneurial political ideology, Neoliberalism became "a loosely demarcated set of political beliefs which most prominently and prototypically included the conviction that the only legitimate purpose of the state is to safeguard individual, especially commercial, liberty, as well as strong private property rights" (Friedman 2006).

In *A Brief History of Neoliberalism* David Harvey further explained Neoliberalism as a:

> "theory of political economic practices that proposes that human well-being can best be advanced by liberating

> individual entrepreneurial freedoms...within an institutional framework characterized by strong private property rights [and] free markets.... [I]f markets do not exist (in areas such as... health care) then they must be created, by state action if necessary. But beyond these tasks the state should not venture. State interventions in markets (once created) must be kept to a bare minimum" (Harvey 2005).

I would argue that the "Obesity Epidemic" is just such a created Neoliberal market, and in fact does not actually exist as an "epidemic." To explain this it is necessary to ascertain the source of the term "obesity epidemic."

HISTORY OF THE OBESITY "EPIDEMIC"

Obesity is measured by the BMI (Body Mass Index), calculated from an algorithm which assembles weight and height into a single number which indicates the level of body fat and weight that may lead to health problems (such as diabetes, heart disease, stroke, hypertension, dyslipidemia, metabolic syndrome and obesity). In 1998, the federal government established the BMI cutoff points that defined the terms "overweight" and "obese**:**" any BMI over 25 was labeled overweight, over 30 labeled "obese" and over 40 "morbidly obese" (Wann 2009). Using these new BMI ratings, The National Health and Nutrition Examination Survey [NHNES] indicated that 1.7% of Americans between ages 20 and 74 fell into the "underweight" category; 32.2% fell into the "healthy" weight category; 34% fell into the "overweight" category and 32.1% fell into the obese categories (Gaesser 2009). Thus, 66.1% of Americans were declared to be fat by the U.S. federal government, and the BMI bell curve was transformed into a national "epidemic" by "definitional fiat" (Kirkland 2011).

Representatives of the drug company Wyeth-Ayerst lobbied for the redefinition of the BMI during an FDA Hearing, and argued that the new definitions were evidence-based—the 'overweight' guideline was supposed to indicate the weight at which people face increased risk of disease (morbidity), and the 'obese' guideline was supposed to indicate the weight at which people face increased risk of mortality (death). They also claimed at this FDA hearing that "three hundred thousand people die annually from being fat" (Curfman 1997). Ironically, Wyeth-Ayerst's own weight-loss drug, Redux, which was supposed to reduce obesity, was taken off the market in 1997 when it was found to cause heart disease, pulmonary hypertension, neurotoxic brain injury, and other side effects which were sometimes fatal (Curfman, *op. cit.*]. Furthermore, Wyeth-Ayerst's claim of 300,000 fat related deaths was found to have been incorrectly attributed to a 1998 study by Doctors J. McGinnis and W.H. Foege which, in fact, had contained **no** data about weight, and was specifically refuted by McGinnis and Foege in a letter to the *New England Journal of Medicine* "asking people to stop misusing their results" (McGinnis and Foege 1998). Nevertheless, the debunked three hundred thousand figure continued to be cited, "[and] 'obesity' lobbyists invented a new, improved version—four hundred thousand fat deaths annually. They developed this number by applying ***estimates*** of how many fat people ***should*** be dying to the current number of fat people and the current number of deaths" (Wann, *op. cit.*). They arbitrarily based their estimate of **should be dying** (without collaborating evidence) simply by assuming that all people with a BMI in the "obese" range **should be died** (Wann, *op. cit.*). In contrast, Katherine Flegal, Ph.D., a researcher for the National Center for Health Statistics at the Centers for

Disease Control, published a study of actual deaths in various weight categories and found significantly different figures—111,900 more deaths among the "obese" than the "normal" weight category; but 86,000 **fewe**r deaths among people whom the government labeled "overweight" and 33,746 *more* deaths among "underweight" people. In an editorial in the *International Journal of Obesity*, Flegel admonished 'We thought it important to clarify...that any associations of weight with mortality were not necessarily causal, but might be due, wholly or in part, to other factors....that were associated both with weight and[/or] with mortality" (Flegal 2006).

At about the same time that McGinnis, Foege and Flegal were issuing their refutations of the claims of obesity-based mortality rates, the Center for Disease Control itself was contesting the existence of an "obesity epidemic." On November 28, 2007 the CDC's National Center for Health Statistics sent out a press release entitled *New CDC Study Finds No Increase in Obesity Among Adults; but Levels Still High*, subtitled *Obesity Among Adults in the United States—No Statistically Significant Changes Since 2003-2004* (Center for Disease Control and Prevention 2007). In this press release, the CDC stated: "Obesity rates have increased over the past 25 years. However, there was no significant change in obesity prevalence between 2003-2004 and 2005-2006 for either men or women, [and], since 1999, there appears to have been a leveling off in obesity among women." (CDC 2007).

Furthermore, other medical experts challenged the use of the BMI scale as the all inclusive measure of obesity, and the view that obesity irrefutably predicts drastically increased morbidity.

For example, The *International Journal of Obesity* reported that a group of physicians, mainly from the Mayo Clinic and its affiliated research facilities, pointed out that "even though BMI has been used extensively in research and clinical practice, there are very few studies testing its diagnostic accuracy and no study has done this in a large, multiethnic adult population representing men and women of many age strata." In order to test the validity of the BMI hypotheses they studied

> [a] cross-section of 13,601 subjects (aged 20–79.9 years) from the Third National Health and Nutrition Examination Survey...to estimate body fat percent (BF%)...[and] assessed the diagnostic performance of BMI using the World Health Organization reference standard for obesity...test[ing] the correlation between BMI and both BF% and lean mass by sex and age groups adjusted for race. (Romero-Corral 2008).

The Mayo Clinic Group discovered that BMI-defined obesity (BMI of 30 or over) was present in 19.1% of men and 24.7% of women, while BF%-defined obesity was present in 43.9% of men and 52.3% of women. An overweight BMI of 30 had a low sensitivity to detect BF%-defined obesity, and the older the subjects were the more the diagnostic precision of BMI diminished. After evaluation these statics, they concluded "the accuracy of BMI in diagnosing obesity, especially in the lower range of BMI diagnosed obesity, is limited," and proposed that

> these results may help to explain the unexpected better survival in overweight/mild obese patients. Despite the...association between BMI-defined obesity and mortality, multiple studies worldwide have shown that

> overweight subjects have similar or even better outcomes for survival of cardiovascular events when compared to people classified as having normal body weight. Results of these studies have challenged the association between adiposity [fat] with mortality and cardiovascular disease *[Ibid]*.

A Canadian study conducted by Doctors Ian Janssen. Ph.D. (Department of Medicine Queen's University, Kingston, Canada), Peter T Katzmarzyk, (the Centers for Disease Control) and Robert Ross (Canadian Institutes of Health Research) revealed that waist circumference (WC), when considered in relation to BMI, "predicted a greater variance in health risk than BMI by itself and that WC, and not BMI, explains obesity-related health risk.

> 14,924 adult participants in the third National Health and Nutrition Examination Survey [were] grouped into categories of BMI and WC in accordance with the National Institutes of Health cutoffs. Odds ratios for hypertension, dyslipidemia, and metabolic syndrome were compared for overweight and class I obese BMI categories and the normal-weight category before and after adjustment for WC.
> **Results:** With few exceptions, overweight and obese subjects were more likely to have WC as a continuous variable, the likelihood of hypertension, dyslipidemia, and the metabolic syndrome was similar in all groups. When WC and BMI were used as continuous variables in the same regression model, WC alone was a significant predictor of co-morbidity.
> **Conclusions:** WC, and not BMI, explains obesity-related health risk. (Janssen, et al., 2004)

In other words, subjects who were diagnosed with hypertension, dyslipidemia, or metabolic syndrome were disproportionally designated as overweight or obese based on their BMI scores. However when their waist circumference was measured in addition to BMI testing, and were compared to subject diagnosed by both BMI and waist circumference testing, the

likelihood of these diseases was similar in all weight groups. The doctors concluded from this that waist circumference, **not** BMI explain obesity related health risk.

Similarly, Doctor S.W. Keith, in 2011, contended that many large-scale epidemiological data studies which associated body mass index (BMI) with mortality were based on self-reported height and weight. He reasoned that their results should be reevaluated because, in general, "self-reports are systematically biased" (Keith, et al. 2011). His argument was endorsed in the *Journal of the American Medical Association* (JAMA) by Doctor Steven Heymsfield who, after reviewing a "Sample representing the US non-institutionalized civilian population" said

> Misclassification by BMI_{SR} [self reported] among the underweight and obesity ranged from 30–40%....Analyses using BMIsr failing to detect six to eight significant mortality [components]…**Conclusions:** BMIsr should not be treated as interchangeable with BMIm [measured] in BMI mortality analyses. Bias and inconsistency introducing BMIsr in place of BMIm in BMI mortality estimation and hypothesis tests may account for important discrepancies in published findings. (Heymsfield 2011).

The question is: why has the United States government participated in the invention and propagation of the idea of an "epidemic" based on BMI calculations, especially when many of its own experts, as well as many prestigious medical journals and doctors, refute it? The answer may lie in the second part of Harvey's definition of Neoliberalism: "State interventions in markets (once created) must be kept to a bare minimum." (Harvey). After fulfilling the first part of Harvey's definition—through the creation of an "obesity epidemic"—the government sat back and let the obesity industry totally control the market,

a gigantic market that grew at a phenomenal rate. In 1971, U.S. Government officials estimated diet product profits at between $250 Million and $1 billion (Seid 1989). Thirty years later, *Business Week Magazine* reported that "Americans spent $60 billion a year on weight loss programs and products" (2008). Laura Cummings of BBC Worldwide Online summed up the scope of the situation when she wrote:

> There are no official statistics for spending on diet products, but estimates vary from $40 billion to $100 billion [annually] in the US alone—more than the combined value of the[ir] government's budget for health, education and welfare (Cummings 2003).

In view of this level of profits, the Neoliberal stance of the government appears to be that, having established this market (albeit speciously calling it an "Epidemic") it would let the marketplace rule without government oversight.

Let's look back to1992. After their statistical findings demonstrated that the failure rate for sustained weight loss continually remained constant at 90-95% (as will be explained latter in the discussion of the research at Rockefeller University), the National Institutes of Health's Technology Assessment Conference Panel recommended that "a focus on approaches that can produce health benefits independently of weight loss may be the best way to improve physical and psychological health of Americans seeking to lose weight." (NIH 1992). Instead of adapting this alternative to the obesity industry's agenda however, "federal health officials define[d] obesity as a disease and recommended medical treatment regardless of the lack of safety or effective data,...exaggerating the health consequences of higher weight while downplaying treatment failure...fostering the idea that any effort to reduce weight [was] worth the risk"

(Lyons 2009). Thus medicalization—a process of defining a situation in medical terms, by means of medical language and a medical framework, and using medical intervention to "treat it" (with or without the involvement of the medical profession)—was added as a Neoliberal component to the establishment of a market in the guise of an "epidemic," and used as propaganda to enforce it (Conrad 1992).

No government restraints were put on the obesity industry's actions, and some of their cohort were even given government jobs to help spread the "obesity epidemic" message. Former U.S. Surgeon General C. Everett Koop, M.D. declared the "War on Obesity" campaign in 1995 with over one million dollars in funding from Weight Watchers, Jenny Craig and Slim-Fast (Fraser, 1997). William Dietz, M.D., a consultant to the diet drug producing companies Hoffman-La Roche and Knoll Pharmaceuticals became head of the CDC's nutrition and weight related programs and produced a slide-show on the "obesity epidemic" (MacPherson and Silverman 1997). While serving as chair of the NIH Task Force on Obesity Treatment and Prevention, Xavier Pi-Sunyer, M.D. (a consultant for Hoffman-La Roche, Knoll, Eli Lilly and Weight Watchers) was identified as one of several allegedly paid signatories on research papers favorable to Phen-Fen (associated with Redux) and written by the drug companies (Lyons).

UNRULY BODIES

There is more however, on a neoliberal level, to the "obesity epidemic" than is covered by either the Medicalization model or Harvey's model of state creation followed by total marketplace control. In his *Birth* of the Clinic (Foucault 1963) Michel Foucault

described the idea of biopolitics—government policy and politics directly impacting biological aspects of citizen's health. Foucault examined how political and social concerns impacts medical care and the perception of individuals' health, exploring how the government impacts on health and how the state governs and influences individuals' biological construction. Biopolitical analysis also examines the political economy of health and the inequities impacting health. Additionally, this analysis reflects broader social change as the state shifts to focusing on the obedience of citizens through political power, a process Foucault referred to as *biopower* (*Ibid.*).

Drawing on Foucault's theory of biopower as a technology of power in which the individual bodies of populations are disciplined and regulated according to the needs of the state, Jeanne Firth outlined the underlying cause of declaring an "obesity epidemic" as societal (and governmental) anxiety over changing gender roles—a fear of the loss of "traditional" family structures and the policing of "deviant" bodies, primarily those of women and people of color, in the belief that individuals should be disciplined for their own body's "deviance". "These value-laden component tenets of the 'obesity epidemic,' presented in the innocuous attire of public health, seem free from politics and ideology... [and] provide a framework in which neo-liberalism, biopolitics [and the] 'obesity epidemic' can be brought together." (Firth, 2012). Firth argues that

> The 'obesity epidemic' reflects the emphasis on health in American citizenship— of the requirement to inhabit a disciplined, self-regulated body. As American individualism and Neoliberalism have merged to create a unique post-industrial capitalism, *the 'obesity epidemic' is an outlet for anxieties about race, citizenship**...**and women's bodies*. Public health approaches...rely on stereotypical gender roles...of women to solve the 'obesity

> epidemic'... reflecting biopolitical techniques of governance...to produce a new model of the healthy American citizen (*Ibid*).

To illustrate this, Firth demonstrates how "obesity epidemic" statistics provide an outlet for anxieties about race. According to National Health and Nutrition Examination Survey results, "over 80% of black women over the age of forty are overweight or obese [and] 13.5% of African American women are 'extremely' or 'morbidly' obese, which is more than twice the rate of white women" (Wang and Beydoun 2007). These statistics, Firth says, demonstrate how "obesity epidemic" and racial ideologies display women of color not only as different from white women but also as having more "unruly" bodies than white women. The bodies of white women are seen as more easily controlled and regulated, those of black women are uncontrollable and more deviant, constructing white women as self-disciplined and capable of exercising greater self-control than black women. In actuality, the pure prejudice and bigotry of using the NHNES report to indicate African American women's "lack of self control" is demonstrated by medical statistical evidence of the genetic component in the difference in health and BMI numbers between the races.

> Several studies have looked at how much fat must be present before signs of illness develop. And the results are striking, if not surprising. Caucasians start showing metabolic wear and tear at a BMI of around 30***, which is why epidemiologists chose 30 as the obesity breakpoint [****Italics added]*. How-ever, African Americans don't show metabolic decomposition until a BMI of about 35 (Spalding 2008).

Fashioning the definition of obesity at the biological level of white women's bodily vulnerability, and then condemning women of color's "Unruly Bodies" for not meeting

these standards (as the NHNES did), is pure condescension. Dismissing the genetic components of African American women as different and therefore inferior is classic racism. The fallacy of the assumption that this difference is "unruly" is shown by the fact that a higher BMI score before manifesting disease is healthier—and therefore actually less "Unruly." But, as Firth said in the quote above, "*the 'obesity epidemic' is an outlet for anxieties about race,*" and so the myth of the "deviance" of the bodies of women of color continues as a Neoliberalist "fact."

A further demonstration of neoliberal invasiveness in combating the "Unruly Body" by using obesity as an outlet for anxiety (in this case for citizenship) is that, in 2011 the U.S. Department of Defense declared obesity ***"a danger to national security"*** (Wilson 2011). The DOD created a working group to combat obesity in potential military recruits, because, as Barbara Thompson, co-chair of the group described, "obesity has a dangerous impact on everything from recruiting to the health system." She cited a DOD report called "*Too Fat to Fight*," saying "75 percent of Americans ages 17 to 24 are unable to join the military for various reasons, with being overweight or obese the leading medical cause" and postulated that "When you take into account that 50 percent of military age youth enter the military or consider entering the military, that's a huge pool we need to be focused on" (*Ibid)*, implying that all 50% were obese and their "Unruly Bodies" were causing grave danger to the nation. In actuality, according to FACTCHECK.ORG, "citing figures given by a research analyst with the U.S. Army, only 27 percent of young Americans are too overweight to join the military." In 2010, the Army rejected only 1,625 soldiers because they couldn't meet the fitness standards (not all of them for obesity). That represents 1.8% of the 5.3% of the troops (86,186 people) who were declared overweight or obese in 2010 [http://www.factcheck.org/2010/02/a-big-fat-mistake].

THE OBESITY INDUSTRIAL COMPLEX

Once the 0besity Industrial Complex gained sway over obesity issues they went directly to manipulating the public into believing that dieting and body size was the nirvana they had been looking for, and to increase their market by manipulating the public's view of body image and ideal body size. The Obesity Industrial Complex is named after what President Eisenhower referred to as the Military Industrial Complex: the concept used to refer to policy and monetary relationships between the military industry and the government organizations that support it (Eisenhower, 1961 p. 69). I use the term 0besity Industrial Complex (OIC) rather than the more commonly used phrases "diet industry" or "diet industrial complex" because I am discussing the entire complex and the many industrial components (the diet industry, the weight loss industry, the fashion industry, the food industry, the medical industry and the media), which actually form it. The analogy between the Obesity Industrial Complex and the Military one can be most clearly seen by discussing each of the Obesity Industrial Complex's parts and the obvious governmental regulatory and monetary similarities of both.

THE WEIGHT LOSS INDUSTRIES

Statists indicate that 90 to 95% of "failed" dieters usually regain as much as 20% more weight than they lose (Gaesser, 2009, pp. 37-41). The reason for this can be explained by studies done since 1959 by research physicians at Rockefeller University. Their obese subjects where placed on a 600 calorie a day diet until they had reach, on average, a 100 pounds loss from their initial weight and attained "normal" size.

Although the subjects' fat cells had shrunk immediately following their weight loss, every single one of them regained the weight. The researchers

> repeated the experiment and repeated it again. Every time the result was the same….The weight, so painstakingly lost, came right back. [Which] led them to a surprising conclusion: fat people who lost large amounts of weight might look like someone who was never fat, but they were very different. By every metabolic measurement, they seemed like people who were starving. Before the diet began the fat subjects' metabolism was normal….But when they lost weight, they were burning as much as 24 percent fewer calories per square meter of their surface area than the calories consumed by those who were naturally thin. (Kolkata 2007*)*

In other words, the very act of dieting causes metabolic changes in the human body which signaled it to revert to starvation mode. Calorie metabolism slowed down so as to retain calories and fend off starvation, causing the body to regains weight previously lost. As the Rockefeller researchers explained it:

> [All the participants] lived at the hospital and lost weight, and every one had physical and psychological signs of starvation. There were a very few who did not get fat again, but they made staying thin their life's work, becoming Weight Watchers lecturers, for example, and, always, counting calories and maintaining themselves in a permanent state of starvation. (*Ibid)*

Since Medical Research (and their own eyes and experiences) showed evidence that dieting itself is a major cause of obesity, the obesity industries knew that that had a continuing stream of clients that would perpetually seek their products. The diet industry advertised their weight loss programs and products as "life style changes" rather than

diets, but they are really advertising the dream of a thin and perfect body, a body that is easily obtained, maintained and everlasting. The medical industry, through the American Medical Association, declared Obesity a disease (Pollack 201) and thereby justified insurance reimbursements for bariatric surgery for relatively small (30 to 50 pound) weight loss, and possibly even liposuction to "sculpt the body," thus enhancing the future coffers of bariatric medicine. Since much of this surgical fat loss was temporary, and much of the weight regained by a majority of patients unless they participated in life-long dieting regimes, the diet and medical industries had a continuously recycling clientele of people searching for the "perfect body." The implementation of the body size illusion has been most elegantly perfected, however, by yet another branches of the Obesity Industrial Complex—the Fashion Industry.

THE FASHION INDUSTRY

The standardization of women's clothing sizes was not a pressing issue in the first centuries of American history. Couture was bought by the affluent from Paris and/or custom made in New York by dressmakers. The less affluent could purchase their clothing in Department Stores which had seamstresses to alter them to fit. The clothing of poorer women was usually homemade or ready-made, and was often poorly fitting. Manufacturers of the ready-mades, without guidelines, frequently labeled garments of different dimensions with the same sizes. Nothing much was done about this on an industrial scale until World War II. In January, 1942 an Executive Order by President Franklin Roosevelt established the War Production Board, a government agency charged

with regulating civilian consumption of items that were needed in the war effort. In April of that year the Board issued Limitation Order L-825 Regulations limiting the amount of material that could be used for the commercial production of civilian clothing and also "…sponsored a nationwide measurement of one hundred thousand American women, and with these guidelines the industry devised standardized measurements in graduated sizes for all figure types. (Arnold 2009. p. 142).

Although the sizing regulations ended soon after the war, along with the idea of standardized sizing imposed by the government. However, from a manufacturing point of view, the economies of scale of production (by precise measurements in pattern making, cutting, fabric purchase, etc.) could be astronomical because clothing could be mass marketed and not individually altered. Therefore individual manufacturers continued to standardize the sizes of the clothing they produce, what is not standardized among manufacturers is their ***size tags.*** A study by Associate Professor Tammy R. Kinley, PhD, of the University of North Texas, School of Merchandising & Hospitality Management, demonstrated this by measuring

> …difference in size of two different price points (inexpensive and expensive)…of women's pants. Inconsistency was found *in each size category, expensive pants…were larger in measurement* (*Italics added*) (Kinley 2003)

The phenomenon which explains the fashion industry's reluctance to produce governmental standardized sizing—or at least the presentation of garments by standardized size numbers—is rooted in the concept of industrial manipulation of the consumer's "body image." As Rebecca Arnold, pointed out in *The American Look*,

modernity presents the body as "lacking" and offers technological fixes for these "lacks." Presentation of the ideal through advertising, cinema, television, social media, etc., gives "promise of th[is] perfection of the body" (Arnold, 2009). The Obesity Industrial Complex marketing has established thinness as the pinnacle of body perfection, and so the illusion of thinness—fitting into a smaller dress-size at the same body size—is the fulfillment of that promise. This is accomplished by what is know in the trade as "vanity sizing"—putting smaller numbers on bigger clothes to create an illusion which results in higher profits. Or, as *The Seattle Times* explained:

> As American waistlines have grown, companies have realized women will spend more money for a smaller number, leading to the sizing rule of thumb: the more you spend the smaller number you'll wear….[E]ven mainstream brands have taken hold of th[is] concept and started peddling the idea to the average mall shopper (Cassutt 2008).

In the last half century designers and manufacturers have become cognizant of the fact that women's body image is elevated when they think that they fit into smaller sizes. Even when they know that their body sizes have not changed, they perceive themselves as thinner and are pleased with that perception. They buy more because they feel validated by the smaller size tag. In the words of Susan Head, PhD, a clinical psychologist in Durham, North Carolina, "Size is the latest way to evaluate self worth. Women want to measure up to the [size] 'Zero' ideal," and this encourages designers and manufacturers to escalate the size deflation of their clothing" (*Ibid.*).

Since the 1950s, the practice of Vanity Sizing has become epidemic. According to *Cosmopolitan Magazine*, a dress with the measurements of 30-22-32 would have been labeled a size 8 in the 1950s, size 6 in the '60s, size 4 in the '70s, size 2 in the '80s, size 0

in the ‘90s, ***and a size 00 in the 2000’s*** [Italics added]. Designers adopted negative Sizes (0 and below) when they downsized from size 2 and had nowhere else to go.

As evidenced by the *Cosmopolitan* article, this obsession with dress size, and manufacturer’s manipulation of it, can sometimes be phenomenally excessive. As a case in point, in Dr. Kinley’s study cited above researchers measured 1,000 pairs of women’s pants and found as much as an 8 ½ inch variation in the size 4 waist (Kinley, *op.cit*)

The Seattle Times noted on March 24, 2008:

> “To see vanity sizing in action, just take a look back at the sizing of yore. Marilyn Monroe, whose voluptuous body required a size 16 in the '50s, was actually more of a 6/8 by today's standards…. Generally speaking, clothing sized in the 1950s can be cut in half for an idea of today's mainstream sizing” (Cassutt, *0p. cit*).

Fifty years after her death, the debate over Marilyn Monroe’s dress size still rages on. The urban legend holds that Marilyn Monroe was a size 16. A GOOGLE search for her size resulted in over a quarter million responses, not all of them from the United States. The question is, however, not what size Marilyn Monroe wore (or at which stage of her career she wore it), but why it is important. It was not the case when Monroe was alive and was just considered a sexy woman with a beautiful body. Size 0 or 00 did not exist then (in fact sizes 10-16 were the average advertized sizes) (Arnold 2009). Why have sizes themselves, those numbers, become such a crucial issue? The answer is in the marketing of the Fashion Industry.

The problem for fashion manufacturers was that this association with the diet industry can only be partially effective, As women lost and gained weight they bought new clothes, but regardless of their weight the size tag on the garment impacted what

(and how much) they bought. Sizing directly affected their body image—the smaller the size, the more money they were willing to spend. Thus the importance of size at the marketplace became *la raison d'être* of vanity sizing.

> [D]esigners are cutting...women's clothing bigger in an effort to cash in on womanly vanity. "It's a very common practice," said Tamara Albu, fashion design coordinator at Parsons School of Design. "Designers make women feel they're a size 4 and they make a sale. It's a marketing trick." Albu said Ralph Lauren, Tahari, Betsy Johnson, Cynthia Rowley, Nicole Miller, Banana Republic and the Gap are all known for deflating their sizes (D'Angelo (20020).

To paraphrase an old joke: When evaluating a man's self esteem, size matters--the bigger the better. For women quite the opposite is true. In fashion, the smaller the better—even when smaller means shrinking away to nothing—to a sub-zero.

Dress sizing was not the only method by which the fashion industry accomplished the manipulation of fashion through body image. They also employed the techniques of another participant within the Obesity Industrial Complex—the media industry.

THE MEDIA INDUSTRY

Charles Eckert described the influence of the Hollywood Movie Industry on the Fashion Industry in his essay "*Carole Lombard in Macy's Window*." Hollywood promoted itself through marketing, market research and product placement, and also made icons of the participants in these promotions. These icons (among who were both fashion designers and the celebrities who wore their creations) "lent themselves to the

establishment of powerful bonds between the emotional fantasy-generating substance of films and the material objects these films contained" (Eckert 1978). Eckert Noted the "hidden needs and desires of consumers…and [that] many products were bought for their images, their associations, or the psychological gratification they provided" (*Ibid*). In a nutshell, for the consumer, if you looked like your movie idols—wore the same clothes and makeup, used the same consumables—you could fantasize that you were like them. This arrangement was satisfying for all the participants: the movie studios made fortunes by selling product placements while the product placers gained increased product recognition and sales. The stars received financial rewards by promoting the fashions, and the designers and manufactures saw their styles become popular and lucrative. These were rewarding symbiotic relationships where even the consumers profited, if not financially, at least by being able to act out their fantasies.

From the middle of the twentieth century and into the twenty first, fashion iconic movie stars were joined in prominence by a variety of media personalities and events.

> Fashion and movie magazines were supplemented by "personality" magazines and blogs. Women's magazines are full of articles urging [women] that if they can just lose those last twenty pounds, they'll have it all—the perfect marriage, loving children, great sex, and a rewarding career.... (*BBC News*).

This phenomenon was described by Anne Paxton in an Internet article for Suite101.com:

> "Everyone from Gloria Swanson and Marilyn Monroe, to Audrey Hepburn and Grace Kelly…helped fashion

> influence the public, but the media craze over celebrities is hotter than ever before. TV and movies have taken center stage when it comes to both entertainment and fashion. Magazines spend endless ink on what Madonna and Jennifer Lopez wear to award shows…." (Paxton 2001).

And as these celebrity icons became more and more representative of an obsession with thinness, the illusion of thinness had to be reinforced and updated so as to maintain the fantasy. Eventually, as The Duchess of Windsor proffered, it was understood that "You can't be too rich or too thin" *(*Shapiro 1970).

> This thinness obsession is not new; women have been manipulating their bodies for centuries in an attempt to attain this desired body image. In the nineteenth century they wore corsets pulled so tightly that they achieved 17 inch waists. This made their dresses fit better, but often caused permanent internal damage and miscarriages (Steele 2001).
>
> In the twentieth century, fashionistas like designer Jo Copeland had ribs surgically removed so that their clothing would hang better (Gould 1998).

To this day, women continue to submit themselves to physical alterations—by surgical procedures, medications and drugs, and other dangerous actions—in pursuit of a thin appearance. And like the movie industry before them, the diet industry associates itself with the media industry's agenda in order to (in the words of a contemporary slogan) "keep the dream alive." Television and print advertisements for diets, diet products and diet programs are peopled with thin, beautiful woman in exquisite clothing, or with "before and after" pictures showing how much better they looked in their clothing after dieting. Product placement is rampant, just about any can of soda shown on TV is a diet brands, drunk by the thin and stylishly dressed. Television and movies reinforce the

importance of a thin body as a measure of a woman's worth. Canadian researcher Gregory Fouts report[ed] that

> over three-quarters of the female characters in TV situation comedies are underweight, and only one in twenty are above average in size. Heavier actresses tend to receive negative comments from male characters about their bodies (*"**How about wearing a sack?**") [Italics added]*, and 80 per cent of these negative comments are followed by canned audience laughter (Fouts 2002).

This attitude is changing slowly, there are now some "overweight" (usually normal sized, i.e. not svelte) women on television today. But very few of them (such as Melissa McCarthy on the CBS show *Mike and Molly* and Jennifer Hudson from the FOX show *American Idol*) could be classified as "obese." Others, such as Queen Latifah (who is a spokesperson for a diet company) and Kristi Ally (who was once a spokesperson for the Jennie Craig, Inc. and now owns her own weight loss enterprise) are or were "obese" and are now profiting from Obesity Industrial Complex marketing by selling their "success storied."

The Obesity Industry markets its product in the most advantageous manner that will bring them the greatest profit. They have found what they can accomplish by attaching themselves to the images of the "beautiful people"—that the argot of the thinness obsession expedites the attainment of their goals. The diet and weight loss industries have adopted this business model from the fashion industry: The average salaries paid to celebrity endorsers of major weight-loss programs is between $500,000 to $3 million (ABC News, May 8, 2012).

THE FOOD INDUSTRY

In order to more fully explain the Obesity Industrial Complex it was important to discuss the avarice and marketing strategies of some of the components involved in it (the diet industry, the medical industry, the fashion industry, the media industry), and the Neoliberalism of the government agencies that enabled it, but it is also important to investigate the machinations which began its rise, to go back to its modern roots in the Food Industry, to the original link which lead to its nascence. The most expedient way to do this is to examine the history of sugar and its relation to Neoliberalism in modern food manufacturing.

According to Michael Moss it all began with Dr. John Harvey Kellogg, who ran a huge health complex in Battle Creek, Michigan in the late nineteenth century. His objective was

> to cure people of what one observer had called 'Americanitis'—or the bloated gaseous stomachache caused by the ailment otherwise known as dyspepsia.... [And] he decided that what America needed...was someone to promote better nutrition.
> (Moss 2013)

Kellogg's solution to "Americanites" was a strict dietary regimen including a corn mush which by 1894 he had baked into a flaked cereal. The problem was that it tasted terrible. His brother, Will Kellogg, the health complex's bookkeeper, "was far more interested in making money than his older brother...took over the cereal operation...and in 1906 added sugar to the corn flake mix." (*Ibid*, p. 69). Dr. Kellogg refused to allow the inclusion of this new ingredient in his "health food," and so Will left the firm and started his own business—Kellogg's Toasted Corn Flakes. After two legal battles, Will won the rights to

the commercial use of the family name, and on December 11, 1922 registered his company (and his sugared cereal) under the name Kellogg.

> Thus the sweetened breakfast was born, [along with] the core industry strategy that food processors would deploy forevermore. Whenever health concerns arose... over one of the pillar ingredients...the solution of choice for food manufacturers was the simplest: Just swap out the problem component for another that wasn't, at the moment, as high on the list of concerns. In this case...the sugary cereal bowl [for the dyspepsia causing foods]. (*Ibid.*, p.70)

Before long, sugar became a mainstay of the food industry's marketing plans. The manufacturers hired scientists to investigate the use of sugar in various ways. Not just to make the taste of their products alluring, but also to keep bread from going stale, to make donuts fry bigger, to make cereal "toasty-brown and fluffy," and many other profitable uses. But mostly their major research was the biology and psychology of what makes sugar so irresistible. Scientists knew that most people had an inherent craving for it, but no proof that sugar was so powerful it could induce people to eat more than their metabolism could tolerate and thus do harm to their health. In the 1960s Anthony Sclafani (who is now an Assistant Professor of psychology at Brooklyn College) did an experiment with rats in which he fed them Fruit Loops until they became so addicted to them that, although usually terrified of open spaces,

> the rats overcame their instinctual fears and ran out in the open to gorge....The details of Sclafani's experiment went into a 1976 paper that is revered...as one of the first experimental proofs of food cravings. Since its publication, a whole body of research has been undertaken to link sugar to compulsive eating (*Ibid*, p. 6)

One of the institutions which was involved in the research on sugar was the Monell Chemical Center in Philadelphia, a massive scientific complex dedicated to the "foundational science on how and why humans are so attracted to sugar" According to Michael Moss, the Federal Government provides about one half of Monell's seventeen and a half million dollar annual budget through research grants, the remainder is provided by the big manufacturers from the sugar industry (such as Coca-Cola, PepsiCo, Kraft and Nestles).

> "At Monell, the industry funding buys companies a privileged access to the Center and its labs. They get exclusive first looks at the Center's research, often as early as three years before information goes public, and are also able to engage some of Monell's scientists to conduct special studies for their particular needs....[Nevertheless] Monell prides itself on the integrity and independence of its scientists." (*Ibid*, pp.7-8)

This early access gives the big manufacturers advance notice as to any adverse findings about their products that might become public, and then provides special studies to refute them beforehand the adverse studies are released. This sugar research done at Monell for the food industry, therefore, may bring "the integrity and independence of its scientists" into question. One of the discoveries that was made at Monell was that "the sweeter the industry made its food; the sweeter kids liked their food to be." Their experiments showed that the sweetness "bliss point" [the point at which children thought a food tasted best] was a 24% to 36% sugar content. One of the Monell scientists stated that

> [we] measured the level of sweetness that the child preferred in the laboratory with a sucrose solution and it matche[d] the sugar content of the most preferred cereal....It's not that food companies are teaching children to like sweetness; rather, ***they are teaching children what foods should taste like. And increasingly, this curriculum has been all about sugar.*** (italics added) (*Ibid.*, p.15).

The Monell findings induced the cereal manufacturers to maximize the sugar in children's cereals, not only increasing their sales in the present, but affecting their product base in the future. They were surreptitiously raising the potential "bliss point" of their consumers as they grew into adults. This sea change shortly became a primary business organizational plan for manufacturers in the entire Food Industry. When sugar itself became suspect for the growth of obesity and other diseases in the U.S., the Sugar Industry became a major player in the Obesity Industrial Complex.

NEOLIBERALISM AND THE SUGAR INDUSTRY

Although Neoliberalism is generally considered to have been accepted as beginning in the 1970s, its foundations can be seen much earlier. In 1934 The Sugar Act was passed by Congress and signed by President Franklin Roosevelt. This legislation subsidized sugar farmers and classified their crops as basic commodities. This law was not rescinded even in the mist of World War II food rationing, and was only the first strike in the industry's eighty year long manipulations of the perception of sugar in relation to obesity and metabolic disorders (Taubes 2012). The difference between the Neoliberalist manipulation by the Diet Industry and Sugar is that the Sugar Industry documented what they planned (Dusenbery 2012). This foreknowledge did not, however, prevent the Sugar Industry from receiving neoliberal advantage just as the Diet Industry had.

In the 1980s, there was a public outcry, lead by Ralph Nader, which resulted in petitions signed by twelve thousand health professionals urging the ban of advertisement of sugary foods on children's TV. The petitions referenced over-activity, type 2 diabetes, overweight and overeating as caused by excess sugar consumption. (*Ibid., pp. 17-18).* Officials at Kellogg and General Mills formed an organization called the Flavor Benefits Committee and hired Monell to provide scientific evidence that "put sugar...in a more favorable light. " The results were not very favorable to the industry, with the most favorable being that "sugar is inherently loved by newborn babies," and that of all basic flavors "sweet is the only one a neonate shows a preference for." They spun this "scientific" finding to mean "that sugar was not something 'artificial' that they were thrusting upon an unsuspecting public. Rather, sugar was sinless, if not entirely wholesome." (*op. cit*.).

Although these protests resulted in a U. S Senate Committee being formed and the Federal Food and Drug Administration (FDA) being tasked with making rules requiring the limitation of sugar in food aimed at kids, their efforts were ineffectual since the FDA was never given an enforcement arm (Lustig 2013).

The lack of enforcement power by the FDA is a gigantic Neoliberal tool for rendering government regulation of the Food Industry powerless. Thus, politicians can pass laws "protecting the public," while making them unenforceable so as to actually protect the industry. For example a very official sounding 2007 letter from Barbara O. Schneeman, Ph.D. (the Director of the Office of Nutritional Products, Labeling, and

Dietary Supplements of the Food and Drug Administration) to food manufacturers decreed that

> as part of our continuing effort to reduce the incidence of obesity in the United States, FDA wants to ensure that consumers are provided with the label information they need to make informed choices for maintaining a healthy diet. We are highlighting accurate claims about the absence of sugar as a regulatory priority. The agency intends to take appropriate action against products that we encounter that bear a claim about the absence of sugar (e.g., sugar free) but that fail to meet each of the requirements of the regulation that defines "sugar free…[in] regulation... 21 CFR 101.60(c)(1)(iii). ***FDA will take appropriate action, consistent with our priorities and resources (****Italics* added), when we find problems with the use of nutrient content claims regarding the absence of sugar in foods. (Schneeman 2013)

Note that the letter stated that enforcement was contingent upon FDA "resources," although the FDA has no enforcement arm or resources to compel compliance. Furthermore, the letter specifically states in two different paragraphs that it "Contains Nonbinding Recommendations." The same letter was issued in 2007 and again in 2013, presumably because the problem still existed six years later despite FDA warnings.

The intentions of the industry to instigate what was latter designated as neoliberalism began in about 1942, as witnessed by Sugar Industry executive John Tatem's memo written to various Sugar Companies around that time:

> Ignorance concerning the value of cane and beet sugar (Sucrose) to the human system has always been widespread....In medical circles, in home economics departments, and among nutritionists, there have been conflicting opinions about the use of sugar. The faddists within these groups have made the most noise...[which] has been generally detrimental to sugar's place in the diet.

> Furthermore, for decades...certain interests...have conducted an insidious campaign in an effort to take a part of the consumer's dollar from sugar for the benefit of their own products. To accomplish their ends they have attempted to minimize the value and importance of sugar and of products of which sugar is an ingredient.... The public was told to eschew sweets of all kinds.... There was no foundation of honesty in this propaganda, since it is well known by all intelligent people that excess weight comes from an overindulgence in carbohydrates, fats, etc., combined with the lack of physical exercise. It will be seen that, between the propagandists who damn sugar on the one hand and the competitive industries who are taking advantage of a most fortuitous situation on the other, beet and cane sugar are being ground between the upper and nether millstones. Sugar is fast becoming one of the casualties of the war... Thus the competition for the United States market engendered after the [World] war may well be ruinous to many in the industry, including the domestic and insular areas. (Tatem 1942).

Tatem's solution to his industry's conundrum was to form the Sugar Research Foundation [later renamed the Sugar Association], a non-profit organization, funded by the various companies in the sugar industry, for the purpose of

> Inform[ing] and educat[ing] the public on the merits of sugar, its value, function and place in the diet....Secure all of the available data in connection with sugar as a food; its value and importance in the human diet...[funding] a great amount of research work...through the establishment of fellowships at universities and by industry men in the sugar laboratories, so that every fact supporting sugar's importance in the human diet may be presented fairly but forcefully, and in its proper perspective to the public (Ibid.)

Tatem's conception of an industry run research component to prove the industry's point of view was eminently successful. In 1976, now President of the Sugar Association, he was awarded the Silver Anvil Award by the Public Relation Society of America for excellence in "the forging of public opinion." This recognition was given

for “one of the greatest turnarounds in PR history...the sugar industry had been buffeted by crisis after crisis as the media and the public soured on sugar and scientists began to view it as a likely cause of obesity, diabetes, and heart disease. Industry ads claiming that eating sugar helped you lose weight had been [banned] by the Federal Trade Commission, and the Food and Drug Administration had launched a review of whether sugar was even safe to eat.” (Taubes 2012).

How had the Sugar Association accomplished such a gigantic turnaround of the perception of its product when polls showed that consumers saw sugar as

> fattening, and that most doctors suspected it might exacerbate, if not cause, heart disease and diabetes? With an initial annual budget of nearly $800,000 ($3.4 million today) collected from the makers of Dixie Crystals, Domino, C&H, Great Western, and other sugar brands, the association recruited a stable of medical and nutritional professionals to allay the public's fears, brought snack and beverage companies into the fold, and bankrolled scientific papers that contributed to a 'highly supportive' FDA ruling, which, the Silver Anvil application boasted, made it 'unlikely that sugar will be subject to legislative restriction in coming years' (Ibid).

What the Sugar Association did with the money they had raised for its Public Relations coup was to hire the best and most famous scientists and researchers to counter, undermine or belittle anti-sugar evidence, regardless of the validity of their finding. When artificial sweeteners became popular, cutting into sugar profits, they studied “every conceivable harmful effect of cyclamate sweeteners and saccharin, produced a study suggesting they caused bladder cancer in rats, and got the FDA to ban cyclamates in the U.S. based on that study” (Ibid). This study was made by Dr. John Hickson who was

vice president and research director at the Sugar Research Foundation until he left to join the Cigar Research Council. A memo from a colleague at the Cigar Research Council

> described Hickson as a supreme scientific politician who had been successful in condemning cyclamate, on behalf of the Sugar Research Council, on somewhat shaky evidence which he had been able to conjure out Wisconsin Alumni Research Foundation. Hickson apparently has a close connection with WARF on which he has been able to draw in the past in order to obtain selected pieces of work (Taubes, *Ibid.*).

Whether or not this memo was base on actual evidence or was just office gossip, it is interesting to note that

> it later emerged that the evidence suggesting that cyclamates caused cancer in rodents was not related to humans, but by then the case was officially closed. In 1977, saccharin, too, was nearly banned on the basis of animal results that would turn out to be meaningless in people. (Soffritti, 2005).

The Sugar Association's next goal was to target the government agency responsible for monitoring the industry--the FDA. They did this by funding some of the most prestige scientists and researchers of the time to do research studies to "prove" that sugar was a benign agent--or at least to show that there was nothing to definitively establish that it was not (Sugar Association, 1975). At the same time the Association formed several research foundations including The International Sugar Research Foundation (ISRF) and The Food and Nutrition Advisor Council to fund these studies.

Frederick Star, founder and chairman of the department of nutrition at the Harvard School of Public Health, was one of the Sugar Association's funded researchers. In addition to his academic work, Stare testified before Congress about "the wholesomeness of sugar," was a member of the Food and Nutrition Advisory Council,

and edited the council's 88 page white paper "*Sugar in the Diet of Man,"* (which was distributed to the FDA, USDA and the press) (Taubes, p10)

An internal research review of his work by the ISRF credited the sugar industry with funding 30 papers in his department between 1952 and 1956, and donations of one million dollars to the Harvard fund to build a five million dollar building for his department by General Foods, and additional donations to his department from Kellogg, Kraft and Coca-Cola (*Ibid).* However, by 1976 when Stare's copious conflicts of interest were revealed in an expose by the Center for Science in the Public Interest, (Center for Science in the Public Interest Data Archives, 1976) the damage was already done. The sugar review panel of the FDA which was charged with evaluating sugar for the FDA was headed by a former chair of the Scientific Advisory Board of the ISRF (George Irving). The panel's finding cited five reports to contradict the notion that sugar consumption leads to diabetes (all funded by industry components), and accepted the ISRF's "*Sugar in the Diet Of Man"* and other works by its authors as persuasive.

The FDA's 1976 Select Committee on GRAS Substances (SCOGS) Opinion about Sucrose classified sugar as being a GRAS [generally recognized as safe] substance, ruling that

> Other than the contribution made to dental caries, there is no clear evidence in the available information on sucrose that demonstrates a hazard to the public when used at the levels that are now current and in the manner now practiced. However, it is no possible to determine without additional data, whether an increase in sugar consumption that would result if there were a significant increase in the total of sucrose, corn sugar, corn syrup, and invert sugar, added to foods would constitute a dietary hazard (FDA 1976).

It is indicative of the Sugar Industry's influence on the FDA that at the end of their report, the Select Committee thanked the Sugar Association for contributing "information and data" (FDA 1976).

In 1978 Sheldon Reiser, Ph.D. And Bela Szepesi, Ph.D of the Carbohydrate Nutrition Laboratory of the Nutrition Institute Agricultural Research Service of the United States Department of Agriculture (USDA) wrote to T*he American Journal of Clinical Nutrition*

> We would like to voice our disappointment over the report on the health aspects of sucrose consumption issued by the Select Committee on GRAS substances....As we indicated in the materials submitted to the public hearing held by the FDA, there is abundant evidence showing that dietary sucrose is one of the dietary factors responsible for obesity, diabetes and heart disease in this country. (Reiser 1978)

Reiser and Szepesi went on to note that numerous studies show that "sucrose (as compared to starch) increases fasting serum insulin and decreases the insulin sensitivity of adipose tissue [as shown by Szanto and Yudkin in 1969, A.M, Cohen in 1974, Reiser and Hallfrisch in 1977, and many other]. Additionaly, the rise of sugar consumption was followed by "a dramatic rise in the number of cases of diabetes... [and that] the rise in the rate of diabetes is closely followed by a rise in the occurrence of vascular disease (as demonstrated by Cleave and Campbell's in 1969 in *Diabetes, Coronary Thrombosis and the Saccharide Disease*s." (Reiser and Szepesi 1978).

Despite the evidence in many medical journals and the findings and opinions of many noted researchers, including members of their own research department noted

above, the United States Department of Agriculture, decided with the FDA on the safety of sugar. In 1980 the USDA Center for Nutrition and Promotion began issuing *The Dietary Guidelines for America.* Their information came from the same sources as the FDA's Select Committee Report. Chapter 5 of the USDA Guidelines entitled "*Avoid Too Much Sugar*," gave the following "guidance:"

> The major health hazard from eating too much sugar is tooth decay (dental caries). The risk of caries is not simply a matter of how much sugar you eat. The risk increases the more frequently you eat sugar and sweets...sticky candy or...daylong use of soft drinks may be more harmful than adding sugar to your morning cup of coffee.
>
> Obviously there is more to healthy teeth than avoiding sugars. Careful dental hygiene and exposure to adequate amounts of fluoride in the water are especially important.
>
> ***Contrary to widespread opinion, too much sugar in your diet does not seem to cause diabetes. The most common type of diabetes is seen in obese adults, and avoiding sugar, without correcting the overweight, will not solve the problem. There is also no convincing evidence that sugar causes heart attacks or blood vessel diseases*** (Italics added) (USDA 1980)

The official FDA and USDA Documents proclaiming that there is no significant probative evidence that sugar causes any disease other than tooth decay are both posted on the agencies web sites (FDA.gov and USDA.gov). Although the original rulings were made in 1976 and 1980 respectively, the website notes that they were each last modified in 2013. In these over 40 years, the GRAS rating for sugar has not been rescinded or amended. Meanwhile, highly credited medical journals have long been publishing articles from distinguished researchers with the credible evidence the government agencies claim does not exist. Just as one example, in 2010, the

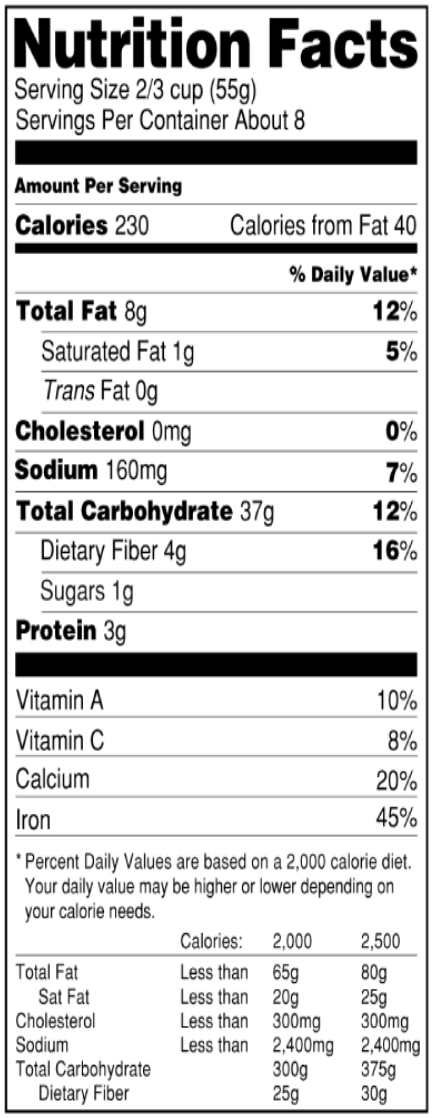
International Journal of Obesity published an article showing that "excessive fructose intake induces the features of metabolic syndrome in healthy adult men," which confirmed an article published in 2005 that

"fructose-induced hyperuricemia as a causal mechanism for the epidemic of the metabolic syndrome (Nakagawa 2005). Two different studies by different researchers, proved and verified, but ignored by U.S. Government agencies.

On February 27, 2014 the *New York Times* reported that

> The Food and Drug Administration for the first time in two decades will propose major changes to nutrition labels on food packages….The proposed changes include what experts say will be a particularly controversial item: a separate line for sugars that are manufactured and added to food, substances that many public health experts say have contributed substantially to the obesity problem in this country. The food industry has argued against similar suggestions in the past. (Tavernise 2014)

It is important to remember, however, that this "momentous" proposal is just that, a proposal. It is not expected to be finalized and sent to Congress for at least another two years, and only after the sugar industry lobbyists fight against it as they have always done in the past. Furthermore the new labels do not even pretend to remove the most egregious problem from the old one. Although the new label would require information about added sugars, it would not remove the GRAS designation to sugar itself. It may also omit the calorie count of added and/or original sugar (and remove that category for fat as well).



Nutrition Facts

Serving Size 2/3 cup (55g)
Servings Per Container About 8

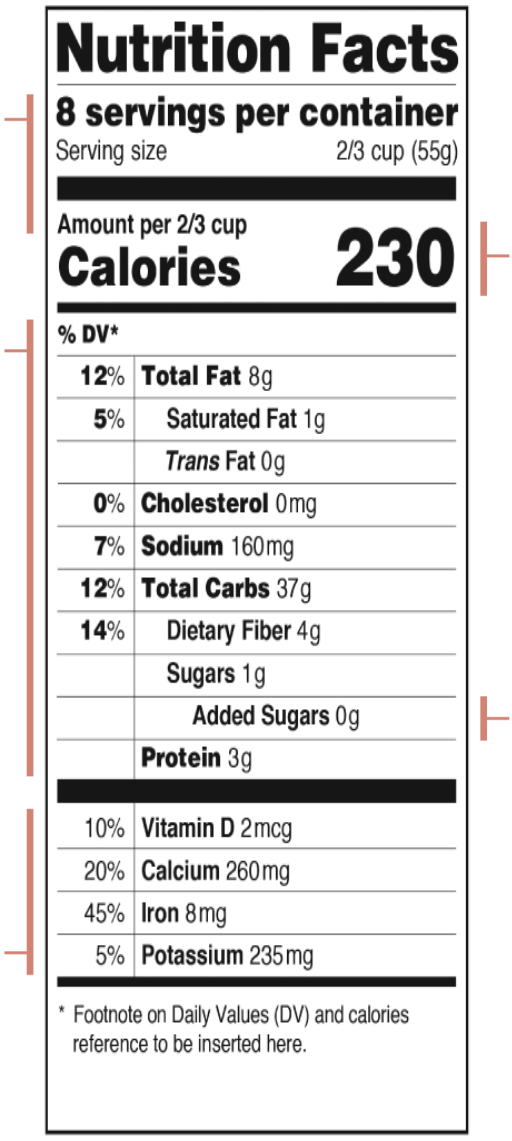
Amount Per Serving

Calories 230	Calories from Fat 40
	% Daily Value*
Total Fat 8g	**12%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**12%**
Dietary Fiber 4g	**16%**
Sugars 1g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

CURRENT LABEL



Nutrition Facts

8 servings per container
Serving size 2/3 cup (55g)

Amount per 2/3 cup
Calories **230**

% DV*	
12%	**Total Fat** 8g
5%	Saturated Fat 1g
	Trans Fat 0g
0%	**Cholesterol** 0mg
7%	**Sodium** 160mg
12%	**Total Carbs** 37g
14%	Dietary Fiber 4g
	Sugars 1g
	Added Sugars 0g
	Protein 3g
10%	**Vitamin D** 2mcg
20%	**Calcium** 260mg
45%	**Iron** 8mg
5%	**Potassium** 235mg

* Footnote on Daily Values (DV) and calories reference to be inserted here.

PROPOSED LABEL

Source: Food and Drug Administration

CONCLUSION

I would argue that the "obesity epidemic" is a quintessential demonstration of neoliberal governance. Neoliberalism does not seek to govern through societal mandate, but through regulating choices of individual citizens, construing them as subjects of choices and aspirations to self actualization and fulfillment" (Rose, 1996). At the same time, responsibilization, another tenet of neoliberal government, "requires that the exercise of choice freely means one must be shaped, guided and molded into one capable of exercising freedom" (Dean, 1999). Thus, thinness, via the tutorage of the "obesity epidemic" becomes synonymous with health and is viewed as a reflection of choice, self-control, and personal responsibility.

The "obesity epidemic" is a biopolitical method of influencing popular assumptions about public health, relying greatly on epidemiological statistics and correlation to presume causality regardless of whether a causal relationship is established between a bodily aspect, such as fat, and any increased health problems, because the statistics drew attention to the targeted result (Petersen and Lupton, 1996). It does not matter if the "epidemic" can be scientifically demonstrated, only that a skewed correlation of the statics can be made to match the pre-desired results.

> And so it is with talk of an 'obesity epidemic.' We get shocking statistics about inexorable roads toward fatness if current eating patterns continue. We are hounded with intense calculations of the nutritional constituents of ...our favorite...foods. In light of diet failure, we are told that 'obesity' cannot be 'cured,' but rather only prevented. ...'Obesity' itself has become a technique of neoliberal governance (Guthman, 2009).

I believe that the words of Julie Guthman sum up the situation:

> ...neoliberal[ism]...produces contradictory impulses such that a neoliberal subject is compelled to participate in society as both an enthusiastic consumer and a self-controlled subject. The perfect subject-citizen is able to achieve both eating [consumption] and thinness [mainly through dieting] even if having it both ways entails eating non-foods of questionable health impact....Those who can achieve thinness amid this plenty are imbued with the rationality and self discipline that those who are fat must logically lack.... [Thus] thinness becomes a performance (and requisite) of success in a neoliberal world. (Guthman, 2009).

The "obesity epidemic" is a construct of Neoliberal biopolitics, built by the government without adequate scientific proof and contrary to the statistics of its own public agencies. This created marketplace was built by and for the mega-billion dollar obesity industrial complex, as most clearly observable in the diet, medical, media, fashion, food and sugar industries, according to the Neoliberalistic camouflaging control of individuals and consumption as an individual choice—a merging of American individualism and Neoliberalism into the image of a post-industrial capitalism.

The Neoliberalization of what eventually became the "Obesity Epidemic" preceded the generally accepted 1970's debut of Neoliberalism itself. Regulations in response to World War Two rationing of cloth required standardization of clothing manufacturing. Following the war these regulations were dropped, but the profitability of industrial manufacturing methods caused the Fashion Industry to standardize their sizes. They began marketing clothing using smaller size numbers for more expensive dresses. This idea was promoted by the Media

Industry's image of actresses' "perfect bodies," and persuaded women that the smaller sizes made them "look like their favorite movie stars." This illusion created bigger profits for both the Fashion and Media Industries. The Sugar Industry came next. In 1934 the Sugar Act was passed by Congress and signed by President Franklin Roosevelt subsidizing sugar farmers and classifying their crops as basic commodities. However, by 1942, foreign imports, competitive industries and anti-sugar advocates where damaging the Sugar Industry's image. To counter this the leading Sugar Companies banded together, formed and funded the Sugar Research Foundation (Tatem 1942), and launched the first strike in the industry's 80 year long neoliberal manipulations of sugar in relation to obesity and metabolic disorders (Taures 2012). The medical, weight loss and diet industries followed the sugar industry's lead, and by 1998 the "Obesity Epidemic" was officially established.

Through the sugar, food, diet, weight-loss, fashion, medical, and media industries; with assistance from various government agencies; fueled by the so called "Obesity Epidemic;" the Obesity Industrial Complex has been established as a prime example of the economic footprints of neo-liberalism. Nothing has legally changed to protect the public, and, as with most Industrial Complexes, the Obesity Industrialists seems to be winning the fight against regulations.

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