Books

J. Eric Oliver. *Fat Politics: The Real Story behind America's Obesity Epidemic.* New York: Oxford University Press, 2005. 240 pp. $28.00 cloth.

U.S. surgeon general David Satcher declared obesity a major public health problem in his 2001 *Call to Action*. He warned that "overweight and obesity may not be infectious diseases, but they have reached epidemic proportions in the United States," causing "approximately 300,000 deaths a year in this country" (U.S. Department of Health and Human Services 2001: xiii). Without corrective action, he added, "overweight and obesity may soon cause as much preventable disease and death as cigarette smoking" (ibid.). The media, politicians, and the public responded to these warnings by increasing attention to the "obesity epidemic" in the early 2000s. Numerous federal agencies within the U.S. Department of Health and Human Services (DHHS)—such as the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Office of Minority Health—launched initiatives specifically targeted at obesity. Arkansas governor Mike Huckabee made obesity one of the highest priorities of his administration, placing Arkansas alongside twenty-five other states with obesity at the forefront of their health policy agendas (Oliver 2005: 179). By the early 2000s, obesity was an issue whose time had come (Kingdon 1984).

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Public attention to social problems rarely corresponds to real changes in the threats posed by those problems but is instead manipulated by strategic actors who seek to advance their own private agendas (Edelman 1964). Obesity and the obesity epidemic are no different. In *Fat Politics*, J. Eric Oliver forcefully argues that alarms of an obesity epidemic have been sounded by public health officials, interest groups, pharmaceutical manufacturers, and weight-loss companies as part of "a politically orchestrated campaign to capitalize on America's growing weight" (x). According to Oliver, the campaign against obesity fosters an unhealthy preoccupation with weight, often inducing people to undertake starvation diets and gastric-bypass surgeries that do more harm than good to their bodies. Instead, Oliver argues, Americans are well advised to turn their attention away from weight specifically and toward healthier diets and more exercise as mechanisms for improving their overall health.

Oliver joins a growing number of academics — such as Campos (2004, 2006) and Gard and Wright (2005) — who question the urgency of and science behind the obesity epidemic. *Fat Politics* stands out from this set through Oliver's masterful weaving of evidence from the biological and health sciences with research and insights from the social sciences. In the best tradition of the public intellectual, Oliver renders a deeply informed product that engages with and is accessible to a wide range of audiences. At the same time, his dismissal of the potential links between obesity and mortality is overstated and premature. With respect to explicating the politics of the obesity epidemic (rather than the causes of obesity as a health phenomenon), the book comes up short, especially with its discussion of interest group politics.

Oliver's modus operandi is to raise significant doubts about the chains of causality that connect obesity with individual and public health problems. His most vulnerable target is the body-mass index (BMI) — the ratio of weight to height that health professionals use to assess obesity. An individual with a BMI of thirty or greater is considered obese. However, BMI fails to account for fitness, heart rate, fat distribution, sex, or other significant differences among individuals that lead to variations in health outcomes (21). The conventional wisdom holds that higher BMIs are less healthy than lower BMIs, but Oliver points out that the association between BMI and mortality actually follows a U shape: individuals at the low and high ends of the scale are at higher risk than those in the middle. Among the elderly, higher BMIs are correlated with better health. Among heavier people who have a higher risk of mortality, scientific evidence does not clearly establish that body fat per se is the source of that risk.

Instead, poor diet and physical inactivity, rather than obesity, may be the causes of their health problems.

If BMI is a flawed measure at the individual level, its misuse has been amplified at the social level by proponents of the obesity epidemic. Oliver details how researchers at the CDC produced a series of maps that graphically depicted the spread of obesity in a way that exaggerated its increasing prevalence (38–43). The wide replication of these maps in government reports and newspapers fueled the perception that obesity had reached epidemic proportions. According to Oliver, the greatest gains in weight are not among average Americans — who have gained only modest amounts of weight (seven to nine pounds) in the past two decades — but among already heavy individuals who have the greatest biological susceptibility to being fat (110).

Perhaps the worst exaggeration by champions of the obesity epidemic was the number of annual deaths attributed to obesity. If, as Satcher claimed, 300,000 people in the United States died each year because of obesity, it would indeed be the most urgent health crisis currently facing the nation. These estimates were widely criticized as unrealistically high, such that by 2006 DHHS had downgraded its estimate to 112,000 deaths per year (U.S. Department of Health and Human Services 2006). Still, Oliver favors other figures reported by Katherine Flegal of the National Center for Health Statistics that estimated the number of deaths from "weighing too much" at approximately 26,000 per year, though he does not explain why he thinks that estimate is superior (25).

While Oliver persuasively pokes holes in claims about an obesity epidemic, his categorical rejection of some claims reaches beyond what a fair reading of the evidence would allow. Because of the correlation among obesity, physical inactivity, and poor diet, it is difficult to establish that obesity, rather than physical inactivity or poor diet, leads to early mortality. Oliver is right to assert that causality from obesity to morality has not been established conclusively. However, it is also erroneous to conclude — as Oliver does — that obesity does not cause early mortality. The ultimate cause could reside in diet and exercise, but it still could be linked to obesity. Thus, Oliver's admonition "to stop worrying so much about our weight" is premature, although his advice to start caring more about diet and exercise is sensible. Oliver cites promising research by Reavan, Strom, and Fox (2000) on the links between diet and insulin resistance as a potential explanation for a noncausal relationship between obesity and mortality. Nonetheless, a more conservative position would be that there is heterogeneity within the population in terms of the dangers of obesity.

It is possible that for many individuals with healthy diets and regular exercise routines, excess body fat may be nonproblematic or even helpful. But some individuals may face genuine health threats directly from obesity. It is prudent to caution against crash diets and risky surgeries, but discounting weight entirely would be unwise.

The relatively minimal attention Oliver devotes to childhood obesity is a sign that he has overstated his case. The first mention of children's health does not occur until page 147 (of 189 pages of prose). He states that "the biggest concern with obesity in America is with regard to our children" (161), noting that estimates of childhood obesity range between 15 and 37 percent of the population. The limited discussion on this topic is devoted to whether the true causes of childhood obesity are junk foods, television, or poor parenting, with Oliver favoring the poor parenting explanation. First, the reader must immediately question why this critical public policy discussion is buried in one of the final chapters of the book. Second, the reader must consider the implications of childhood obesity trends for Oliver's arguments about adult obesity. If obesity metrics are sufficiently precise to observe trends in childhood obesity, then why are they insufficient to measure adult obesity (as Oliver claims)? If there is indeed an obesity epidemic among children, why is it so difficult to believe the same about the adult population? At the very minimum, the book could have benefited from devoting additional attention to this issue. Beyond that, more extensive consideration of what childhood obesity tells us about adult obesity (and vice versa) would have enriched his argument.

Oliver devotes scrupulous attention to the evidence supporting or disputing causal relationships among physical activity, diet, weight, disease, and mortality. His consideration of causality among political variables, however, does not approach the same level of rigor. In particular, when explaining why the perception of an obesity epidemic arose despite weak scientific evidence, he rests heavily on the explanation of interest group influence, ignoring the fact that he examines no systematic evidence that ascertains the power or impotence of particular groups. For example, Oliver levels partial blame on the American Obesity Association (AOA) for creating the perception that obesity is a "serious, chronic disease" (47). Oliver is right that the AOA is more of an industry-sponsored lobbying group than a grassroots citizen advocacy organization. However, he is wrong to imply that it has much influence in Washington. The sole piece of evidence of AOA's influence introduced by Oliver is a fairly benign list of accomplishments posted on the organization's Web site. This puts AOA in good company with thousands of other small organizations that want to

play the influence game but do not have the clout to do so (Salisbury 1990). According to the U.S. Senate Office of Public Records (2006), the AOA does not pay any contract lobbyists in Washington or undertake significant lobbying operations on its own behalf. According to LexisNexis (2006), AOA has testified before Congress only three times in its decade-long existence. In an exhaustive study of interest groups with influence over health policy matters, I uncovered no evidence that the AOA is regarded as an influential player by health policy elites (Heaney 2006).

Oliver's ethnographic account of the 2004 meeting of the North American Association for the Study of Obesity (NAASO) illuminates the nature of the antiobesity research community. He notes that, in attending the meeting, his skeptical comments and questions about the obesity-morbidity connection were met with befuddled looks, suggesting that such an organization exists only to promote a preordained view of obesity (51). The result of this adventure is not that surprising, in that it seems a little like showing up at a church retreat to ask people about evidence that questions the existence of God. The more important question is whether NAASO is shaping policy in Washington. Oliver does not present any evidence that it is, and, with only two thousand professional members, there is no indication that politicians are likely to succumb to NAASO pressure tactics (NAASO 2006).

Perhaps Oliver targets AOA and NAASO because they fit his model of an obesity epidemic driven by self-interested scientists, industries, and government agencies attempting to leverage the obesity epidemic as a way to finance their laboratories, bolster their profit margins, or augment their ever-threatened budgets. Oliver might be more likely to find evidence of interest group influence from the activities of the nation's largest voluntary health organizations (the American Cancer Society, American Heart Association, and American Diabetes Association), which have reputations as comparably more influential actors on Capitol Hill (Heaney 2006). Each of these organizations embraces claims that the obesity epidemic causes innumerable deaths by highlighting the incidence of cancer, heart disease, and diabetes, respectively. Yet with their large, genuine grassroots membership bases and credible scientific boards, they do not conform with Oliver's model of opportunists out to gain at the expense of the public interest. Similarly, the respected Center for Science in the Public Interest—which is mentioned by Oliver—registers concerns about a growing trend toward obesity but stands invulnerable to the charge of manipulation by pharmaceutical manufacturers and weight-loss companies.

A more systematic account of interest group involvement on the obesity

issue is rendered by Saguy and Riley (2005). They probe the discourse of four communities of activists — antiobesity researchers, antiobesity activists, fat acceptance researchers, and fat acceptance activists — for indications of success in framing the public debate. Contrary to Oliver's argument, Saguy and Riley report that the fat acceptance community — rather than the antiobesity community — has achieved considerable success in reframing the debate in favor of its interests (907). According to Saguy and Riley, the fat acceptance community has gained legitimacy for itself, helped to temper the most outrageous claims about the obesity epidemic, and mollified how some health professionals talk about weight with their patients.

Paradoxically, Oliver's book is itself strong evidence of the influence of the fat acceptance community to the disadvantage of the antiobesity community. He notes in the acknowledgments that he began the research with the assumption that obesity was a "major health problem" (ix). He found himself nonplussed with shaky scientific evidence for the dangers of obesity but highly impressed with fat acceptance activists, who are among "the most courageous people" he has ever met (xi). Oliver's predilection for disputing the motives and credibility of antiobesity researchers and activists is a common tactic used by advocates in this arena (Saguy and Riley 2005: 914). In his inadequately brief two-page concluding section, "Real Solutions," the only proposal Oliver has to offer is the recommendation of fat activists Marilynn Wann and Lynn McAfee to stop worrying so much about weight (188–189). In short, Oliver has abandoned the position of a neutral observer and joined the debate on behalf of the fat acceptance movement.

Oliver's political discussion is incomplete in that it attributes too much importance to the role of industries and organized interests and too little significance to the part of political parties. Oliver is perceptive to point out that, in keeping with their conservative ideology, Republicans frame obesity primarily as a matter of individual responsibility. But there is more to the story. As Stone (1989) argues brilliantly, the success of an issue on a policy agenda depends in part on the emergence of a plausible causal story that allows the problem to be solved through policy intervention. Recognizing the high salience of health issues to the electorate, Republican Party elites are desperate to narrow the gap between their party and the Democrats on health policy trustworthiness. The obesity epidemic is a plausible causal story that allows the Republican Party to begin to address health issues in a manner consistent with its small government, conservative ide-

ology. If health costs and premature deaths are being driven up largely by obesity, and obesity is essentially under individual control, then the best government health program is one that encourages the individual to take responsibility for her or his own health. This position allows Republicans to be seen as "doing something" about health without having to create the massive new government bureaucracies that they despise. While capitalizing on the obesity epidemic is by no means antithetical to the interests of politicians in the Democratic Party, it presents a special opportunity to Republicans. Specifically, the obesity epidemic allows Republicans to present themselves as proactive on a major public health issue when it is ordinarily difficult for them to do so on ideological grounds.[1] Further consideration of partisan logics along these lines would have strengthened the book substantially.

In the final analysis, Oliver's book lives up well to its subtitle but not as well to its primary title. As a study of "the real story behind America's obesity epidemic," the volume performs quite admirably, dissecting the complex chains of causality surrounding obesity. As a study of "fat politics," however, it falls short. Beyond the concerns about its treatment of interest groups and political parties, already mentioned, Oliver could have probed more deeply into congressional and bureaucratic attention to obesity. Oliver tells us, for example, that NIH and CDC researchers strive to exploit obesity to support their agencies. While this is certainly true, it glosses over the complexity of institutions layered with career researchers who have deep commitments to public health and the public interest. Had these dynamics been addressed more directly and systematically, Oliver would have offered a major contribution to the politics of obesity. These criticisms notwithstanding, *Fat Politics* is an elegantly written and thoughtful book that will likely contribute constructively to public discourses about the obesity epidemic.

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1. Consider, for example, the political difficulties faced by President George W. Bush within his own party for supporting the Medicare prescription drug benefit in 2003, given that it would require massive new spending and expansion of the bureaucracy of the Centers for Medicare and Medicaid Services (Iglehart 2004).

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