

Truth-Driven ThinkingSM

Excerpted Podcast Transcript

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Paul Campos - The Obesity Myth

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Truth-Driven Thinking for May 17th, 2006 - Paul Campos and "The Obesity Myth"

Hey, and welcome back to Truth Driven Thinking where we can, we hope -- at least that's our goal to be able to handle the truth. We look into what we know that just may not be so as estimated by science and reason here at Truth Driven Thinking, we also ask what's the harm in taking action based upon certain emotion driven conclusions, if in fact, they are unreal. I am Steve Gibson, I am glad you are here. There are four important disclaimers I should share with you quickly...

- 1) I am an emotion driven thinker, fallible like the rest of us.*
- 2) I have no unique claims on what is true and what isn't.*
- 3) We will never know for absolutely certain what is true and what isn't, but I do believe that one truth exists for all questions, complex though it maybe. And lastly,*
- 4) That science, reason and the logic are the most appropriate tools for estimating truth and for taking action in the world that will result in the greatest benefit to the greatest number of people.*

Now, and a few house keeping items this week; there are again, I'll mention some transcribed reports of certain episodes; we are kind of experimenting with this and would love your feedback on whether you like the ability to read some of these interviews that we conduct. It is not inexpensive, so if you care to make a donation to support that, I am not sure how long I can totally subsidize that, but I think if you tell me that its valuable, we'll keep the transcription going hopefully along with the other free content that we provide.

So -- by the way, one way you can support us too is through our website, if you buy iTunes, music, audio books or any Apple hardware products, if you first click through the website at truthdriventhinking.com we will get a little bit of a commission on those. Also in there is netflix.com, a wonderful mail, DVD rental service. I highly recommend it, I have used it for years, and some great documentaries, foreign films and just plain entertaining movies of course; but all these are consistent with our effort to broaden our horizons. So, if you can support by clicking first through truthdriventhinking.com -- there are a couple banners there for Apple, for Netflix -- and if you make those purchases through our links, you are helping us out. Also, you can check out on our site while you are there, a newspaper article that recently ran about Truth Driven Thinking. I have caught some flak about this, because it was really an article focused on -- it kind of framed me as a critique of religion, which wouldn't be how I would describe Truth Driven Thinking effort at all. Obviously, this journey is much broader than that, but that said, check out, read the article, and then you can see, I've posted there a clarification and kind of a rebuttal of this unfairly pointed criticism that I have had, anytime you get associated with a hot issue like religion. So, that's all up on my website, you can read that on my news blog page.

*Now, due to my surgery, to correct this little spontaneous pneumothorax -- partially collapsed lung that ahh...go figure. I can't tell you for sure who our guest is going to be next week, but I have every intention of being here, so just stay tuned and I appreciate any flexibility here. Also request for help with ratings and feedback, if you can help us out, by posting ratings at iTunes or your favorite listing service, but give us your feedback on the show. 888-247-2103 is the voice feedback line, you can leave a message 888-247-2103. Obviously you could also email me sgibson@truthdriventhinking.com. A reminder of our store with some wristlets and some goodies up on the website as well, including the book *Truth Driven Thinking*.*

Now, let's move on to today's topic and guest; Professor Paul Campos is a Law Professor at the University of Colorado, internationally recognized expert on America's war on fat. He is author of the *Obesity Myth*, why America's obsession with weight is hazardous to your health. He is also the author of a weekly opinion column that appears in more than 40 newspapers nationwide, and has written many articles including for the Wall Street Journal, Los Angeles Times, USA Today, Boston Globe and others. I can personally say, I have seen Mr. Campos on some nationally televised news programs, commenting on other issues as well. Now, before I get into the interview here, I wanted to tell you one of those little small world funny stories. It turns out that after having been very interested in Mr. Campos' work, and asked him if he wouldn't appear on our program, and he graciously agreed he would do that -- when he called me to book the time for our interview, he said, "Boy, 269 area code you must be in Kalamazoo," and turns out, irony of ironies here, I didn't even know it, but he is from Kalamazoo, Michigan, my home town. So, how about that for a small world story.

Paul: Well on to our interview; Paul Campos and the *Obesity Myth*. Thank you again for joining us, really do appreciate it.

Paul: Sure.

Steve: Well, let's get started with the 'Obesity Myth,' the title of your book; why don't you go ahead and explain a little bit what the *Obesity Myth* is?

Paul: Well, the *Obesity Myth* consists of a bunch of interrelated assertions or propositions; the first is that there is a strong correlation between body mass and health, the second is that this correlation is causal, meaning that the associations that you see between health risk and weight are caused by the weight variations. The third is that we can make people who weigh more than average, significantly thinner. The fourth is that, doing so is going to improve their health. All these propositions are basically false; some are in each case, between 97% and 100% false. And so the claim that there are strong correlations between body mass and health -- except as statistical extremes, it's just not true at all. In fact, one of the most striking aspects of this entire subject is that if you look at the people who are classified as overweight in the United States at present, that is, people who have a body mass of between 25 and 29.9, which for an average height woman -- to give you a sense of that means, is about between 145 and 174 pounds, and for an average height man between about 175 and 200 pounds. If you look at people in that weight range, there is absolutely no correlation between their weight and increased health risk, quite the contrary. If anything, there is a slightly decreased health risk and a slightly higher life expectancy in the overweight range than in the so-called normal or ideal weight range as the government recommends.

Steve: Well, let's stop there because the things you identified right out of the bat or the things out of your book that, probably to most people -- I mean when I first got the book, read this, and started sharing it, people just -- and maybe I didn't articulate it well, but these concepts are so foreign. Now we talk here about science and reason and we talk about the people that show up on infomercials, pitching vitamins, saying, oh, everybody has got it all wrong. I mean it seems equally as wild to say, when I've read study

after study in newspapers for decades, it seems equally as wild to say, that being fat is not correlated with disease or early morbidity; but you are saying, in fact, its not even correlated, let alone causal?

Paul: Well, I think the statement that is precisely correct is that except as statistical extremes; no, there isn't a correlation between heavier than average body mass and increased health risk. Now, its true that once you start to get into a BMI in the upper 30s, which represents about the heaviest 6% or so of the US population, then you do begin to see a correlation.

Steve: How heavy a man would upper 30s be for an average 5 foot 10 inch male, 250 or so?

Paul: Yeah about -- yeah, maybe a little heavier, but in that -- yeah, I guess maybe its the 275 or so. One of the things that people can do if they want to check out these numbers is, you can just go on the Internet and like, check out that person's BMI is one of a couple of calculators that are on there. But the basic point is that, its quite -- its very heavy; if people who, people who are considered 75 or a 100 pounds overweight, you begin to start to see some kind of correlation between health risk and their weight. So, for the vast majority of people who are classified as weighing too much by the government, about 80-90% of the people in the United States are currently classified as overweight or obese in the US are not at weight ranges -- where there is even any correlation between their weight and health risk. And this is a bunch of cultural hysteria. I mean, after all people should keep in mind that we have a long history of various kinds of Moral Panics in which the government and other authorities, figures will claim that something is a big health risk and then it turns out to be either a very small health risk or just non existent. A sort of classic example is marijuana, for example, which the government for decades has been claiming that marijuana is a very dangerous drug, which doesn't have any medicinal value and which therefore should be listed in Schedule I in the -- so that doctors can prescribe it as -- better analysis of -- I mean, anybody who studied this should recognize that this is just basically nonsense, but it still has a great hold on these parts of the popular imagination.

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And we have a similar situation with so-called overweight and obesity. You have all kinds of extremely strong cultural incentives, that think that weighing more than average is a really bad thing in all sorts of ways, and therefore people are all too eager to believe that there are these great health risks associated with a higher than average body mass. Again, if you look at the very fattest -- and by the way, the thinnest people, you do see a real correlation, but for the vast majority of people you don't see a correlation. And even among the people where you do see a correlation, it is a very-very complicated question to what extent that correlation is actually causal. You know, just because you see a correlation between a risk factor and a health risk, does not mean that that risk factor is causing the increased risk.

Steve: Sure. But the radical concept here is for most people as you say, you know, most people, it's not even a correlation, let alone a cause of it.

Paul: Right. This is not -- I mean, I think people can easily disagree about the extent to which "Obesity" actually is a health risk. I do not think it's possible to have a rational disagreement about "Overweight" as a health risk. Overweight simply isn't a health risk; it is not a health risk statistically, it's not a health risk on any level. You can't even begin to -- you cannot even begin to construct a rational argument that overweight is a health risk, and yet most people in this country who are classified as weighing too much are in that overweight category, which is a 100% completely phony category.

Steve: Sure. Well, we saw recently several NBA starrers are listed as obese, is that correct?

Paul: Oh yeah. I mean most male celebrities, whether athletes or otherwise are "Overweight."

Steve: Overweight or obese?

Paul: Overweight.

Steve: Okay. What's the obesity definition?

Paul: Obesity definition is a BMI of 30 or higher; and by the way, there are a quite a few male celebrities that have BMI of 30 or higher as well, like Arnold Schwarzenegger and Tom Cruise. And so - - but if you look at some of them say, Mel Gibson or George Bush or Michael Jordan or somebody like that -- they are in this overweight category because their overweight category is at such a ridiculously low level. And so, even your Brad Pitt -- what have you? Men who are considered extremely desirable or physically desirable or epitomes of health and fitness et cetera, are generally in this overweight category and actually are -- certainly not at any increased health risk because of that, but nevertheless, this is the way they're classified by the government. I don't think it is possible to emphasize strongly enough that what we are dealing with here, is a very-very phony war on fat.

Steve: Well, give us a little bit -- I know you detail it well in the book but for -- this is totally new to, I am guessing, most all of our listeners. Give us a little bit of the origin of where then does this come from, because I am pretty sure most people will say they've looked in newspapers and seen definitive study after definitive study showing a correlation between being even 20 pounds overweight and increased disease and early morbidity.

Paul: Yeah well, it's a very complicated phenomenon, but what it began with, is that in the mid -- in the early parts of the twentieth century, with the standards, which had previously been considered as socially desirable characteristics, because it's a sign of wealth, affluence, power and so forth, began to be typed as a sign of lower class status and something that was aesthetically undesirable; and that's really what started the impetus to find some kind of medical justification for this changing aesthetic preference. And one of the biggest forces there was the Metropolitan Life Insurance type weight tables which people of a certain age can remember as being -- you know what, you were supposed to measure yourself on, if whether you had a healthy body weight or not, and also purely a product of the most absurd possible kind of calculation -- people never believe this when I tell them because it's just so astonishing. But what happened is that this actuary for Metropolitan Life, Dr. Louis Dublin was trying to figure out how to select for risk of mortality, which of course something insurance companies are extremely interested in; and he noticed that these policy holders who were in their twenties tended to be lighter than older policy holders -- way less, and guess what?

Shockingly, policy holders in their twenties had the lowest mortality rate of any of Met Life's policy holders. And from this observation he deduced that the lighter you were, the better it would be for your health.

Steve: It's just mind-boggling but you are saying that this created; this was the start of the culture of belief that obesity is correlated with health?

Paul: Oh yeah. I was one of the major factors for sure; and what you see in these studies that you may have read about is -- the studies that tend to get highlighted in the media, first of all are often studies that even on their own assumptions don't actually illustrate what the researchers will claim that they illustrate. They will take very weak correlations and treat them as being really significant, they will control for all kinds of variables to make sure that their correlations come out the right way. I mean a lot of these studies, basically which the researchers do, is they just keep throwing out confounding variables until they find correlations that fit their hypothesis. It's actually as crude as that; it's data trimming.

Steve: You know, if I didn't look at your -- if I hadn't read your book, I think what you just said might sound conspiratorial to me and I think you have got some good people behind you in this -- but understand to a lot of us, it's just -- it's mind boggling. For instance, heart disease -- we have been told, carrying extra weight around is obviously like a horse power drain on your heart, it's got to hurt your heart, doesn't it?

Paul: But there is actually no evidence of that whatsoever; there is no evidence that increased weight puts extra strain on the Cardiovascular System. If anything, all other things being equal, being heavier, it would be beneficial for your Cardiovascular system because it requires you to do more work -- and to do more physical work is beneficial for the Cardiovascular System, which is why -- you know every athlete who is involved in any kind of aerobic activity trains, because the more you stretch your Cardiovascular system through training, the more fit you become aerobically.

Steve: You know, somehow that just makes all the sense truly to me in the world that if your heart is used to working hard, it's going to be in better shape.

Paul: Yeah I think -- but it's quite true; that's why you know, if you are a marathon runner -- you don't have a strong Cardiovascular system by sitting on the couch watching TV, you have a strong Cardiovascular system by very much stressing your Cardiovascular System an hour or two a day. And so, the notion that like being heavy "puts stress" on your Cardiovascular system, in and of itself is just completely false, as is by the way, the notion that being fat makes it more likely that you're going to have clogged arteries, there is no correlation whatsoever between increase in body mass and arteriosclerosis.

Steve: But if a big guy we know has a heart attack, we always say, it was a heart attack waiting to happen.

Paul: Yeah sure, this is a classic example of the psychology of selection bias; people have this hypothesis in their head, and then any evidence which tends to correlate with the hypothesis gets empathized and remembered and all the evidence that doesn't correlate just gets forgotten. So, there is a -- so, if a thin person dies at the age of 40, it's a person who died at the age of 40, right? If it's a fat person who dies at the age of 40, it's a fat person who died at the age of 40, not just a person, right? So, this is a very complex phenomenon like -- by the way, I really do want to emphasize that I do not think that what's going on here is some kind of conscious conspiracy or anything like that. I mean, I think what happens is that people get certain beliefs so deeply lodged in their head, for ideological and political and psychological and economic reasons, that they become literally incapable of considering that that idea might be false. I mean, some of the most famous obesity researchers in this country -- I am absolutely convinced are literally incapable of considering the proposition that on the whole, body mass is not a good -- is not a significant causal factor in health except at extremes, because that would just be -- I mean, they would have to go through a conversion experience, they would have to literally become different people to even entertain that idea.

Steve: You know, that is the very essence of my fascination with Truth-Driven Thinking, is this kind of discovery in myself that once we really subscribe to something and ingrain it and hangout with people who validate us for our beliefs, it becomes incredibly difficult for people to step outside and accept new data. You know, I am going to get us both in trouble, I am delighted that you are from Kalamazoo because now we have real credibility from Kalamazoo and then, I joke about my mid-western Socratic method. I am just asking questions, I am not a scientist, but man, discovering some of these things has been enlightening to me.

Paul: Yeah, I mean -- I think this is one of the reasons why so often, it's beneficial to have an outsider come in and look at the data and say -- you know, if someone's from outside the deal, and doing a valuation, and if they were -- what does this data actually show? Because what tends to happen is that once a field has become really well constructed, it tends to become very well insulated from any kind of serious revisionism vis-à-vis its basic tenets, because its basic tenets have all of these forced fields basically, just make it impossible for anybody inside of the discipline to ask a -- a sort of fundamentally destabilizing sort of questions. Well, someone such as myself, who has training in the analysis of statistics, but who is not a doctor can come in and look at the statistics in a field like Epidemiology, you know, the study of disease and its correlations with statistical risk, and can say, wait a second, these correlations aren't even there for the most part and to the extent that they are there, they are extremely weak. And by the way, I am not the only person who has made this discovery. There are a number of other academics now, people in Sociology and in Political Science and in Anthropology and in Psychology who are looking at these claims and coming to very much the same conclusion, are saying, now wait a second, this is not sound science. What you have here, is a kind of cult of thinness and a kind of pathological fear and loathing of body fat and of body diversity in general; of being transmuted into a set of propositions which are just very poorly supported by the extant data.

Steve: We are talking with Paul Campos, the author of the Obesity Myth; why America's obsession with weight is hazardous to your health? And Paul, I want to make clear one thing; we are talking about the correlation between being overweight and disease that's being not supported by the science and the data, but I want to make clear that you do -- well, I don't want to put words in your mouth. Is there a correlation between fitness and diet and health?

Paul: Oh yes. There is a quite striking correlation between Aerobic and Cardiovascular fitness and health. The claims that people are constantly making about body mass -- and the correlations between it and health are basically unsupported, except they're real extremes. The claim on the other hand, that being aerobically and Cardiovascularly fit and being healthy is a pretty strong correlation -- is a well-supported claim.

Steve: So, what we have done is, we have confused fitness with body shape and size.

Paul: Yeah absolutely. And you know, one of the things -- a very common response to the kind of critique I'm making is, "Oh, well you are really talking about the same thing just in two different ways." Now, that would be true if there was a linear relationship between cardiovascular and metabolic fitness and aerobic fitness and body mass -- there isn't. Now, there is some correlation -- and it's quite true that if you are looking at extremely heavy people, it's very difficult for them to maintain metabolic and cardiovascular and aerobic fitness, but there are millions upon millions of "overweight and obese" people in this country who are fit in aerobic terms, and there are millions of so-called ideally thin people in this country who are not fit in aerobic terms. And if you control for fitness, the correlations that -- such as they are, between body mass and health risk disappear altogether. In other words, I want to really emphasize what this means; if you take a group of fat, fit people, and compare them to a group of thin, unfit people, the fat, fit people are going to have vastly better overall health than the thin, unfit people. And what's even more striking, is that if you compare a group of fat, fit people to a group of thin, fit people, they are going to have the same health profile. I don't know what -- body mass has no predictive value whatsoever, once you take something as basic as metabolic and aerobic fitness into the picture. So, all these studies that you have read, in which, say, "Oh look, there is this correlation here between obesity and health risk," -- if you ask the question, are they controlling for fitness? The answer invariably is -- no, they are not.

Because when they do, their correlation would just disappear. I mean, think about it, this is similar to -- imagine if somebody did a study in which they said, you know what, we have discovered that people

who have significantly yellower than average teeth have a greatly, greatly increased risk of lung cancer. So, what we need to do -- which is true by the way -- needless to say; so, what we need to do is, we need to have a national campaign of teeth whitening, in order to greatly reduce the risk of lung cancer in this culture.

Steve: Right, good example.

Paul: And of course that would just be absurd because we know that the yellowing teeth is merely a marker for what's really the underlying risk, which cigarette smoking -- rather than actually a causal factor, except for -- again, for perhaps some very extreme situations, that's what you are talking about, to the extent if you do find any correlated risk between higher body mass and health risk -- to the extent that you do find it -- and of course, it is exaggerated, but there is some -- what you are really looking at is a marker for other stuff. and to go after the marker, rather than going after the causal factor, is as totally self defeating as trying to treat lung cancer by whitening people's teeth.

Steve: Well, you know -- and in the book, you talk about, for instance, a study of 3000 volunteers that was -- I think the headline wound up in the Wall Street Journal among other places, where you had these volunteers with a high BMI like 34, so they were say, 240 pound for an average sized man. And you said that after three years of low fat diet and 30 minutes of exercise several days a week, that the study pointed out there was an average eight-pound weight loss, yet the risk of developing diabetes went down by like 58% or some big number.

Paul: That's correct.

Steve: And yet, that gets reported as "Even eight pounds of weight loss can dramatically reduce your risk of diabetes."

Paul: Right.

Steve: And that's incorrect, is what you are saying?

Paul: Yeah, what I am saying is, that this is a classic example of the kind of distortion that is produced by the framing of the issue. If you look at the study, what it demonstrates is that, getting people to become moderately, physically active and to eat a lower fat and lower sugar diet has this enormous effect on the risk of developing type 2 diabetes, even though these health interventions did not produce any significant weight loss to speak of in the relevant callboard. I mean, if people had a BMI of 34 at the beginning of a study, and after three years, they had a BMI of 33, so they lost only one unit of BMI, they were still all "Obese" by the definitions of the government.

Steve: Yeah, but it must be the weight loss, right?

Paul: Right, but everything then was attributed to the weight loss. That's completely nonsensically -- because what you find in these studies over and over again is that you actually break down their data, is there is no dose response whatsoever. What that means in the medical jargon is, if you think that weight loss is significant as a causal factor, what would you expect to see then is that the people who would lose a lot of weight would get a great benefit, while the people who'd lose a little weight would get a small benefit, while the people who lose no weight wouldn't get any benefit, that's dose response, right? In fact, there isn't any dose response; if you actually look at the statistics, there is no correlation whatsoever between the people who lose a lot of weight, the people who lose a little weight, and the people who lose no weight, they all get the same effects on the intervention. So clearly, what's driving

the beneficial health affects, it doesn't have anything to do with weight, it has to do with the lifestyle changes, which in some cases, will produce weight loss, but in many cases will not.

Steve: Talk to me a little bit -- and again, we are talking with Paul Campos about his book, "The Obesity Myth" -- and just mind-boggling stuff here. This book -- and I have referred to it as controversial, but I am curious from your perspective now with some time to see some critical reviews and feedback, do you consider it a controversial book?

Paul: Oh sure; it's highly controversial, because after all anytime you are taking on a Moral Panic, all sorts of people are going to get very upset, because I mean there you are basically -- now, you are sort of, making hamburger out of these sacred cows and people are just very resistant to that, because of this just belies the faith of everything they have read, and people generally tend to get upset if you tell them that what they count on as being trustworthy authority figures have been telling them something which is not very reliable or in fact it's the opposite of the truth. So, needless to say, a lot of people have gotten somewhat upset by my thesis but that's fine, that's good. But what's really good about this book in regard to the underlying issue is that it's managed to really produce some serious controversy.

And controversy is just such just a crucial first step, because once you have controversy, then you have a debate -- and what we really need to add on this issue is a debate; because once that debate takes place, the sort of the fat panic people, the sort of obesity mafia who have been controlling basically the framing of this issue, are just going to get -- they are just going to get whacked basically, because they have taken such extreme positions into this and that are so utterly unsupported by the data, that once a debate takes place, it will be like the debate between serious scientists and the demigods in the White House Office of Drug Policy on say, something like marijuana. I mean no serious scientist who wasn't actually being paid to say so, will claim the marijuana is anything like as dangerous as the White House Office of Drug Policy said it is. And everybody pretty much recognizes that now; now, that doesn't of course, eliminate "Reefer Madness", which is still very much with us, but is a huge step forward as opposed where we were, say, in 1937 when, like the average American believed that it really was true that marijuana caused like, African American males to just like go crazy and go around start raping white women.

Steve: Well, as a matter of fact that -- I mentioned that in my book as well, the issue of marijuana. And as a guy who can still say, he has never tried the stuff, I find the alarmist enforcement and otherwise just kind of a misallocation of resources (voice overlapping).

Paul: Yeah, for sure, I mean, and that really -- that dovetails with an important point here in regard to the obeseness, which is this precise point about allocation of resources. Here's in one -- in some ways the most crucial point, which is something we haven't even touched on. Even if it were true; even if it were true that thin people had better health than fat people, which on the whole, except where it's at extremes, they really don't; and even if it were true, that you could show that there was a strong dose response between weight loss and improved health, which again is not true. But even if both of those things were true, it still wouldn't make sense to be focusing on weight loss as a public health intervention unless you could actually produce it. But here is the thing; we can't. So, this is just sort of the cherry on top of the gigantic hot fudge sundae of social insanity that we are dealing with here. Even if everything these people were saying were true, it would still not make sense to have a public health policy that will focus on trying to make people thinner, given that we do not know how to produce this result, and there is no reason to think that we are likely to be able to produce those results in the foreseeable future. So, what sense does it make to focus on something that you can't change, even if assuming -- even you assume, quite unscientifically, that it would be desirable to produce this change?

Steve: Well, and you even argue that one step further, that if you could produce the change would those people take on the health attributes of a healthy person?

Paul: Yeah, I mean again, as I am saying, all this is unscientific, but in other words, what I want to emphasize here is that even if you just assume a bunch of stuff that is completely unsupported by the data, that is, you just -- you know, it's like, if you are playing basketball and you just give the other team a 30 point lead, just for the heck of it, it still doesn't make any sense, because the whole public policy intervention that we're being sold right now, is based on this notion that we can make people thinner and we can't. I still think it is obesity we should as well admit this, because they have to, because the data is so overwhelming -- and their answer essentially is just completely irrational. It's basically well, okay, we can't, but we must keep trying anyways, it's just -- you know, they used to bleed people in medicine, right, they used to, like -- to make them -- supposedly, because this will be healthy for a fit person to like, drop blood, when you know, data was finally compiled on whether bleeding worked at all, the data showed that not only did bleeding not help, but it was actually quite detrimental, that people who didn't bleed actually did better than people that did bleed. The response to this by the advocates of bleeding was, we are just not bleeding people enough. And so, that's what we have here with the obesity mafia in this country; they have only the interventions that don't work and are actually harmful to people, and their response is well, we have to do them more intensely; because if we do them more intensely, then somehow we are going to get exactly the opposite result of the result that we have gotten up to this point.

Steve: That's actually good segue into probably my most important question for you, and I realize that your time is valuable, we really appreciate having Paul Campos here with us. That question is -- and what I have come to ask in my discovery that so much of what I thought I knew was not supported by science and reason. We often ask the question; what's the harm? I mean, if there is no harm, it's no big deal. But what is the harm here of messing up this alleged correlation and getting this thing wrong?

Paul: Well, there is an enormous set of harms. Let me list what I think they are; first of all, it's not true that it's not harmful to tell people something false about their weight and their health. It's very harmful; it's extremely harmful psychologically because it makes people -- bunch of people feel bad when they have no reason to feel bad. It produces this huge amount of social prejudice, which is unwanted and irrational and very bad. Furthermore, it's not true that telling people to lose weight is just neutral in the sense of what effect it's going to have on their health; because what people do is, they engage in all kinds of harmful practices, attempting to lose weight which are actually quite detrimental to their health. There is quite a bit of evidence that weight cycling -- that losing weight and then gaining it again is quite bad for you -- and since this is the outcome of the vast majority of attempts at producing weight loss, the weight loss and to a significant extent, it's probably -- this would be causing the "disease" that they're supposedly carrying. In other words, the health problems that are associated with higher than average weight are to a significant extent, probably, simply a product of dieting; you know, the dieting industry itself is causing these health problems, which it supposedly is addressing through it's use of expensive and dangerous interventions. And so, the harm is immense. One of the fascinating aspects of this whole issue is, you can get away with stuff, vis-à-vis the weight loss and so that you just can't get away with any normal party economy. For example, you can sell people stuff that doesn't work, and then get them to buy it over and over again because the consumer ends up blaming himself and more often of course, herself, for the failure of the product. So it's as if somebody sold you a car and it seems to work well for the first four months and then the door fell off, you take it back to the dealer, and the dealer says, well, the reason the door fell off is because you are a bad driver. So here, buy another car; and drive it better this time so that the doors don't fall off. Now, nobody would buy cars on that basis, and in fact would instantly refuse to ever buy a car from a manufacturer who had that happen to them, but with weight loss products that's just what happens pretty much every time. So, that's extremely harmful because you are selling people these fraudulent, expensive and actually quite dangerous treatment that are actually quite

detrimental to public health -- and then causing all the enormous amount of social prejudice which is the product of absurd obsession -- an irrational obsession that we have with thinness.

Steve: Well, and I saw one of the reviews that -- and I have, by the way, we're big fans of Skeptic Magazine, I think that was a pretty positive review that they had in Skeptic Magazine about your book. I saw another review that was a little bit critical -- and I find this hard to believe myself, but I'll play Devil's Advocate and say -- a little critical about trying to tie in a relationship to anorexia and other things saying, this review I am try to grab for here but, basically said, people aren't that -- 93% of teens, according to one Gallup Poll, 90% of Americans are confident in their looks and that poll is kind of exaggerating this self image crisis himself.

Paul: Well, I mean I think the data -- and this is actually quite overwhelming. If you ask, basically almost any middle or upper class white woman in this country, does she like her body, does she like her appearance? The answer is invariably, well no, not really -- even women who are "not overweight" by the absurdly low standard that we have for what counts as overweight in this country, still feel fat. And I think, I am not -- I would bet a large amount of money that, that review was written by a man; and I mean, I can't measure who wrote it but I mean I would be...

Steve: Maybe who has never had a wife or a girlfriend (Laughter).

Paul: Right, probably -- right. And a "socially awkward man," shall we say (laughing) -- because is it the statement that most Americans are happy with their appearance is just so preposterous, it's like not even worth debating in regard to the weight obsession in this country. I mean, has this man ever glanced at a magazine rack in this country? Has he ever seen like the cover of basically any women's magazine?

Steve: Well, and I will admit that I am personally biased on this, I have had several people very close to me throughout my life struggle with eating disorders. And frankly -- and I don't mind saying, I have two children the one has my -- I have a long family history of tall thinness -- I mean, if we exercise or don't exercise, it just doesn't matter -- we are thin. I have one of my two children who has not inherited that set of genes, and it's very interesting for me to see the world through his eyes growing up.

And I got to tell you, it has changed -- as well as the story that you detailed so well in your book about Anamarie Regino that there are consequences in costs to constantly being told, you are not fitting in and you don't look right.

Paul: Oh yeah, I know the costs are enormous; and I think that we could do an enormous amount of benefit for people in this country by focusing on what's actually beneficial to health, which is being moderately physically active and avoiding eating disordered behavior and ignoring weight altogether, except in perhaps the most extreme cases where there seems to be some -- you know, the weight seems to be a symptom of some underlying situation like, if you have a five foot four 73 pound woman, that's probably a serious problem, if you have a five foot four 500 pound woman, there is probably something going on there, but for the 99.5% of the population that is just within the normal range of body mass within any large population, then focusing weight is just tremendously counterproductive; I mean, this notion that everybody would be within a relatively narrow range of weight; if everybody has a healthy

lifestyle, it's just utterly unscientific, it utterly is bizarre; its arguing that everybody who'll be between 5 foot 7 and 5 foot 10 if everybody had a healthy lifestyle.

Steve: Right, right. Well, and you point out too, that socially, be at the business environment or elsewhere, its probably one of the last bastions of true prejudice.

Paul: Yeah its one place in the culture where everybody feels pretty authorized to just be utterly bigoted in a deeply irrational fashion and to be proud of it. And then to also claim -- this is one of my favorite examples of this, is thin people who claim that they are doing fat people a favor by being mean to them, because they are incentivizing them to lose weight. And if you apply that to like, black people or Jews or something, I think those people would probably be pretty astonished and offended by such an extraordinarily retrograde attitude that it's one that we see with biodiversity all the time.

Steve: Well, and in your book too, you also get into this concept that somehow, achievers have to be thin; that thinness is associated with this ideal of achievement and what -- what was your SUV chapter title?

Paul: Anorexia and the Spirit of Capitalism.

Steve: Yeah. The thing quoted was how the skinny elite with their super sized lifestyles and gas guzzling SUVs, project their anxieties about over-consumption on the poorer and heavier under class?

Paul: Yeah. Let me just wrap up by just focusing on what I think as the three most crucial factors here. I mean, I think the three most crucial factors are the economic interest of the weight loss industry, which drives so much of the anorexist thinking on the part of people in general, and obesity researchers in particular; I mean, I just think we have taken the anorexist frame of mind and just simply normalized it to the point where we now look at extreme thinness as normal and everything else as being pathological. So, what we have here is the equivalent of what would have if you had a bunch of people who were alcoholics and didn't know that they were alcoholics, giving advice about social drinking to everybody; I mean that what we have of weight in this culture. And then finally, this last point which you just touched on, which is this anxiety about over consumption in general is, now we have high levels of consumption in the society and people are probably concerned about that, but what they do is, they end up projecting all of their anxieties about over-consumption in general for one issue, weight, which I don't think is co-incidentally the one issue in which there is inverse relationship between social class and levels of consumption. So, I mean, if you're acting who is living in the big houses, who's driving the huge car, who is consuming the highest percentage of our scarce resources and so forth, the answer is, well, people who are higher in the economic strata are for obvious reasons, because the higher your income level is, the more you consume. But who are heavier? Rich people? No, poor people, on average. And so, what a coincidence right, the one form of over consumption that we are obsessed within this culture right now more than anything else is the caloric. What's more significant to social health of this country, that the average American weighs 10 pounds more than they did 20 years ago, or that the average Americans car weighs 800 pounds more than it did 20 years ago? I mean, I don't think it's a close call.

Steve: Oh no, you are picking on my car now -- I am joking, your point is very valid however; I think it's a great point. And I just want to thank Paul Campos again for joining us today and talking about his book. Please read it, share it. I am on a local school board and we just are forced by the State of Michigan to adopt the Health and Fitness Program, and the thing is loaded with the kind of things that you need to read about in Paul Campos' book "The Obesity Myth." So, Paul, thank you again for your time and for joining us.

Paul: Well, thanks for having me.

Steve: Our pleasure. Once again, that will do it for this week. Thanks again, Paul Campos. And you can send your feedback to sgibson@truthdriventhinking.com. And please don't forget to support us by buying your iTunes, audio books, music and Apple hardware only after clicking through our affiliate links at Truth Driven Thinking. Have a great week, we'll see you next time on the road to Truth Driven Thinking.