FAT ACTIVISM & HAES®
Advocating for Ourselves & Our Clients in Healthcare Spaces

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Breakout Session 1:
Crowdsourcing ideas for how to participate in advocacy and support fat liberation in non-healthcare settings.

All blank pages have been removed, and some notes have been enlarged for easier viewing. No other edits were made.
BIPOC Affinity Room

- Pushing back on assignments/lectures/ readings that are anti-fat as a nutrition student
- Advocating for our fat children in medical spaces, schools, extracurricular activities, etc.
- Having discussions about fatness, inclusion, and accessibility with friends or in public spaces
- Uplifting fat voices, sharing the work of fat people and supporting fat-owned businesses

- Helping fat friends with weight stigma
- Showing up to every space/event advocating for myself and other Fat folx. Making sure chairs are safe for fat folx and wheelchair/disabled users.
- Being noisy in the doctor's office
- Talking to middle school students about not defining themselves and their peers by their appearance/size

- Advocacy in the classroom and for students and consumers as a professor
- Supporting clients with similar lived experience as a therapist
- Challenging fatphobia in social media spaces
- Working with family members to educate them on HAES and challenge fatphobic lenses as well as uplift and celebrate family in fat bodies while being a safe support.
- Writing to textbook publishers and asking them to change language to be inclusive.
Disabled Affinity Room

Speaking out in a progressive seniors' community (that the person is a part of / lives in) about fat liberation. For example, speaking up about the problematic aspects of the film Th

I have been present when wall-mounted toilets broke off the wall and dumped very heavy users on the floor amid shards of broken porcelain. I often speak out on this subject.

Doing academic work in fat studies, and working on EDI-oriented communities to insert fat rights and liberation into the conversation.

I regularly post on LinkedIn when threads occur that allow me to be critical of the AAP and the use of BMI in healthcare. I seek out allies among others who post.

This is a text box. I wonder if anyone else can see it.

My daughter has Down syndrome and I see a lot of fat stigma in the parent community. I try to advocate and educate through social media.

I myself currently use a cane and on occasion, a walker. But public spaces, despite the ADA, are often size-unfriendly.

One of my favorite examples is the bathroom stall that is wheelchair-accessible, but the toilet paper holder is mounted so close to the toilet, that a very fat person cannot sit on the toilet.

I always take the time to thank those doctors who have shown exceptional size acceptance with my family members (and extended family) who are fat. This has happened many times.

I've successfully advocated to include size and appearance in the anti-discrimination statement of the Editorial Freelancers Association.

I consistently speak against conferences going back to in-person gatherings, advocating instead for accessibility by remaining virtual. Travel is impossible for many Superfat folk.

I make a fuss when healthcare settings do not offer size-accessible seating in their waiting areas and treatment rooms. It surprises me how often nurses agree!

Contribution: Just leaving the house as a superfat or inifinifat person, especially as one who uses assistive devices. Being unapologetic about it!
Trans Affinity Room

- Personal interactions, sharing information and naming fatphobic language
- Blog posts, using writing skills to advance fat liberation
- Fat mutual aid organizing, sharing resources to improve quality of life for fat folks
- Curating positive fat vibes on social media :)
- Being loud and passionate in theater communities and spaces
- Contacting apps, orgs, etc. to advocate for fat inclusivity
- Advocating in workspaces to avoid "workplace wellness" initiatives that encourage and center thinness
- Using academic spaces to bring in fat-positive conversations for students
- Highlighting areas of fat oppression in personal interactions-- access to surgeries, seating options, medical fatphobia, etc.
How we advocate for the community as individuals outside of our profession:

- Room 4

**Speaking out at my exercise space (Pilates) about healthism, diet culture, capacitism, privileges, adaptation of movement for all bodies.**

- Advocate for inclusive care and accommodating furniture, equipment, etc. in doctors offices

- Interrupting diet talk and healthism conversations

- Acknowledge and reframing body thoughts at conversations in family, friends gatherings. Aiming for a more neutral relationship with body

- Putting out language of how to use inclusive, supportive language when working with fat people in medical environments

- Slow and steady conversational work with people unaware of their own healthism or sizeism

- My dentist is building a new facility, and I'd like to ask to speak with him and his team to consider different chairs. Current chairs are without rails, but they are small.

- Advocate for fat disabled and trans people with healthcare administrators to set inclusive treatment policies for entire groups of marginalized people

- Bringing a anti-fat bias subcommittee together, under DEI efforts, to inform & educate faculty/staff

- Moment to moment practicing being aware of our own biases

- No one owes anyone else health
Room 6

- **Body Liberation Hiking Club**: Co-founded Feedists for Fat Liberation, co-organized Fat Lib 101 and 102 workshops, Kaiser patient advisory board participant.

- **Sharing fat experiences in social circles**: Being each other's cheerleader when the world feels like it's against you. Power in surrounding yourself with people who know where you're coming from.

- **Friends in the fatsosphere have started an online community with message boards**: Let clients know it's a safe space to talk about body image.

- **Asheville Fatties Group**: First group of its kind in western NC. In South, fat is more stigmatized. Making more socially conscious choices.

- **Support and/or introduce legislation aimed at legal protections for fat folk**: Power Plus Wellness - group for fat folks to take different movement classes.
steering professional learning topics toward weight inclusive care

providing safer spaces for fat family members and challenging fatphobic perceptions reproduced within the family

incorporating IE into roller derby team!

disrupting antifatness when I hear it/see it + supporting friends who want to pursue a size inclusive lens

advocacy at university for size inclusivity (incl. furniture)
Room 10

- Capstone Project for how to do weight inclusive care, not my day job. Working on Physician Support.

- Working on removing BMI from a corporations wellness program and eliminating wellness program overall.

- Going back to school to get Ph.D in weight studies, and change med school curriculum to remove BMI.

- Medical Students for size inclusivity, working educating medical students about weight bias.

- Working on changing a hospitals weight bias view, such as changing inclusive signage to include weight support. Looking at expanding outward to other hospitals.

- Working on building weight inclusivity by switching focus on weight neutral or inclusivity to students at university. Educating/trashing BMI to professionals.
As a thin person, opting not to be weighed at the doctor to stand in solidarity with those who are stigmatized in healthcare.

Standing up and condemning anti-fat rhetoric online and social media (when we have emotional capacity)

Advocate for size-inclusive furniture, office spaces, etc.

Report weight loss/fat phobic posts, advertisements