

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

Breakout Session 2: Brainstorming/practici ng responses to anti-fatness in healthcare settings.

BIPOC Affinity Room

1. Patient in doctor's office - A few of us shared our own personal experiences. It's a privilege to role play when this is our real life.

1. Patient in doctor's office - A few of us shared our own personal experiences. It's a privilege to be able to "role play" when this is our real life.

Going to doctor's office with someone who can help advocate for us can help strengthen our own ability to self-advocate

Fighting against fat discrimination in the dating world.
Continuing to defend my partners who are in fat bodies and reminding others of their own fat phobia in picking partners.

Sometimes have to go to multiple doctors to advocate for necessary care

Set precedent with provider that discussion about weight is not an option. Also, communicate to provider that if that is an issue, will find another provider

Refusing to be weighed often "breaks people's brains"

Making a list of questions to ask/things to say before going to the doctor's office

Disabled Affinity Room

The way weight is evaluated in health care is the same way it's evaluated in society.

Promote self-care behaviors regardless of body size

> The only medical provider I don't fear is mv dermatologist.

Why do we give height when we aren't giving weight?

Request respectful weighing. Focus on my weight (which is not a factor under my personal choice), it generates stress and that damages my health. It can also trigger conducts.

Weighing the patient consent. It is necessary 11 considering silent/discreet weight, but really the best option for most is not weighing at all.

constructs.

We use humor!

Focusing on weight promote disordered eating behaviors as a food restriction

> A doctor's perception of their client's attractiveness impacts how they treat them. Even as far as desexualizing Superfat and disabled people.

Acknowledging our privileges.

Sometimes just a chipping away becomes cumulative.

I do a boatload of research before I interact with a medical provider so I can prepare myself for any crap they might throw my way.

Talking about bad effect of the number on the scale. 1) It does not determine health or value as a human being. Patients, all, deserve to inhabit our body feeling safe.

I often give or send NAAFA or other fat-neutral health-related literature to the MD. Especially if I'm doing well medically. I also

talking about

problem to be

the stigma of

for diseases)

weight as it is as a

solved perpetuates

weight and estress

(a serious risk factor

I've commented on seating in medical

offices

Interrupt the system at the pediatrician. Take money back from the diet industry.

Talking about the importance of deconstruct and heal our thoughts with prejudices around a weight gain. Gaining weight is not a failure, losing weight is not a success.

Measurements are arbitrary and social

Ensure

accessibility in

SAE clinic.

Room 5 (healthcare worker in online forum)

pushing back against the conflation of thinness/health challenging
assumptions that
symptoms are
related to weight
and advocating for
thorough testing

prioritizing agency letting the client decide the degree to which they want to focus on health

levelling the power dynamics as much as is possible (client is expert of their own life)

creating resources for fellow professionals to check on their own time - linking to research so that they can do their own work

acknowledging the harm that has been done in traditional medical environments

what would you say to a thin person? work in implicit bias and question how internalized antifatness contributes to how you treat clients

healthcare providers have an ethical duty to call out/in; call other providers and confront

On the provider end, partnering with clients/patients to create inclusive spaces, and advocating for humanizing

changes

know weight limits of equipment Educate co-workers, other providers

Sometimes I don't know what I need: not knowing whether certain accommodations exist - if people are working with equipment all the time, know mods and tell people

Vet partners to make sure they're size inclusive - be ahead of clients You might be surprised how they may respond! They may make other small changes to make you more comfortable

Ask for seat belt extender as soon as you get on plane...maybe attendants will find you a more comfortable seat The more we ask, the easier it gets for the next person

Don't just ask, but EXPECT

Practice makes it easier

Self-advocate for making space for yourself...which can take a lot of mental preparation Provider may be focused on their tasks, speaking up is helpful

Establish with provider that you're not considering weight loss surgery, etc. - set boundaries

Remind yourself people with thinner bodies may not think twice about asking what you need

Ask for two soaking buckets for your pedicure!

Take steps to be SEEN instead of trying to blend in (may be harder in medical spaces)

maybe write a letter to the provider

Ask questions of your physicians, ie. what is the 5 year outcome of this or that "weight loss" technique? Can help confront fatphobic providers.

Boldly request your provider NOT ask about weight loss surgery or medications.

lived experience is just as important as "research"

having an "elevator pitch" for a one liner to disrupt antifatness in action

responding with kindness, and encouraging peers/colleagues/ co-workers to consider these other frameworks: HAES and Fat Liberation

using discretion when listening to "experts" on eating disorders, i.e. NEDA is in cahoots with anti-ob*sity campaigns/IWL.

How are we advocating for ourselves?

How are others advocating on our behalf

Are medical procedures designed for all bodies?

Science, Medicine, and Oppression Consent, HUMAN RIGHTS

Building connection! Allies

Financial Considerations: insurance, travel for services Life and death considerations! This is about human life

Education, Resources knowledge is power

HOW are we teaching our experts to be experts?

Adding fat liberationist folks to Advanced Directives

Educating fat folks on their rights and that they can say no! Call in those favors - it's your health and you deserve good treatment.

Breakout Session

Role play examples

'Client', please, not 'patient' (anti-oppressive language)

- 1. Patient in doctor's office
- 2. Dietitian advocating for patient in interdisciplinary team meeting
- 3. Doctor trying to change hospital policy around BMI usage
- 4. Community organizer trying to change healthcare policy
- 5. Health worker in an online forum or on a social media app speaking with other health professionals who are complaining about how hard it is to handle fat patients

RTB Resources - BI-LatinX https://docs.google.com/document/d/1a8Jal-WZQV9Ra7Oigb_1z77IUWFUW_DDQD-nbFgyBXo/edit

FA/HAES research

http://www.ncbi.nlm.nih.gov/pubmed/17469900

http://thefeedingdoctor.com/lunch-box-back-off-note/

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4132299/

http://theysaidwhat.net/2016/01/24/overweight-johnson-johnsons-dream-is-your-worst-nightmare/

http://www.fatnutritionist.com/index.php/on-not-being-fed-enough-as-a-child/

https://danceswithfat.wordpress.com/blog/

https://medium.com/@thefatshadow/a-call-to-action-your-fat-friend-is-going-it-

alone-38cb4bc70d0c#.s19j2y4iz

https://healthateverysizeblog.org/2016/04/14/the-haes-files-body-mass-index-is-not-

a-good-measure-of-your-health/

https://www.youtube.com/watch?v=H89QQfXtc-k

http://ellynsatterinstitute.org/htf/usingforbiddenfood.php

http://www.shiftn.com/obesity/Full-Map.html

http://wellroundedmama.blogspot.com/2017/07/obesity-and-joint-replacement-

part-1.html

http://noelfigart.com/blog/2008/08/20/analysis-of-bmi/

http://www.fatnutritionist.com/index.php/worthless-foods/

https://academic.oup.com/jcem/article-abstract/doi/10.1210/jc.

2017-00787/4093337/Change-in-weight-and-body-mass-index-associated?

redirectedFrom=PDF

https://healthateverysizeblog.org/2016/07/14/the-haes-files-there-is-no-social-justicewithout-bodies/

https://broadly.vice.com/en_us/article/mb4e7n/how-to-treat-fat-people-ally-fatphobia

https://asunow.asu.edu/20190129-discoveries-big-fat-lies-about-obesity?

fbclid=IwAR0vo8xT07bGwpSETrIv4oXSAnRFLWXJId64PcbJcH-2Hq9pseh-yyCZy1c

https://www.scientificamerican.com/article/the-racist-roots-of-fighting-obesity2/

Weight Bias 101: https://www.orchwa.org/resources/Documents/

Weight%20Bias%20and%20Health%20Equity%20for%20CHWs.pdf

https://elemental.medium.com/the-bizarre-and-racist-history-of-the-

bmi-7d8dc2aa33bb