

The Terror Within: Obesity in Post 9/11 U.S. Life

Charlotte Biltekoff

In the winter of 2001, just months after the September 11 attacks on the Pentagon and the World Trade Center, Secretary of Health and Human Services Tommy G. Thompson urged all Americans to lose ten pounds “as a patriotic gesture.”¹ In the following years, the nation would engage in two wars, one against terror and another against what Surgeon General Richard Carmona would come to refer to as “the terror within;” obesity. Interconnections between the war on terror and the war against obesity have gone largely unnoticed by the public, the press, and critics of the obesity epidemic, but they are in fact related in a variety of fascinating and important ways. News reports on high rates of obesity in the U.S. military surfaced in the months immediately following the 9/11 attacks, journalists have referred to American dieters as engaging in a “fatwa against obesity,” weight loss advice is often infused with patriotic language and iconography, and the Surgeon General has warned, “unless we do something about [obesity], the magnitude of the dilemma will dwarf 9/11 or any other terrorist attempts.”² In 2003 an article in the *Journal of the American Dietetic Association* remarked on the fact that more than one war was underway: “The United States is fighting several wars at the same time. Not only are we fighting a war against terrorism around the world, but we are also fighting a war against obesity here at home.”³ These two wars are, however, not merely simultaneous. Understanding their relationship is essential to a broader accounting of post-9/11 life in the United States.

In a recent issue of *American Quarterly*, Amy Farrell explained why the field of American Studies should be concerned with obesity: “. . . all biological crisis are also cultural crisis . . . biological and medical problems are also cultural sites, where social power and ideological meanings are played out, contested and transformed.” While the most visible, popular works on the obesity epidemic take its biological significance at face value, she argued that, “as a field that always explores the links between culture and biology, the social and the political, the public and the private,” American Studies should be concerned with the cultural implications of obesity and actively interrogate the definition of the problem itself.⁴ Critics including Eric Oliver, Paul Campos, Kathleen LeBesco and Sander Gilman have argued that the obesity epidemic is better understood as a cultural phenomenon than as a public health crisis.⁵ In *The Obesity Myth*, Campos describes obesity as a moral panic, while in *Fat Politics* Oliver argues that obesity is not an epidemic disease, but rather an epidemic of ideas that is the product of prejudice, politics and profit motives.⁶ Oliver explores how obesity came to be defined as a disease through the concerted efforts of those with vested interests, such as the public health establishment, the government, and pharmaceutical and weight loss industries. Along with other critics of the biomedical premise of the obesity epidemic, he points out that the idea that certain weights should be classified as disease is not driven by any clear medical fact and that our willingness to think of fat people as sick is the result of cultural, social, and political factors.⁷ Despite significant controversy about the biomedical premise of the obesity epidemic, the anti-obesity campaign both posits and targets fatness as an irrefutable sign of illness while affirming and promoting thinness as an incontrovertible indicator of health.⁸

Moving away from a biological, empirical interpretation of the causes and costs of what is known as the obesity epidemic, this essay asks what role obesity plays in constituting the post-9/11 social order. Taking the biological significance of obesity at face value, the public health campaign aimed at reducing rates of overweight in the U.S. and the military one aimed at combating international terrorism are interrelated only in so far as obesity might interfere with the ability of soldiers to perform their duties. But just as American Studies interrogates the war on terror as a construct that serves particular ideological ends, so must it account for the *cultural* work performed by the anti-obesity campaign. Rules of conduct concerning food and eating always serve to express social concerns, communicate cultural codes, and construct and maintain both internal and external social boundaries.⁹ Anthropologist Carol Counihan explains, “rules about food consumption are an important means through which human beings construct reality. They are an allegory of social concerns, a way in which people give order to the physical, social, and symbolic world around them.”¹⁰ Rules governing what is edible, when, with whom, and in what fashion people may eat structure food practices *and* social relations. In post-9/11 American life, the perception of obesity as a national health crisis has led to a thriving national discourse on food rules that at the same time has played a role in structuring the “physical, social,

and symbolic world” that Americans now inhabit. As Counihan also points out, however, food rules are generally taken for granted. They are part of the “usually unexamined cultural ideology that leads to the reinforcement of life as it is.”¹¹

During war, food rules play an especially ideological and yet equally unexamined role. Rather than reinforcing life as it is, however, wartime food rules adjust people to the unique demands of life during war. Each of the major American wars of the twentieth century has given rise to a national dietary crisis and a major campaigns aimed at managing food supplies and improving the dietary health of the population. Each of these campaigns has played an instrumental social role on the homefront beyond its material aims by providing rules about food consumption that are infused with ideological purpose. While World War I and World War II were accompanied by official wartime food campaigns that explicitly embraced their role in supporting the war effort, the war on terror is a different kind of war, with a far more oblique relationship to the current discourse on food.¹² The war on terror is maintained without a national military draft, in the absence of explicit propaganda campaigns, and despite its lacking a clearly defined enemy or goal. Though the anti-obesity campaign is not an official wartime food program, I argue that it nonetheless plays an important role in maintaining the cultural conditions that sustain this unique war.

This essay explores the campaign to combat obesity in the U.S. in relation to the ongoing cultural construction and legitimization of the war on terror. This entails analyzing instances where the two wars explicitly intersect, such as when the obesity campaigns borrows language from the war on terror and when military or public health officials express alarm about the possible effect of obesity on military performance. It also entails examining instances where, though there is no explicit acknowledgement or even consciousness of its role, the public health campaign aimed at combating obesity nonetheless aids in producing and normalizing the cultural conditions that allow the war on terror to be accepted as an imperative among the American people despite its social, financial, and human costs. First, I will show that the discourse of the obesity epidemic contributes to the production of a pervasive culture of fear in the United States. Fueled by alarming rhetoric and imagery concerning the dangers of everyday life emanating from *both* terrorism and obesity, this culture of fear provides the necessary alibi for post-9/11 adjustments to social life. The war against obesity also provides a focus for national unity and communal effort that the war on terror lacks. It is, in essence, the site for a wartime propaganda campaign aimed at improving morale through calls for sacrifice and self-denial. While the war against obesity calls on all Americans to participate in the national health campaign, its broad address masks the fact that anti-obesity reformers consider minorities and the poor their primary target. The campaign’s particular focus on Blacks, Latinos, and the poor also serves an important role in maintaining the nation’s commitment to the war on terror. It displaces the threat to domestic life, and particularly to the health and welfare of minority populations, from irresponsible government

policy to irresponsible behaviors in minority communities, thus obscuring the real toll that the war on terror is taking on the lives of the American underclass.

Two Wars, One Culture of Fear

After several decades of post-war concern about the correlation between excess weight and disease, in the mid-1990s two studies heightened anxiety about obesity in America by showing a steady and dramatic rise in weights since the 1970s.¹³ By the late 1990s, obesity was being referred to as an epidemic but the national obsession with the population's girth did not take off until 2000, when according to Eric Oliver, a "torrent of stories began to appear" in the press despite the fact that no new information had surfaced to justify increasing concern.¹⁴ Soon, however, the terrorist attacks of September 11, 2001 would capture the attention and anxiety of the nation. One might expect that a catastrophe of such scale would immediately and completely eclipse worries about how much Americans weighed, yet news stories reporting on the latest findings about growing waistlines were among the first not directly related to the attacks and their aftermath to appear in the fall of 2001.¹⁵ In December of 2001 the government officially launched its anti-obesity campaign with the publication of *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, (which was dedicated to one of its senior editors who died on September 11).¹⁶

Anxiety about obesity escalated not in spite of, but in conjunction with, the reaction to 9/11. As the response to 9/11 coalesced into the war on terror, the response to rising weights among Americans coalesced into a "war against obesity." Both wars contributed to heightened sense of fear among Americans by promoting a perpetual sense of the danger. At the same time that the federal government and the press were producing a pervasive sense that further terror attacks were imminent, they were relentlessly reminding their audiences of another deadly threat to the nation, obesity. In a comment typical of the alarm invoked around the obesity epidemic, U.S. Surgeon General Richard Carmona explained, "the fastest-growing illness in America today is being overweight or obese. 300,000 Americans a year die from its complications, nearly 1,000 every day, one every 90 seconds. Obesity is an epidemic now, and it's growing. If we don't do anything about it we will have a morbidly obese dysfunctional population that we cannot afford to care for."¹⁷ Despite significant controversy over the validity of the claim that obesity was killing over 300,000 Americans every year, the media consistently reinforced the sense of obesity's danger by citing this figure. Between 2002 and 2004 alone the major news media repeated this alarming, but highly questionable, statistic over 17,000 times.¹⁸ But the war against obesity did not merely provide a parallel outlet for producing fear among Americans. Rather, the wars against obesity and terrorism often converged to produce a conflated, amplified sense of a threat to the nation.

The most concrete manifestation of this convergence was the specter of fat soldiers. Just two months after 9/11, Reuters ran the headline "U.S. Male Soldiers

Getting Fatter.”¹⁹ In January 2002, the same month that Bush delivered his state of the union speech identifying Iraq as part of the “axis of evil” and vowing not to let dangerous regimes threaten the U.S. with destructive weapons, half of the U.S. military was declared overweight.²⁰ The image of the fat soldier crystallized the connection between the dangers of terrorism and obesity by suggesting that obesity directly threatened the nation’s defense capabilities. As one article pointed out, “Overweight troops can hinder not only their own performance but that of their units as well as the success of their often grueling military missions.”²¹ The threat posed by overweight soldiers functioned as a generic sign of the nation’s vulnerability. Because of the demographic composition of the U.S. military, however, fears about fat soldiers also expressed national concerns about the ability of minority populations in particular to meet the demands of defending the nation. As we will see, the war against obesity was shaped by these concurrent vectors of concern, at once interpolating every citizen in the campaign and pursuing a focus on Blacks, Latinos, and the poor, the significance of which will be discussed later. Despite the inherent racial and class aspects of the danger posed by fat soldiers, the specter of overweight troops was for the most part subsumed into the larger culture of fear that emerged at the intersection of obesity and terror.

The simultaneous threats of obesity and terror also converged to produce a sense that danger lurked within the most mundane aspects of daily life in the U.S. While the fear of impending terror attacks turned backpacks, garbage cans, delivery trucks, and running water into potential weapons, the discourse of the war against obesity located deadly threats in grocery stores and on dinner plates. Potential causes for the deadly epidemic propagated by research studies and media reports included everything from snacking to sodas and air conditioning, perpetuating a sense that a threat to the nation might emanate from the simplest of daily habits. In a 2003 speech the U.S. Surgeon General listed computers, TV, elevators, close parking spots, fast food and microwave dinners among the aspects of everyday life imperiling the health of the nation.²² Proponents of the war against obesity amplified the sense that danger lurked in everyday life by borrowing language from the war on terror. In a 2002 op-ed piece, a critic of the war described a terrifying landscape of deadly threats in the average American supermarket aisle: “we could use some weapons inspectors right here in our supermarkets. Who needs nerve gas when we have stockpiles of sugar, salt, and fat slowly immobilizing our children?” He went on to write, “body fat is every bit as much a bioterrorist threat as anything Saddam might lob over.”²³ Meanwhile, average dieters were recast as soldiers in this alternative, simultaneous war. Media representations described Americans trying to lose weight through diet and exercise as “foot soldiers in the war against obesity” and taking part in a “battle of the bulge.”²⁴

By extending and amplifying the sense of danger of everyday life, the war against obesity contributed to the production of a post-9/11 politics of fear. David Altheide, author of *Terrorism and the Politics of Fear*, explains that “the ‘politics of fear’ refers to decision makers’ promotion and use of audience beliefs and

assumptions about danger, risk and fear in order to achieve certain goals.” He argues that after 9/11, news reports and political rhetoric transformed terror from a strategy or an event into a condition and a worldview that would “influence changes to social life.” By stressing an uncertain future and anticipating further victimization, they gave rise to a politics of fear that justified amendments to the social order, such as granting more power to political leaders and accepting restrictions on civil rights.²⁵ The war against obesity contributed to these same cultural changes by amplifying the culture of fear in the U.S., that is, by enhancing “the pervasive communication, symbolic awareness, and expectation that danger and risk are central features of everyday life.”²⁶

The emergence of the condition of terror and its effects on social life entailed producing not only a pervasive sense of threat, but also a clear object of fear around which a sense of national purpose could cohere. While the discourses of terrorism and obesity conspired to produce a sense of danger in everyday life, the obesity epidemic provided a set of (seemingly) achievable goals and a sense of communal purpose that the war on terror lacked. In 2003 Surgeon General Richard Carmona, who was appointed by President Bush six months after the attacks of September 11, began delivering a series of speeches that fueled the conflated cultures of fear of obesity and terror while celebrating the fact that the problem of obesity had a clear and accessible solution. In these speeches, Carmona repeatedly referred to obesity as “the terror within.” He explained why in an interview on National Public Radio: “I’ve come to refer to it as the terror within because it’s every bit as devastating as terrorism.”²⁷ He called obesity “a threat that is every bit as real to America as the weapons of mass destruction.”²⁸ While he portrayed obesity and terror as equally menacing threats lurking within national borders, Carmona suggested that the war against obesity was easily winnable through the dedicated efforts of citizens working toward a common purpose. “The good news” he announced, “is that this health crisis is almost entirely preventable through proper diet and exercise.” While the war on terror was characterized by its elusive enemy, poorly defined aims and seemingly endless nature, Carmona dispensed a “simple prescription that can end America’s obesity epidemic: every American needs to eat healthy food in healthy proportions and be physically active everyday.”²⁹ Carmona’s simplistic pronouncements belied the extreme difficulty of achieving sustained weight loss but made collective efforts toward weight loss a meaningful way for individuals to participate in a national struggle against a mortal threat. Altheide suggests that “U.S. leaders added to communalism and promoted likemindedness among U.S. citizens by insisting that terrorists could be anywhere,” but the simultaneous war against “the terror within” provided a more familiar sort of wartime morale campaign.³⁰

A Wartime Propaganda Campaign

By urging Americans to eat less, make healthier choices, and exercise more, the war against obesity provided the focus for communal effort and self-sacrifice



Figure 1: Obesity represented as a threat to the nation requiring the patriotic resolve of citizens. Courtesy of *Harvard Magazine*.

that the war on terror lacked. Wartime propaganda campaigns calling on Americans to make sacrifices for the sake of the nation have, as many historians have argued, played an important role in bolstering wartime morale. World War II programs urging Americans to save fats or buy war bonds, for example, sought to sell the idea of the war and mold public consciousness by channeling civilian energies into tasks that were given meaning through promotional propaganda.³¹ During both World War I and World War II, food programs not only ensured adequate supplies, but also promoted war morale by involving citizens in the war effort whenever they purchased food, cooked, or sat down to a meal.³² During World War II, for example, the “Food Fights For Freedom” campaign sought to make a “strong home front” by teaching every citizen to “think of food not just as a means of selfish satisfaction, but as a crucial, vital war material.”³³ While there were immediate calls for Americans to give blood and money in the wake of the September 11 attacks, the war on terror notably lacked a campaign for material sacrifice among citizens. On the contrary, government and industry leaders urged Americans to keep spending and buying in order to “Keep America Rolling,” as General Motors put it.³⁴ At the same time, however, the war against obesity called for extreme sacrifice and self-denial. Americans were exhorted to give up their favorite foods, eat less, and exercise every day. President Bush’s ambitious goal of getting “20 million additional Americans to exercise for at least 30 minutes a day, five days a week” exemplified this displacement of the calls for wartime sacrifice from the war on terror to the one against obesity.³⁵

The war against obesity functioned much like other wartime propaganda campaigns, turning everyday activities into a means for individuals to participate in a national endeavor. At the 2001 launch of the “national plan of action” in response to obesity, for example, Secretary of Health and Human Services Tommy G. Thompson, explicitly positioned weight loss as a civic duty, rather than simply a matter of individual health when he said “All Americans should lose 10 pounds as a patriotic gesture.”³⁶ Federal officials frequently reinforced this framing of weight loss as a patriotic endeavor; President Bush asked White House staff members on a daily basis whether they had their workout and secretary of health Tommy Thomson publicly shed fifteen pounds and wore a pedometer to work every day.³⁷ Media representations of the anti-obesity campaign added to the patriotic aura of weight loss through the use of evocative iconography. For example, frequent depictions of a fat Uncle Sam reinforced the sense that obesity was a threat to the nation requiring the patriotic resolve of its citizens. A 2004 *Harvard Magazine* cover depicted a fat, flag-draped woman standing on a penny scale, appearing aghast at the display while holding a modified cornucopia overflowing with beer cans, soda bottles, peanut butter, and snack foods instead of the traditional harvest foods³⁸ (See figure 1).

A nationwide diet sponsored by the Discovery Health Network in 2004 provides an excellent example of how popular representations of the war against obesity heightened the post-9/11 culture of fear and made fighting obesity the focus of a patriotic communal project. The National Body Challenge, which was



Figure 2: The “Body Challengers” appearing in red, white, and blue clothes beneath the National Body Challenge logo, also red, white, and blue and clearly evocative of the U.S. flag. DVD cover, Discovery Health Network.

represented by an icon that incorporated American flag motifs, supported 150,000 dieters through online instruction. A companion television series involved viewers in the drama of six “body challengers” chosen to represent the nation and its struggle to lose weight. The first episode of *The National Body Challenge*, “The Battle Begins,” which aired in the winter of 2003–2004, clearly situated obesity as a threat to national security. It began with shots of the Capital Building while a narrator announced that the battle against obesity would begin at “one of world’s toughest military training grounds, just outside the nation’s capital,” the marine training base in Quantico, Virginia. The six challengers arrived at the marine base dressed in fatigues, and ran through a series of strenuous, muddy obstacles in freezing temperatures. Slow motion images of the fat Americans wheezing, crawling, crying, and collapsing, as they struggled to complete the course, became the motivating backdrop for the rest of the series, with key parts—such as an ambulance rushing “the most defeated of them all” away from the course—replayed in almost every episode that followed. Together with scenes in subsequent episodes of overweight firefighters struggling to run up stairwells and fat nurses barely able to transport stretchers through hospital hallways, these images portrayed obesity as a threat to the nation’s ability to defend itself and respond to future attacks. Weight loss, in this context, was a patriotic wartime imperative. The challengers were celebrated as the focal point for nation-wide communal efforts in scenes of public weigh-ins where each stepped onto a massive scale in front of cheering crowds in iconic communal settings throughout the country, such as mid-court at Chicago bulls game and at a Six Flags amusement park in Atlanta. Before and after photo shoots in which contestants wore red and blue workout clothes and posed in front of red and white striped backdrops celebrated their personal transformations as patriotic contributions to two national wars simultaneously (See figure 2).

Rituals of Bodily Security

By contributing to a post-9/11 politics of fear and providing a focus for communalism, the war against obesity participated in the production of what Altheide refers to as the “condition of terror.” This simultaneous war, therefore, helped to justify changes to the social order, such as infringements on civil liberties, on the basis that such measures were essential for the safety and security of the nation. New security measures involved not only the nation and its borders, but also the bodies of individual citizens. As Altheide points out, “Dangerousness, or the ‘evangelism of fear’ . . . with death as its impetus and salvation as its goal, required concern not only with external issues but with the self as well. Elite propaganda efforts promoted joining the self with the state—an approach that was operationalized as security.” Security rituals at airports, borders, and public events linked individual bodies with national security.³⁹ Meanwhile, the war against obesity justified its own set of rituals of surveillance and control over the bodies of citizens.

The war against obesity contributed to an overall cultural acceptance of the necessity of increased bodily surveillance. Depictions of obesity as a mortal threat to the nation provided the impetus for billions of dollars worth of research studies and reform projects aimed at improving national health through measuring bodies, examining personal habits, scrutinizing cultural patterns, and intervening in aberrant behaviors.⁴⁰ For example, the war against obesity popularized a new standard measure for the relationship between body size and health, the BMI, or Body Mass Index. A function of the relationship of weight to height, the BMI is meaningless on its own but gets its significance in relation to a set of categories that classifies each measurement as falling within the normal, overweight, or obese range. While the BMI is purely a measure of body size, not health, when used in relation to these classifications it has become a powerful tool for classifying people as healthy or unhealthy, normal or aberrant. Opportunities for individuals to calculate their BMIs have proliferated, especially online where a Google search for “BMI calculator” turned up 3,850,000 hits, including calculators designed to be downloaded to palm pilots and personal computers. Meanwhile, schoolchildren in Arkansas and Pennsylvania are being weighed and measured so that “BMI report cards” can be sent home to parents. As of June 2005, legislators in twelve other states had proposed including students’ BMI on their report cards.⁴¹ The impetus to measure and classify American bodies also produced novel technologies, such as a “Body Measurement System” that uses a 3-D scanner registering more than 200,000 data points on the body to produce over 200 measurements that can be directly transferred to the web. Not coincidentally, the system was used in the first major national survey measuring the “average American body” since World War II. The SizeUSA project surveyed more than 10,000 people and provided an “arsenal of data” about American bodies grouped by gender, age, and ethnicity, with scanned subjects providing additional information such as zip code, income, education, employment, and marital status.⁴² Other new forms of bodily surveillance and control justified by the obesity epidemic include tracking systems designed to allow parents to monitor and limit their children’s cafeteria purchases and public weigh-ins conducted as part of citywide diet campaigns.⁴³ Focusing on bodies, health, and daily habits, the war against obesity provided a corollary to other novel information tracking systems (such as those targeting phone and banking records) that were legitimated by the war on terror.

“Unhealthy Others”

Despite the frequently generic address of obesity discourse, the bodies and behaviors of minority populations have been the primary target of the anti-obesity campaign and its systems of measurement and control. Calls for all Americans to lose weight as part of the war against obesity have been important for generating a sense of national unity, but at the same time mask the racial and class address of the reform campaign. Because obesity in the U.S. is widely believed to primarily be a problem among Blacks, Latinos, and the poor, these populations have

been the main focus of the public health measures that constitute the war against obesity. The correlation of minority social status with excess weight was not a discovery of the current campaign, but rather has been integral to its emergence. In the post-war period, nutrition and public health researchers simultaneously established obesity as a significant health problem and noted that overweight was associated with lack of wealth and status.⁴⁴ Since then, the correlation between minority social status and excess weight has been sustained by ongoing research and has become a central feature of today's war against obesity. *The Surgeon General's Call to Action* confirmed this as a foundational premise, reporting that "overweight and obesity are particularly common among minority groups and those with a lower family income."⁴⁵ A steady stream of headlines such as "Poor and Fat: A Special Problem in America" and "Youth Obesity Called Highest Among Latinos" have reinforced the already prevalent perception that thinness (dietary health) is an attribute of the white middle classes, while the danger of obesity emanates from racial, cultural and socio-economic "others."⁴⁶

American health reformers, and dietary reformers in particular, have historically used nutrition education campaigns to manage the troublesome underclass. As historians such as Alan Kraut and theorists such as Debora Lupton and Robert Crawford have shown, public health campaigns have often transformed existing class, race, and ethnic prejudices into public health scares.⁴⁷ Since the eighteenth century the middle classes have used health as a symbolic marker defining their identity in opposition to what Crawford calls "unhealthy others." Crawford explains that by the nineteenth century "the language of health came to signify those middle class persons who were responsible from those who were not, those who were respectable from those who were disreputable, those who were safe from those who were dangerous and ultimately, those who had the right to rule from those who needed supervision, guidance, reform, incarceration."⁴⁸ In the U.S., middle class dietary reformers have consistently diagnosed dangerous dietary habits among immigrants, the working class, and minorities, and they have used dietary advice to manage those populations in ways that serve their own social interests.⁴⁹

Wartime creates additional anxieties about minority bodies and behaviors and, therefore, more reasons for middle class dietary reformers to fret about eating habits among those whose behaviors they are already prone to considering unruly, chaotic, or threatening. Increased dependence on the bodies of people with low social status and a simultaneous need to manage the commitment of these disenfranchised populations to the national cause has historically informed the work of wartime dietary reformers. The World War II era nutrition campaign, for example, focused disproportionately on defense workers and their wives because defense production, and therefore the war effort, depended on their willingness and ability to cooperate with the nation's aim. Concerns about securing not only the bodily strength and stamina but also the willing cooperation of the working class in the war effort motivated a wartime nutrition campaign whose messages

were equally concerned with instilling a commitment to the war effort as they were with improving worker health.⁵⁰

Today's wartime dietary reform movement is equally motivated by increased dependence on the bodies of minorities and a need to manage the commitment of the underclass to the war on terror. While members of Congress periodically raised the possibility of a draft in the early post 9/11 era, the nation continued to rely on a volunteer military for its defense. As the war spread from a seemingly manageable engagement in Afghanistan to a second, increasingly demanding war in Iraq with no end in sight, concern about maintaining recruitment levels for the already overtaxed forces heightened. Increasingly, middle- and upper-class Americans were forced to acknowledge an uncomfortable dependence on minorities and the poor to fight and die for them. As a widely reported study published in the fall of 2002 in the *American Journal of Medicine* explained, the U.S. military is composed of volunteers from the civilian population, but "The demographic characteristics of the military are slightly different from those of the U.S. population." The study, which investigated the percentage of U.S. young adults meeting current military weight standards, found that a large percentage of that population was over the maximum allowable weight for the military. Furthermore, it determined that "The percentage failing the height and weight standards is higher in minority populations, who make up a disproportionately large proportion of the military."⁵¹ While the war on terror caused middle and upper class Americans to become aware of their dependence on the bodies of minority populations, the specter of obesity among those populations expressed anxiety about this relationship and provided a reason for regulating minority bodies in the national interest.

The obesity campaign's focus on minorities may have been driven by benevolent intentions, but it has had the effect of perpetuating negative stereotypes about Blacks, Latinos, and the poor. Special federal programs aimed specifically at minority bodies include the Sisters Together program aimed at African-American women, the African American Anti-Obesity Initiative funded by the Department of Health and Human Services, and the Latino Childhood Obesity Prevention Initiative.⁵² On the local level, an African-American newspaper in Chicago recently launched a "Million Pound Challenge," a twelve-month citywide health and fitness initiative that "challenges Black Chicagoans to collectively lose one million pounds."⁵³ There is no consensus about why obesity rates are highest among these populations, but explanations include cultural, social, economic, behavioral, and biological factors. Many obesity researchers point to cultural factors, such as high calorie traditional cuisines, cultural attitudes toward physical activity, and cultural acceptance of larger body size. Much of the conversation among experts about why people of color and the poor are more likely to obese, therefore, entails pathologizing cultural preferences such as foodways, parenting styles, and beauty standards. Some experts on minority obesity identify social and political factors (such as lack of access to good food and fitness facilities, low incomes, and the stress of poverty and racism) that they contend have given

rise to the disproportionate levels of obesity in these communities. Others point to possible genetic factors predisposing immigrants, in particular, toward fat storage and thus higher body weights.⁵⁴ By identifying cultural patterns, social and political contexts, and genetic factors that contribute to obesity among minorities, each of these approaches deflects blame from individuals and defies the common perception of obesity as a result of lack of self-control and self-discipline. Nonetheless, the mainstream discourse on minority obesity is most frequently shaped by the prevailing American ideology of individualism.

Minority obesity is typically characterized as a result of poor moral character, laziness, ignorance, and lack of will-power among “unhealthy others.” Like racial and class prejudices, stereotypes about fat people are fueled by the prevailing belief that individuals, rather than social systems, are responsible for personal circumstances. Eric Oliver points out, “As with blacks and the poor, fat people are thought to violate some of the most fundamental tenets in American political culture: that all people are fundamentally responsible for their own welfare; that self-control and restraint are the hallmarks of virtue; and that all American are obliged to work at improving themselves.”⁵⁵ As Oliver’s observations make clear, the war against obesity has constructed an enemy out of familiar material. Racial, class, and body-size prejudices collide and collude in obesity discourse, where fatness functions as yet another sign that minorities lack qualities central to American notions of good citizenship, such as self-control and restraint. Minority weight loss experts themselves have acknowledged this confluence. For example, the authors of *Slim Down Sister*, a weight loss program targeted at African-American women write, “Right or wrong, thin and average weight people, men and women alike, view overweight people differently. They’re seen as having no self-control, no willpower. . . . What black women need to realize is that the size of our bodies is as much a factor in how we’re viewed and treated as our sex or race.”⁵⁶ Though the focus within the war against obesity on combating minority obesity is presumably driven by the benevolent intentions of researchers and reformers, it nonetheless perpetuates perceptions that Blacks, Latinos, and the poor are physically unfit, and not fit for citizenship. They are the “terror within,” threatening the health and security of the nation. During World War II, nutrition reformers disseminated a similar notion of bad eaters as internal enemies, going as far as to depict defense workers who learned the facts of nutrition and ate healthy lunches as “helping Uncle Sam” and those who failed to do so as “helping Hitler.”⁵⁷

While dietary discourses such as the war against obesity further disenfranchise already marginalized populations, at the same time they provide guidelines through which individuals can choose to remake themselves as moral beings and good citizens. The war against obesity provides a framework for self-improvement through which disenfranchised populations are invited to remake themselves as participants in a national project. As John Coveney argues in *Food, Morals, Meaning*, nutrition is both an empirical and an ethical system. It provides rules and norms through which individuals can produce themselves as moral subjects.⁵⁸

Because thinness has become a civic duty, within the current culture of dietary health striving for self-improvement through dieting and exercise is also a way for people to perform aspects of good wartime citizenship. So, not only does the current discourse of obesity portray disenfranchised populations as “the terror within,” but it simultaneously provides a set of guidelines for diet and exercise through which individuals can choose to participate in a communal project as good citizens. In striving to achieve the norms of body size that have become associated with good health, fat people might, in other worlds, show their willingness and ability to “help Uncle Sam” rather than helping Al-Qaeda.

A Culture of Personal Responsibility

By focusing on the responsibility of individuals to improve their own health for the sake of the nation, these prescriptions for dietary health perform a sleight of hand that is essential to maintaining the necessary commitment to the war on terror. For the Bush administration, focusing on obesity as the nation’s most pressing health crisis and insisting that the behavioral choices of individuals are its key causal factor provides a means for advancing broader ideological aims. The Bush administration’s approach to obesity expresses and promotes its agenda to build what Bush refers to as a “culture of personal responsibility” in the United States. As the Surgeon General explained, “Government can do *some* things, particularly at the local school level, but not everything. So much of the solution to the problem is up to each *individual*, each family, community” (original emphasis).⁵⁹ Federal anti-obesity efforts, such as the HealthierUS program, focus on providing information and urging individuals to use it to take responsibility for their health in order to protect the nation from the physical and fiscal threat posed by the obesity epidemic. Discussing this program in a 2003 speech, Bush explained its connection to his larger agenda to encourage people to “be responsible for the decisions they make in life” and discussed the importance of each individual “making healthy choices [in order to] do the right thing for our future.”⁶⁰ Such an approach to fighting obesity reflects neoliberal ideologies and exemplifies the effect they have had on the practice of public health in the U.S., which has increasingly focused on urging individuals to make responsible choices to protect not only their own but also the nation’s health, rather than rely on government protections and services to do so.⁶¹ The war against obesity plays a pivotal role within this larger cultural change by first depicting obesity as the nexus of the nation’s health care crisis and then insisting that personal behavioral choices represent the most important causes and solutions to the problem. As Bush explained, “We’ll work on health care matters, we’re working on Medicare reform. . . . But the truth of the matter is, one of the best reforms in America for health care is a strong, preventative health care program that starts with each American being responsible for what he or she eats . . . drinks . . . whether or not they get out and exercise. . . .”⁶² Individual battles against the bulge become a critical “front” in two wars at once, distracting a diet-obsessed population from

structural issues effecting health—not just “healthy” weights—and obscuring the connection between domestic social welfare and the war on terror.

While spending for the war on terror soars, the war against obesity justifies urging individuals to make “healthy choices” in the context of diminishing funding for social welfare programs. According to one calculation, for the three hundred billion dollars that has been appropriated for the war in Iraq alone, almost two hundred thousand children could have received health insurance for a year.⁶³ As of July 2006, the Government Accounting Office estimated the global war on terror has cost the country at least \$430 billion. The same amount of money could have helped to fund employer health insurance for approximately 107.5 million U.S. citizens, more than double the estimated number of people without health coverage.⁶⁴ As an alternative, simultaneous war, the campaign against obesity enlists the nation’s most underserved populations in simulated battle for national security that obscures the toll that the actual war on terror is taking on the lives of the nation’s underclass, both on foreign battle fields and at home. Bush insists that, “good foods and regular exercise will reverse the trend [of rising obesity rates] and save our country a lot of money—but more importantly save lives.”⁶⁵ With Americans busy battling the bulge in order to secure the future of the nation, they might not notice that it is within the other war, the war on terror, that federal coffers are being drained while bodies and psyches are being maimed and thousands of lives lost.

As an elusive enemy, obesity, much like terror, is a pliable construct that serves important ideological ends. As we have seen, it contributes to a politics of fear that helps to justify infringements on civil liberties and legitimate new forms of surveillance and control over the population. It draws on existing prejudices in its portrayal of minorities and the poor as irresponsibly endangering the nation, and obscures the tragic consequences the war on terror is having in minority communities by suggesting that the healthy future of the nation can be secured by simple acts of the will. This analysis shows that just as we insist on looking past the purportedly factual basis of the war on terror in order to understand its social and cultural impact, so must we maintain an analytical perspective on obesity that transcends its supposed biomedical premise. Health crises always perform cultural work that is obscured by the authority of science, medicine, and the body. The obesity epidemic is an extremely convincing health crisis; anyone can presumably see and diagnose it, and the media has created a nearly incontrovertible equivalence between large body size and illness. But obesity is also a cultural crisis.

This essay has argued that the war against obesity functions as an accomplice to the war on terror in part by providing the recognizable enemy and achievable aims that the war on terror lacks. In reality, however, the war against obesity is more like the war on terror than unlike it; the enemy is anything but clearly defined and the war is far from winnable. As critics of the science of obesity have pointed out, obesity is a far more elusive “problem” than the mainstream

discourse would allow. When Surgeon General Carmona talks about obesity being every bit as dangerous as “those weapons of mass destruction”—the ones that did not exist yet legitimated the invasion of Iraq—he may be absolutely correct. The war against obesity may be more dangerous than obesity itself.

Notes

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2. “Obesity Bigger Threat Than Terrorism?” *Associated Press*, March 1, 2006. For more about “Fatwa(r)” rhetoric and an analysis of “the war against obesity” to which I owe much credit see April Michelle Herndon, “Collateral Damage from Friendly Fire?: Race, Nation, Class and the ‘War against Obesity,’” *Social Semiotics* 15, no. 2 (2005), 128-41.
3. Mary Lee Watts, “Fighting Fat in Lean Times—Public Policy News,” *Journal of the American Dietetic Association* (2003), 826.
4. Amy Farrell, “The Narrowing of American Bodies: Christian Fitness Culture and the Politics of Size Reduction,” *American Quarterly* 58, no. 2 (2006): 517.
5. Paul Campos, *The Obesity Myth: Why America’s Obsession with Weight Is Hazardous to Your Health* (New York: Gotham Books, 2004); Sander Gilman, *Fat Boys: A Slim Book* (Lincoln and London: University of Nebraska Press, 2004); Kathleen LeBesco, *Revolting Bodies?: The Struggle to Redefine Fat Identity* (Amherst: University of Massachusetts Press, 2004); Eric J. Oliver, *Fat Politics: The Real Story Behind America’s Obesity Epidemic* (New York: Oxford University Press, 2006).
6. Campos, *The Obesity Myth*; Paul Campos, et al., “The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?,” *International Journal of Epidemiology* (2005), 235; Oliver, *Fat Politics*, 38-43.
7. Oliver, *Fat Politics*, 61. Other critiques of the scientific premise of the obesity epidemic can be found in Campos, *The Obesity Myth*; Glenn A. Gaesser, *Big Fat Lies: The Truth About Your Weight and Your Health* (Carlsbad, California: Gurze, 2002); Michael Gard and Jan Wright, *The Obesity Epidemic: Science, Morality and Ideology* (London and New York: Routledge, 2005).
8. For more on the construction of this equivalency between thinness and health, including an analysis of self-control as a key component of this relationship, see Charlotte Biltkoff, “Hidden Hunger: Eating and Citizenship from Domestic Science to the Fat Epidemic” (Doctoral Dissertation, Brown University, 2006).
9. A sampling of works addressing the role of food rules in structuring the social order include: Arjun Appadurai, “Gastro-Politics in Hindu South Asia,” *American Ethnologist* 8 (1981); Alan Beardsworth and Teresa Keil, *Sociology on the Menu: An Invitation to the Study of Food and Society* (New York: Routledge, 1997); Mary Douglas, “Deciphering a Meal,” *Daedalus* 101 (1975); Mary Douglas, *Purity and Danger: An Analysis of the Concept of Pollution and Taboo* (London: Routledge, 1966); Claude Fischler, “Food Habits, Social Change, and the Nature / Culture Dilemma,” *Social Science Information* 19, no. 6 (1980); John F. Kasson, “Rituals of Dining: Table Manners in Victorian America,” in *Dining in America, 1850-1900*, ed. Kathryn Grover (Amherst and Rochester: The Margaret Woodbury Strong Museum, 1987).
10. Carole M. Counihan, “Food Rules in the United States: Individualism, Control, and Hierarchy,” in *The Anthropology of Food and Body: Gender, Meaning, and Power* (New York: Routledge, 1999), 113.
11. *Ibid.*, 114.
12. The Vietnam War also gave rise to a dietary reform movement of sorts. While there was no official wartime food program supporting the war, the counterculture that developed in part in opposition to the war was very much centered on an ideological approach to food that Warren Belasco has termed the “countercuisine.” Warren Belasco, *Appetite for Change: How the Counter Culture Took on the Food Industry, 1966-1988* (Ithaca: Cornell University Press, 1989), 23-24.
13. In the mid-1990s, the results of the third phase of the National Health and Nutrition Examination Survey (NHANES), performed between 1988 and 1994, were released. It found that obesity rates among American adults had increased to 22.5 percent from 14.5 percent in the late 1970s. In

1999 the Center for Disease Control (CDC) released the results from a series of telephone surveys conducted between 1991 and 1998. In those eight years, they reported, the percentage of obese Americans increased by half; there were eleven million more obese people in 1998 than there had been in 1991. William H. Dietz et al., "The Spread of the Obesity Epidemic in the United States," *Journal of the American Medical Association* 282 (October 1999).

14. Oliver, *Fat Politics*, 37.

15. Campos, *The Obesity Myth*.

16. U.S. Department of Health and Human Services, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," (Rockland, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001).

17. Richard H. Carmona, "Remarks to the 2003 California Childhood Obesity Conference," January 6, 2003, United States Department of Health and Human Services. <http://www.surgeongeneral.gov/news/speeches/califobesity.htm> (accessed February 4, 2004).

18. Campos, *The Obesity Myth*, 17. The popularity of this figure as a warning and justification for anti-obesity measures began with a misstatement of the findings of a 1993 *Journal of the American Medical Association (JAMA)* article by former Surgeon General C. Everett Koop. When warned about misrepresenting the *JAMA* findings by stating that obesity-related conditions "are the second leading cause of death in the U.S., resulting in about 300,000 lives lost each year," Koop is said to have defended his interpretation and claimed that it would eventually be shown to be true. His interpretation, meanwhile, became the main proof used by the Food and Drug Administration in deciding that obesity was a disease that could be helped by drugs. In the spring of 2004 the Center for Disease Control (CDC) increased the number of yearly deaths attributable to obesity to 400,000 in a report co-authored by the agency's director. By the fall of that same year, however, the government began working on a rare correction after other CDC statisticians found serious errors in the calculations. By the spring of 2005 the figure faced its greatest crisis of authority yet, with the CDC reporting in *JAMA* that its figures were grossly exaggerated due to methodological errors and reducing their estimate of annual deaths attributable to obesity to roughly 26,000. The same report also found that people who were somewhat overweight were less at risk of early death than people who were thin. Laura Johansen and Steve Stecklow, "Dire Warnings About Obesity Rely on Slippery Statistics," *Wall Street Journal*, February 9, 1998, B7; Dr. C. Everett Koop, *Dr. C. Everett Koop Launches a New "Crusade" to Combat Obesity in America* (1994), <http://www.shapeup.org/media/prerel/120694.html> (accessed February 1, 2004). Katherine M. Flegal et al., "Estimating Deaths Attributable to Obesity in the United States," *American Journal of Public Health* 94, no. 9 (2004), 1486-1489. Katherine M. Flegal et al., "Excess Deaths Associated with under Weight, over Weight, and Obesity," *Journal of the American Medical Association* 293, no. 15 (2005), 1864-1866.

19. Reuters, "U.S. Male Soldiers Are Getting Fatter," *San Diego Union-Tribune*, November 10, 2001, A17.

20. Lisa Hoffman, "Half of U.S. Military Population Overweight, Study Says; a Few Extra Pounds Likely to Affect Combat Readiness of a Few Good Men," *Washington Times*, January 1, 2002, A3.

21. *Ibid.*

22. Carmona, "Remarks to the California Childhood Obesity Conference."

23. Derrisck Z. Jackson, "All Quiet on the Fat Front," *Boston Globe*, October 11, 2002, 292.

24. Francine Kiefer, "Bush Joins New War: Battle of Bulge," *Christian Science Monitor*, June 20 2002, <http://www.csmonitor.com/2002/0620/p01s01-ussc.htm> (accessed August 10, 2002); "National Body Challenge," (Discovery Health Channel, 2004).

25. David L. Altheide, "Consuming Terrorism," *Symbolic Interaction* 27, no. 3 (2004), 292. See also David L. Altheide, *Terrorism and the Politics of Fear* (Lanham, MD: AltaMira Press, 2006).

26. Altheide, "Consuming Terrorism," 295.

27. "Interview with Surgeon General Richard Carmona," in *Morning Edition* (National Public Radio, November 27, 2003).

28. Kim Severson, "Obesity 'a Threat' to U.S. Security: Surgeon General Urges Cultural Shift," *San Francisco Chronicle*, January 7 2003, A1; *Surgeon General to Cops: Put Down the Donuts* (March 2) (CNN.com, 2003, <http://www.cnn.com/2003/HEALTH/02/28/obesity.police> (accessed September 30, 2004).

29. Richard H. Carmona, "Remarks at the American Enterprise Institute Obesity Conference," June 10, 2003, United States Department of Health and Human Services, <http://www.surgeongeneral.gov/news/speeches/obesity061003.htm> (accessed February 4, 2004).

30. Altheide, "Consuming Terrorism," 295.

31. Many historians have suggested that bond drives, food rationing and victory gardening programs, scrap collections and other World War II homefront campaigns served ideological ends that may have been even more important than their material ones. See: Karen Anderson, *Wartime Women: Sex Roles, Family Relations, and the Status of Women During World War II* (Westport, CT: Greenwood Press, 1981); Amy Bentley, *Eating for Victory: Food Rationing and the Politics of Domesticity* (Urbana: University of Illinois Press, 1998); Lawrence R. Samuel, *Pledging Allegiance: American Identity and the Bond Drive of World War II* (Washington and London: Smithsonian

Institution Press, 1997); Allan M. Winkler, *Home Front U.S.A.: America During World War Two* (Arlington Heights, Ill.: Harlan Davidson, 1986).

32. For an excellent analysis of the cultural work of World War II wartime food programs such as rationing, canning and victory gardens see Bentley, *Eating for Victory*. For an analysis of the World War II nutrition education campaign see Biltekoff, "Hidden Hunger."

33. Office of Program Coordination Office of War Information and War Food Administration in cooperation with Office of Price Administration, "War Information Program: Food Fights for Freedom," (Not For General Distribution, 1943).

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40. For an analysis of the funding imperatives that fueled the depiction of obesity as a killer disease see Oliver, *Fat Politics*, 31-32.

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42. *The US National Size Survey*, <http://www.tc2.com/what/sizeusa/index.html> (accessed August 1, 2006); Kate Zernike, "U.S. Body Survey, Head to Toe, Find Signs of Expansion," *New York Times*, March 1, 2004, A1.

43. Programs allowing parents to electronically track and dictate what their children purchase in school cafeterias are currently being used in Arizona, Oklahoma, Michigan, Texas and Tennessee. The Houston Independent School District, with 250,000 students, will soon become the largest district using such a system. Juan A. Lozano, "Computer System Allows Parents to Track Kids' Cafeteria Eating Habits," *The Associated Press*, February 20, 2006, http://www.healthyschoolscampaign.org/news/media/food/2006-0220_computer-tracking.php (accessed February 20, 2006).

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48. Crawford, "The Boundaries of the Self and the Unhealthy Other," 349.

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