



# Without Measure

Volume1, Number 1 - August 1997

**W**elcome to the First Edition of *Without Measure*, the Official Newsletter of the International Size Acceptance Association (ISAA)! I'm Allen Steadham, the Founder and Director of ISAA. It's truly an honor and privilege to be a part of ISAA and what it stands for: promoting size acceptance and fighting size discrimination.

I was thrilled when Grace Moredock volunteered to be *Without Measure's* Editor. She has a degree in written communications, presently edits two other newsletters, and works as an independent communications consultant. I believe her experience makes her the perfect choice for this assignment. I look forward to seeing *Without Measure* thrive and grow under her care.

This edition of *Without Measure* is jam-packed with stories relating to ISAA and the Size Acceptance Movement. Please let us know what you think of *Without Measure* and feel free to make suggestions for material. You may contact *Without Measure* in the following ways:

By phone: (512) 371-4307 (voice mail, leave a message).

By e-mail:  
[womeasure@size-acceptance.org](mailto:womeasure@size-acceptance.org)

By postal mail:

**Without Measure**  
c/o ISAA  
P.O. Box 82126  
Austin, TX 78758

ISAA needs your skills and experience! To submit material for *Without Measure*, please refer to the submission guidelines on the last page of this newsletter.

I hope you enjoy this edition of *Without Measure* and the editions yet to come!

**Allen Steadham**  
Director ISAA

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# ISAA Mission Statement

The **MISSION** of the **International Size Acceptance Association (ISAA)** is to promote **SIZE ACCEPTANCE** and fight **SIZE DISCRIMINATION** throughout the world by means of advocacy and visible, lawful actions.

**ISAA's** primary purpose is to end the most common form of size discrimination and bigotry--that against fat children and adults; **ISAA** will strive to defend the human rights of members affected by other forms of size discrimination as well.

**ISAA** defines **SIZE DISCRIMINATION** as any action which places people at a disadvantage simply because of their size. **ISAA** defines **SIZE ACCEPTANCE** as acceptance of self and others without regard to weight or body size.

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## Pizza Hut Gets an Earful

In June, ISAA Vice President of Activism Russell Williams took force and immediately pulled his troops together to battle the Pizza Hut Corporation. Pizza Hut had been airing commercials that connected the arrival of a fat child with the perceived need to order a second pizza after previously ordering one pizza. Williams asked that all ISAA members and many others in the fat community to call the 800 Pizza Hut complaint number, voice their discontent with this commercial, and ask that the commercial cease to be aired. The barrage of calls lasted three weeks; officials from Pizza Hut, although defending the commercial, said that it would be pulled July 28, 1997. ISAA wanted the commercial pulled immediately. Williams then asked ISAA members to contact the media in their own cities to try to get as much media attention as possible brought to this situation around the country.

On July 7th, Allen Steadham, ISAA Director, was interviewed by a local television station in Austin, Texas, where Steadham reported the strategy of ISAA against the Pizza Hut commercial.

# Activism Suggestions

*ISAA Activism Vice-President Russell Williams*

You cannot do everything. Try to use your time effectively. Choose a clear target. Decide on a goal that is achievable and decide what will constitute victory. Once started, keep fighting that battle regardless of distractions. Make certain you can clearly explain the reason for engaging in battle. When considering a potential target, think about the following:

1. Is this a situation that most people would say is unfair? *Example: Lack of armless chairs in a doctor's office.*
2. Might the organization involved have an interest in doing things my way? *Example: A restaurant which would get more customers if fat people could sit down.*
3. Is there a clear end to this? *Example: Eventually PIZZA HUT will stop running the ad.*
4. Is this such a gross injustice to an individual that you have to engage in battle even if victory is doubtful? *Example: When police hauled the nude body of a fat woman into her front yard, then left it exposed there until the coroner came for her body.*
5. Is there a hook that will get your target's attention? *Example: A school system wants parents to be involved in school functions. Therefore, school system officials tend to listen to arguments that seating for all sizes of parents should be available at school functions.*

Once you start to consider if a situation deserves your limited time, get the facts and get them right. If someone says that a restaurant has no armless chairs go check it out yourself and talk to the manager. Take notes of whom you talk with and what they say. Read the notes back to the person you are talking to. Get phone numbers and times of day. If possible write to or call the media. Think about what other group might have an interest in your battle.

If you have started an action and do not know what to do next call me at 1-301-797-1201. I do not have all the answers. I do not even have most of the answers. If I did, size discrimination would have ended in this country. However I am willing to listen and make suggestions.

## Activism Suggestions – Continued

Having ascertained the facts report them accurately to the size acceptance community. In each communication include names, phone numbers and addresses. Suggest forms for possible calls and letters. Keep posting and reporting day after day after day. If you have chosen your target carefully, ignore those who say the job can not be done.

Count partial victories as victories. If people had not stood together even partial victories would not have been achievable.

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**ISAA** regularly collects information from newspapers, television, radio, magazines, and the internet which may be an appropriate focus for activism. We also count on you, our members, to alert us when a new story breaks. Please contact us when you learn of an opportunity for activism! You may contact us by e-mail:

[donquixote@size-acceptance.org](mailto:donquixote@size-acceptance.org)

or send postal mail to ISAA, P.O. Box 82126, Austin, TX 78758. E-mail will go directly to Russell Williams, Vice President of Activism.

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## **Weight Loss Surgery: One Woman's Story**

*Barbra Lamb*

In 1976 at the age of 20 and weighing about 290 pounds, my father and I decided that I should have weight loss surgery. I don't know who suggested it first, but I know my father was not in good health and was concerned about my becoming 'healthy' as I moved into adulthood.

At that time there were two doctors in our city who had a practice together and did nothing but intestinal bypass surgeries. They were the only doctors within about a 1,000 mile radius who were trained on this type of weight loss surgery. I remember they spend a lot of time discussing how they had each spent a year at the Mayo Clinic learning the procedure. They spent almost an hour telling us about their credentials. This was in our initial visit to their office, after being referred by my family doctor.

## **Weight Loss Surgery: One Woman's Story - Continued**

The second visit consisted of about 15 minutes of explaining the medical procedure, how much intestine would be bypassed and how we could choose to leave it attached to a blood supply or have it removed. They then spend over two hours talking to our insurance company getting the procedure approved.

**Day 1:** On the day of my surgery I did not see either of the surgeons. I did talk somewhat to a male orderly who was getting me prepped. He was large himself and asked me several times if they had explained the surgery to me. He is the only one who ever told me that if at any time I changed my mind, all I had to do is say so and they would call it off. He seemed very concerned about me and if I understood what it entailed. I also met another young woman the same age as myself who would be having the surgery after mine. Her name was Rose, she had beautiful long brown hair and the prettiest brown eyes with huge, thick eyelashes.

When I woke up from my surgery I couldn't breathe. I had never experienced a respirator before and did not know not to fight it. I started thrashing around, and the nurse ran over to restrain me. I had an incision through the middle of my belly button, running from hip to hip across my entire stomach. A double row of staples held it all in. There was a drainage tube coming out of a hole in my stomach that was draining the fluid where my gallbladder and spleen used to be. I drifted in and out of the anesthesia for most of that day. Sometime around dinner time the doctor came in, told me it all went very well, and removed the respirator tube from my throat. I was incredibly thirsty, but he said I could have nothing for 48 hours, until the intestine had a chance to close up.

The next morning I tried to shift position in bed. The incredible blinding pain made me pass out. The respiratory therapist came in that morning. She covered my stomach with a pillow, had me press it into myself and sprayed liquid into the back of my throat to make me cough. I would cough and scream, cough and scream through the whole 15 minute treatment. Every four hours for the next 24 hours she came back in. This was so I did not get pneumonia from not moving around.

**Day 2:** The surgeon came back in, told me I was just fine and I could have 'a few ounces' of clear liquid today. I was so thirsty, I wanted to thank him over and over. The nurse gave me about one swallow of warm water. I drank it slowly, swirling it around my mouth first. As I lay back, the water moved into my stomach and started through the intestines. It was like swallowing battery acid!!

## **Weight Loss Surgery: One Woman's Story - Continued**

The intestine had been sitting idle trying to recover from a major trauma. When it started to work again the incision site was coated with gastric acid from my stomach. This continued to happen every time I ate for about two weeks until the area healed and scar tissue started to form.

**Day 3:** Today the nurses made me get out of bed and stand up. I held the pillow to my stomach and eased my feet to the floor. When I stood up, my entire insides pushed against the incision across my stomach and felt as if they were going to fall out. I took a few steps and then the nurses let me get back into bed.

I was in the hospital a week. We had to stay until we had our first bowel movement. Since it hurt so bad to eat, I could only force down a few bites at a time. The first time I went to the bathroom I sat there and screamed. Most of what came out was blood, but the nurse said that was "normal."

Finally I was told I could go home. Before I left, I asked to see Rose, the pretty young woman who was having surgery the same day I did. I was told she died on the operating table. Almost one fourth of the patients died during that first week after the surgery. Another one fourth died during the first year. No one had ever told me that my odds of surviving were only 50%.

**The first month passed.** It no longer hurt to eat, and I found myself eating larger amounts, like I used to do. Some foods that used to be my favorites now would suddenly come back up. One night some friends invited me to a drive in movie. We had pizza before we went. About half way through the first movie, all of my pizza came back up. No warning, no feeling sick, just thought I needed to burp, and all my dinner came up onto the floor of my friend's car. Needless to say, the evening was over.

As I ate more, I had to go to the bathroom more. Within an hour of eating, most of what I had eaten flushed from my system. Now, food does not have much time to digest in one hour. But it does start to digest, which causes it to start to decompose and the smell is unbelievable. If anyone has any experience at all with people who have a colostomy bag, this is similar. It is incredibly overpowering and impossible to hide or cover up. The bathroom fan doesn't begin to expel the smell, air fresheners and incense don't really hide it. If anyone else is in the house, they have to open a window or leave the house until it clears. Many people stop visiting because it is so unpleasant. And so constant.

## **Weight Loss Surgery: One Woman's Story - Continued**

Within one hour of eating, I have to "expel." This means I can never be more than about 45 minutes from a bathroom. I quickly learn where all the good rest rooms are in town. The smell is so bad that frequently people start to come in, then leave coughing. A few times I am caught too far away from a toilet. Then it all starts backing up into my stomach until I throw up. It smells the same when I throw up.

**I get through the first year.** My father has been battling cancer and dies one week before my 21st birthday. Now I am all on my own, and start trying to find a job. My skills are good and I have a solid education, so an office position is easy to find. I have lost down to about 180 pounds. I look really good as long as I wear long sleeves to hide the flab hanging from my arms. There is a huge drape of skin with a bright purple scar that is my stomach. My legs have folds of dry skin hanging from them like wrinkled long johns. The doctors tell me toning exercises will eventually tighten this skin up, or I can have more surgery to remove it.

At work my co-workers complain about the smell when I go to the bathroom, and I am let go. This repeats itself over the next several months at three more jobs.

By now my self esteem is rock bottom, and I am eating more and more. I don't gain weight, but it does cause me to go to the bathroom more and more. Because I have a high fat intake, I develop a "prolapsed rectum." This means each and every time I go to the bathroom, my rectum turns itself inside out and protrudes from my body. The digestive juices are still caustic, causing open sores on this protruding rectum. Each time, I have to push it back up inside. I use a combination of A&D ointment and hemorrhoid cream to make a seal so that the gastric juices don't burn so bad. Every time I go to the bathroom, which is five or six times a day, it takes about 30 minutes to get myself all cleaned up and put back together.

By now I cannot hold down a job. No one wants to admit why they let me go, so they assume something is wrong with me and won't hire me. Finally I manage to get a job working as a nurses aide in a nursing home. Strange smells don't seem to bother anyone here.

While I look good, and am slimmer than I can ever remember being, it is not exactly easy to meet people. Try explaining to a date why you have to spend an hour out of your date in the bathroom. Most foods and the shortened digestive time also cause

## **Weight Loss Surgery: One Woman's Story - Continued**

tremendous gas problems. By this time my rectum is in such bad shape that it no longer does a very good job of holding things in. I make sure I am never far from a bathroom, and wear pads in my underwear at all times in case I don't quite make it. There is no way of knowing if the pressure I feel is gas or vile, burning liquid.

I go out in public less and less. I am asked to move from two apartment buildings because other tenants are complaining about the smell. I find an old hotel that rents by the month. Its all I can afford on my nursing home wages, and no one cares much about smells there, even though I have to share a bathroom.

**It has now been two years since my surgery.** My body is trying to adjust to the reduced calories and nutrients it receives from the food I eat. I have been trying to limit my eating to cut down on my bowel movements, and become extremely malnourished. I am hospitalized for extreme anemia and potassium deficiency. My family doctor prescribes a potassium supplement. I have to take it in liquid form so it has time to absorb into my system.

The two surgeons who did my surgery are hit with a major lawsuit by the family of a young man who dies after having his intestines shortened too much. One of them moves to another state. The other one leaves medicine and enters the state senate. The American Medical Association releases cautions on this type of surgery and suggests it be banned.

**Time moves on** and I am caught between violent bowel movements and depleting my body of nutrition. Once I get so depleted of potassium that I lose use of my hands. They cramp up into claw-like fists that I cannot relax. Another time I cannot stand up and am rushed to the hospital.

During this time I meet an incredible man who can see past all the physical problems. I finally am open with him about my bathroom situation, and he doesn't run!! Luckily he is there the morning I wake up and cannot move my arms. My legs are cramped up and twisted and my hands are again like claws. He rushes me to the hospital, where they are concerned the heart and liver damage is too great for me to pull through. They do an emergency re-connect of the bypass in an attempt to save my life.

**My re-connect surgery was done in 1982.** Since that time I no longer have the extreme problems with bowel movements that I did. But I do not have normal movements either. I have to go four or five

## **Weight Loss Surgery: One Woman's Story - Continued**

times a day, and while it is no longer painful, it is still very soft to liquid. I still have potassium deficiencies, which cause a weakened heart, liver and poor muscle tone. I have been able to have two children, both by Cesarean section.

Due to all the scar tissue on my stomach, I have no feeling below my belly button to my pubic hair line. Frequently I get open sores there, which I can't see and can't feel. Due to my poor eating habits and the stress my body has been through, I now weigh about 400 pounds. I have violent leg cramps almost every night, since I will never absorb potassium correctly even though I take massive amounts of supplements. My skin is always dry and flaky, and my elbows and heels are so dry and scaly they often crack open and bleed. My liver is so damaged that only a few alcoholic drinks make me sick for two or three days. I have asthma and arthritis, neither of which I had before.

I found the brochure a few years ago that made my father and I decide to have the bypass operation. In large red letters across the front it says:

***"WHAT ARE YOU WILLING TO LOSE?"***

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## **Birth of a Size Activist**

*Russell Williams*

For as long as I can remember, my sexual fantasies have centered on fat women. I love the way they look, the gentle swaying of their hips, the fullness of their tummies and their soft roundness. For me, all thin women look alike, but if a fat woman comes into my line of vision I am entranced. A simple ride to the store becomes an adventure as I scan the sidewalks and porches along the way to catch a glimpse of a "plumpkin."

As I reached my teen years, I felt a secret attraction for fat women, yet at the same time I also felt great guilt about this unfulfilled lust for large. It was not that I feared violating social dating norms. After all, I had told my Sunday school class that I would have no objection to dating and marrying a black woman. In a rural, segregated community in the early 1950s this was a major violation of the dating norms. I felt guilty about my passion for plumpkins because I thought I was deriving pleasure from others' suffering.

### **Birth of an Activist - Continued**

As I entered adulthood, my guilt intensified. We had all been led to believe that being fat meant an early death. In good conscience I could not encourage anyone to remain fat simply for my pleasure. To do so would mean I was helping someone into an early grave.

Finally in the 1970s, I came to realize that fat was not the quick death that doctors and the diet industry would have you believe. I also learned that all attempts by a fat person to make themselves thinner would probably make them fatter in the long run and even shorten life expectancy. Suddenly, without guilt, I could proclaim my preference for large women.

I could proclaim to the world the superiority of the beauty of large women. I did not need to feel that I was doing a bad thing if I enjoyed my wife's size and did not encourage her to diet. I finally felt free to admire and love fat women. I have always been interested in the intellectual stimulation I felt from talking with intelligent women (and men for that matter), but now I did not have to feel the guilt for finding them beautiful.

Then it all fell into place. I had been active in the Civil Rights movement of the early 1960s. I had that experience to draw on. I believe strongly in trying to make the lives of those about you better. I combined my experience with this moral imperative. It meant having it all. As an admirer of fat women, I could enjoy their beauty and remind them of how truly lovely they are. I rarely miss an opportunity to tell a large woman how lovely she is. But I also desire to make this world a better place for fat women and men. Over the last twenty years, I have worked to make sure fat people have a place to sit in public, are not discriminated against by hiring practices, are not humiliated in public or private by cruel and uninformed people. I have done my best to educate health professionals about the special needs of fat patients. I have worked with the local hospital to help provide for the needs of those fat people who enter their doors. I have talked with reporters and staged my own one man sit-in. The fight for the rights of fat people affects most of what I do in my life...just ask my wife. She occasionally has to ask for activism-free days when it gets too intense and she needs some respite from the constant barrage of activism reports, phone calls, letter writing, etc.

For me, it doesn't get much better than this. I am free to be me, openly admiring fat women, but above all I take as my challenge in making the world a better place. I guess you could say I have found my purpose in life.

In July 1997, ISAA Vice-President of Public Relations Doris Skiba wrote to Newsweek in response to a fat-bashing column by George Will. Here is the full text of Ms. Skiba's

## **Letter to Newsweek**

Newsweek Editor,

I read George Will's Last Word column, "Sex, Fat and Responsibility" in the July 7, 1997 issue of Newsweek. I believe he offered an inaccurate view of the obesity crisis in our country. It seems he ascribes to the popular belief that obesity is the result of gluttony and sloth; perhaps he is not aware of growing scientific data at odds with this belief.

If one third of the adults and a quarter of the children in our country are overweight, then we ought to be doing something about it. It seems we are. According to a recent article in the Wall Street Journal, "40 million [Americans] go on diets every year." A 1993 study reported that 80% of 10 year-old girls responding admitted having dieted at least once. The U.S. dieting industry pulls in more than \$30 billion dollars a year. If hoards of people are trying to lose weight and our population is still getting fatter, the question arises: Why should this be?

The currently accepted figure is that 95% of all people who lose weight through dieting gain back the weight they lost, plus more, within two years. Our bodies are designed to preserve life in the face of many extremes, including famine. Dieters regain lost weight, despite often heroic measures to keep it off, because their bodies are trying to re-feed after a famine. However, most dieters believe it is they who have failed, so they diet again next year, again and again in an endless cycle. No wonder the diet industry is so profitable.

The FTC is concerned about dieting industry advertising though: The Wall Street Journal published "Jenny Craig Settles FTC Charges That Ads Made Deceptive Claims," in late May. They reported "Jenny Craig Inc. settled federal charges of deceptive advertising by pledging to substantiate its weight loss claims and publicize the fact that most dieters regain the pounds they lost."

This particular FTC action also involved diet giants, Weight Watchers, Nutri/System, Diet Center, and Physicians Weight Loss Centers, who must now make similar disclaimers to customers.

## Letter to Newsweek – Continued

Obesity is reported to take a huge financial and human toll in preventable illness and deaths every year. While this is widely believed, there is no definite correlation between simple fatness and ill health; in fact, health problems attributed to fatness are being looked at more closely to determine if they should more appropriately be labeled side effects of dieting. Some of the known side-effects of dieting are loss of muscle mass (including heart tissue), potentially fatal loss of electrolytes (Karen Carpenter died of a cardiac arrhythmia caused by electrolyte imbalance), edema (which increases blood pressure), formation of gall stones, and others.

The Harvard School of Public Health Nurses Health Study followed nurses over many years, measuring their weight and health. It turns out the much reported "result" of this study "that being even a little overweight is bad for you" fails to mention that the subjects' health was evaluated solely on the basis of weight even when other data (that a subject was a smoker, for instance), was available. When other health concerns are taken into consideration, the fat nurses suffered no more ill health than the thin ones.

Within the last few days, the Mayo Clinic has sounded an alarm about the use of FenPhen (fenfluramine/phentermine) and Redux (dexfenfluramine) because use of the drugs appears to correlate with heart valve problems in women. This is in addition to the drugs' already known risk of use: developing primary pulmonary hypertension. I predict use of these drugs will not decrease markedly no matter what risks they pose. In surveys done with people who have lost weight, subjects responded they would rather lose a limb or die than regain their weight.

In the 1983 NOVA telecast, "Fat Chance in a Thin World," Dr. Albert Stunkard, who at the time was a professor of psychiatry at the University of Pennsylvania, said, "...we've tended to pathologize obesity and make obese people out as sickies. For example that they're weak-willed, that they lack character...or more specifically, medically, that they're neurotic, or psychoanalytically, that they have deep oral problems. Almost none of these ideas is correct. Every time we've tried to look at the personality and behavior of obese people, we find that it differs very little indeed from people of normal weight."

**Letter to Newsweek – Continued**

I believe the fear and loathing of fat in this country is the last acceptable prejudice. People hate fat and by extension, fat people. In May of 1996 a Chicago woman, Patricia Mullen, died at home. She was very fat. Police and rescue workers who came to the scene abused this woman's body in front of one of her children, ate food out of her refrigerator and offered this food to neighbors, dragged her nude body out onto her front porch, and in general behaved in a bestial fashion because of their own fat bigotry.

Fat people are not immune to fat prejudice, either; we hate fat so much we often end up hating ourselves. In August of 1996, Samuel Graham, a junior-high bound fat child from Florida, committed suicide because he could no longer stand the torment he received from peers. He probably could have survived jeers from his schoolmates had he not already despised his fatness and himself.

Mr. Will may have a personal belief that fat people are slothful gluttons. He is certainly entitled to have whatever opinion he likes. I would ask him to look at this issue again; it is not so simple as he reported.

Sincerely,

Doris R. Skiba, M.A  
Vice President, Public Relations  
International Size Acceptance  
Association

## **Without Measure Submission Guidelines**

1. All writing will be accepted via e-mail or on 3.5" diskette in a program compatible to Microsoft Word (preferably saved as .doc or .txt). A hard copy should accompany the 3.5" diskette.
2. All text, disks, and/or photos submitted for consideration become the sole property of **WITHOUT MEASURE**.
3. Editorial content will be edited at the sole discretion of the Editor of **WITHOUT MEASURE**.
4. All articles should be double spaced. Include your name, address, e-mail address (if applicable) and phone number(s) on the title page of the article. Type your name and phone number on every page of the article.
5. Contributors are not paid.
6. No pornography or sexually explicit materials accepted.
7. Please keep a copy of all submitted materials.
8. We won't be using numerous photos, but if you send a photo, please make sure it is 5" x 7" or smaller, and that your name, phone number, and the name and phone number of the photographer are affixed to the back.

Email text to:

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