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# **Abolish the Body Mass Index**

*A Historical and Current Analysis of the Traumatizing Nature of the BMI*

Franny Redpath

## **Statement of Purpose**

Rage, change, and liberation; these are the concepts that our papers, collectively, embody. I was enraged. I am enraged. But even through the rage, I am choosing to center this paper around enacting change. Throughout maturation, I have increasingly been deeply affected by how the United States medical system and insurance industry treats patients with a Body Mass Index of over 30, as a young fem person whose doctors deny validity and respect. I have been sent the message that my body is not worthy of the same treatment that is afforded to other, smaller, patients. I have been sent the message that the lifesaving treatment I received, "lacked medical necessity." I have been sent the message that the act of saving my life, my life that I live at a BMI that categorizes me as "obese," is not worth living. That is why I am writing this, not just for myself; but for every other person who has been sent the message that they are not worthy of medical treatment.

**Keywords:** Body Mass Index, fatphobia, medical racism

## I: Preface

While writing this paper, I came to the realization that there are some necessary foundational principles that need to be understood to lay a proper groundwork. These ideas are crucial and will be outlined below. The refusal to not only understand and respect these principles, but to reflect on one's ongoing positionality as it relates to the topics discussed here and how one has played a role in these ideas and institutions, further promotes these ongoing processes, structures, and immense harms. These principles are as follows:

1. Fat is not bad. Most people are afraid to say the word fat. From birth, patriarchal, fatphobic, and capitalist ideals are forced on us in order to impart their concept of truth. The idea that fat is the antithesis of what one should be, and definitely the antithesis of what one should want to be, is pervasive. Fat is the opposite of the "ultimate goal"; to be thin. These ideals tell us that to be thin is to be worthy of praise, of worship, of virtue, of desire. The concept of fat equals bad and thin equals good are not principles in which this paper will give validity to. Fat and thin are descriptors of a body; but neither are good nor bad. Neither have inherent moral codes attached to them; they are neutral words.
2. "Obese" and "obesity" are not words that this paper will be acknowledging as legitimate. That is why they will be placed in quotation marks. In the words of Marilyn Wann, a fat activist and author, "Calling fat people "obese" medicalizes human diversity. Medicalizing diversity inspires a misplaced search for a "cure" for a naturally occurring difference. Far from generating sympathy for fat people, medicalization of weight fuels anti-fat prejudice and discrimination in all areas of society. People think: If fat people need to be cured, there must be something wrong with them. Cures should work; if they do not, it is the fat person's fault and a license not to employ, date, educate, rent to, sell clothes to, give a medical exam to, see on television, respect or welcome such fat people in society" (Wann, xiii). Thus, "obese" is not a word this paper will give license to, in any sense.
3. Fatphobia is inherently intertwined with white supremacy. Through the construction of patriarchal beauty expectations and systems of racialized

capitalism, fatphobic ideals—which are in and of themselves grounded in the privileging of thinness and whiteness—are deeply ingrained within the minds of so many in the U.S. The fatphobic ideals that are imparted on us from a young age in the United States, through methods of capitalism and patriarchal beauty expectations, are grounded in thinness and whiteness. In her book, “Fearing the Black Body: The Racial Origins of Fatphobia,” Sabrina Strings writes of how these ideas around fatness and race in the United States hit a turning point in the 1900s when, “Protestant moralism and the disdain of indulgence contributed to the cacophony of pro-thin, anti-fat bias” (Strings, 210). Building upon this, Strings, drawing upon the work of Lisa Lowe, stressed that “‘the phobia about fat ‘always already’ had a racial element’. And, because women are typically reduced to their bodies, fat stigma has commonly targeted racial/ethnic Other women” (Strings, 210). Fatphobia is not about concern for the health of fat individuals, as, in fact, it did not originate in the medical community; rather it originated as a racialized attempt to gain social and societal control, and to elevate thin, white cis-women on a supposed pedestal of excellence. To attempt to address fatphobia within this country without gaining an understanding of the ways in which it is fundamentally connected to white supremacy is pointless, and ultimately does more harm than good.

4. Fear of yourself becoming fat is fatphobic. Your individual fear of the supposed “worst” outcome of becoming fat, is fatphobic. Even if your fear comes from a place of body dysmorphia or disordered eating. Your fear is still fatphobic. Self-reflection on your positionality and privilege in relation to this is crucial.
5. When a system is rooted in white supremacy, fatphobia, patriarchal ideals, etc..., it cannot be reformed. It cannot be worked against or changed from within. Thus, the Body Mass Index cannot be reformed or modified. It is founded in eugenicist thinking, and any attempts to reform such a system would not only fail to work, but would fail to gain the understanding that it is wrong on a paramount level to deny individuals high quality healthcare, and inhabiting a larger body should not negate this right.

## **II: Introduction**

The Body Mass Index, or as it is more commonly known, BMI, is a supposed measure of one's health, based on their height and weight. After calculations have been made, one is placed on a scale ranging from severely underweight to "super morbidly obese". As will be outlined below, these categorizations are acutely flawed. White supremacy and fatphobia are systemically ingrained in the BMI scale; both in its origin story, and its current use in the medical community today (Your Fat Friend).

Despite knowledge of the vast inaccuracies of the scale, and the immense harm it causes, both the healthcare and health insurance systems consistently use and rely upon the BMI scale; not only actively participating in, but promoting the use of this tool of white supremacy. In this paper I will argue that the Body Mass Index should be eliminated as a factor involved in accessing healthcare in the United States. It is scientifically proven that the Body Mass Index is both mathematically inaccurate and founded in white supremacist thinking; and as one author put it, therefore "racist and useless (Byrne)". As such, reform is not an option, only abolition. There are arguments within the medical community to reform the use of BMI, and others to replace it with another measurement altogether. I will argue that it should not only be eliminated, but there should not be a replacement of such a measurement. A human being's worth cannot be determined by a number on a scale, and there is no such thing as a good or bad weight.

## **III: Historical Context**

Fatphobia and the Body Mass Index are historical evils that have taken center stage in the medical field. The historical context of the creation of the Body Mass Index scale is one of extreme importance to understanding the severity of which it is founded in white supremacy, and is therefore a systemic issue that can only be changed by its complete eradication from the medical community, as well as the remainder of the world.

Almost two hundred years ago, in the 1830s, a Belgian mathematician with no medical or biological training named Lambert Adolphe Jacques Quetelet attempted to create a scale in which one could hypothetically measure what he determined to be,

“l’homme moyen,” or in English, the “average man” (Your Fat Friend). His goal was not to in any way create a scale by which “obesity”, overall health, or any diagnosis was to be determined, but solely to calculate what he considered to be this “average man” (Your Fat Friend). His calculations for finding this “average man” were taken by finding the averaged measurements of a population; solely deriving his formula from the measurements of Scottish and French men, and was therefore “devised exclusively by and for white Western Europeans” (Your Fat Friend). Quetelet’s work went on to be the basis for a large number of pseudoscientific and eugenics-based theories in the aftermath of its creation, causing immense amounts of harm.

What was once known as “Quetelet’s Index” became known as the “Body Mass Index” in the 1970s due to medical researcher Ancel Keys (Your Fat Friend). Life insurance companies were on the hunt for a way to calculate supposed health levels based on the height and weight of their prospective policy holders “for the purposes of determining what to charge,” them (Your Fat Friend). Keys came to the conclusion, after conducting an extremely flawed research experiment, that Quetelet’s Index was the best way of calculating supposed health (Your Fat Friend). In the words of author and fat activist Aubrey Gordon, when researching, Keys drew his subjects, “from predominantly white nations (the United States, Finland, Italy), along with Japan and South Africa, though their study notes that findings in South Africa “could not be suggested to be a representative sample of Bantu men in Cape Province let alone Bantu men in general.” Most of their findings, the authors note, apply to “all but the Bantu men.” That is, Keys’ findings weren’t representative of, or applicable to, the very South African men included in the study. Like Quetelet’s Index, whiteness took center stage in their research” (Your Fat Friend).

Keys’ experiment drew from “predominantly white nations,” and similarly to Quetelet’s findings was deeply founded in eugenics (Your Fat Friend). This ingrained white supremacy within the researchers calculations, combined with the plethora of subsequent mathematical errors made by the researchers on top of Quetelet’s own flawed calculations, and the fact that it is capable of “accurately diagnosing ‘obesity’ about 50% of the time;” might lead one to assume that it was not adopted as the primary measurement of an individual’s weight and therefore presumed “health” in the

United States (Your Fat Friend). However, that is exactly what happened. Quetelet knew how inaccurate his findings were, proving with his own research that they were just as acutely inaccurate as every other scale that had been tested, stating, “Again the body mass index [...] proves to be, if not fully satisfactory, at least as good as any other relative weight index as an indicator of relative ‘obesity’” (Your Fat Friend). And that has proven to be true over the many years of its use in the medical community. In fact, in a recent study by the Journal of Obstetrics and Gynecology, it was found that “BMI detected less than 50% of “obesity” cases in Black, white, and Hispanic women” (Your Fat Friend).

After its implementation into the medical and insurance community by Keys in the 1970s, the BMI went on to affect many lives, facilitating the denial of coverage, of treatment, along with misdiagnoses and refusal to diagnose or treat whatsoever outside of the bounds of a recommendation for weight loss (Stern). And due to white supremacy being so ingrained and one with the use of the Body Mass Index, those who have been affected the worst are people of color, and individuals from marginalized backgrounds.

The medical community, for example the Center for Disease Control, (CDC), is acutely aware of the inaccuracies of the BMI; but continues to promote it. On the same website, the CDC acknowledges that the index is deeply flawed, while simultaneously providing a BMI calculator designated specifically to children (CDC). Furthermore, it should be said, that weight does not equal health. There are some health conditions in which risk of illness or injury correlates with those who have a higher BMI rating; but correlation in no way equals causation (Fat Phobia and Its Racist Past and Present). No one should be denied healthcare. The medical community actively supports not only the mindset that thin is healthy and fat is not, but that thin is morally good, and fat is morally bad. This abhorrent combination of white supremacy and fatphobia needs to end.

#### **IV: “Literature” Review**

When I originally had the idea for this paper, I naively began my search for information within the academy. Unfortunately, but not surprisingly, within the confines of the limited world of “respected” academia, there is little information that is not riddled with ideas and philosophies within the same vein as Keys’, ideas that are saturated with

fatphobia. When searching for scholarly articles on databases such as JSTOR and EBSCO, searches including the terms “body mass index,” “BMI,” and “white supremacy” turned up results such as, “Fried food consumption, genetic risk, and body mass index: gene-diet interaction analysis in three US cohort studies” (Qi, Q., et al.), or “Intelligence and Educational Level in Relation to Body Mass Index of Adult Males” (Teasdale, T W et al.). Moreover, there were no results which discussed the intersection between the healthcare system, white supremacy, and the body mass index; and the scholarly articles that did appear under those search criteria were all framed in one singular way; characterizing the patient and their body as the problem. Even searching more specifically under either American Studies related databases, or medical databases, proved unsuccessful.

Almost every result in these databases was founded in the all too common, and incorrect understanding that fatness is a disease, a disease that makes a human being incapable of being healthy, and a disease which should not be offered the least bit of compassion. As discussed in the preface; by medicalizing fatness and characterizing it as a disease, the medical, and academic, world(s) create a false narrative that a) fatness originates from the “shortcomings” of that specific individual, and b) if that individual does not put in the work to “fix” and “heal” their diseased body, they are not worthy of treatment. These databases, and the articles they publish, actively promote that idea.

However, outside of the world of “traditional” academia, which engages with, values, and centers whiteness and thinness; I found far more answers. I was able to find information from those both with lived experience, and also through sources such as the Washington Post or NPR. The most informative and comprehensive sources I was able to find both on the history of the BMI, and on the treatment of fat patients by medical professionals were written by author and fat activist Aubrey Gordon, who specializes in fat-activism and BMI’s roots in white supremacy, and formerly wrote under the pseudonym, Your Fat Friend. Additionally, an NPR podcast titled, “Fat Phobia and Its Racist Past and Present,” was extremely helpful, and featured author, professor, and expert, Sabrina Strings, who specializes in studying the relationship between



fatphobia and anti-Blackness, and is the author of the book *Fearing the Black Body: The Racial Origins of Fat Phobia*, which is also a source for this capstone.

### **V: Affordable Care Act and Medical/Scientific Bias**

From the time when Ancel Keys implemented the use of BMI in the medical industry during the 1970s, until March of 2010 when the Affordable Care Act was enacted (Patient Protection and Affordable Care Act); healthcare coverage, insurance costs, and whether or not patients were eligible to receive any treatment at all, was allowed to be determined by medical practitioners and insurance companies based on the patient's BMI. Now that has changed. This is because, under the Affordable Care Act, "Health insurance companies may not penalize people with pre-existing conditions such as 'obesity'" (McDowell). But as we know all too well; laws do not negate bias, nor repair harm that has been done.

To begin with, by not penalizing people for having a so called "disease," the medical community is once again medicalizing fatness, creating an environment in which "obese" individuals should feel grateful for their "diseased" bodies being worthy of medical coverage and treatment. Being fat is not a disease, it is not a pre-existing condition, it is not something that needs curing or fixing. Furthermore, this does nothing to mitigate the damage and trauma that has been done at the hands of this patriarchal and colonial tool. Finally, just because the Affordable Care Act now covers "obesity" as a pre-existing condition, and "legally" treatment and coverage cannot be denied based on weight, this does not mean that previous weight-related biases and practices are no longer in place. Nothing has effectively changed; these biases, which are implicitly wound into the fabric of the medical industry, will not be changed unless BMI, and furthermore the entire medical industry, is overhauled.

### **VI: Personal Impact**

In addition to all of the statistics, historical records, healthcare policies, and all of the information that can be, and has been, presented throughout this essay, there is one thing that remains: the pain and trauma of those who have been affected by this. Far more than any scientist, mathematician, or researcher, those who have lived experience with the effects of this scale—and to a greater extent—with white supremacy

and fatphobia in the medical community as a whole are the experts. Their lived experience, their lived pain; makes them experts in this field.

According to a study done in 2017, 55% of patients who have been categorized as “obese,” self-reported that they have cancelled scheduled medical appointments out of fear of being weighed (Durkin). In her article, “I’m Fat, and I’m Scared to Go to the Doctor—Sadly, I’m Not Alone,” journalist Emma Specter writes, “our fear, it turns out, is the definition of warranted: In a 2012 study, a large and varied group of M.D.s almost unanimously reported ‘a strong preference for thin people rather than fat people or a strong explicit anti-fat bias.’ Fatphobia is in the movies and shows we watch, the magazines and books we read, the stores we shop at, seemingly in the air all around us; why *wouldn’t* it make its way into medical schools and exam rooms around the country?” (Specter)

The internet is rife with stories of weight stigma and bias that fat people have had to face in the presence of medical professionals. When a doctor, nurse, or physician's assistant looks at you, at your chart, at your BMI—they make a snap judgment concerning your health. It seems as though every fat person has this experience. The experience where you enter a doctor’s office, and you are informed that there is nothing wrong with you, besides your weight. This is evident in another article written by Jess Sims, titled “Medicine Has a Problem With Fat Phobia—And It Stops People From Getting the Care They Deserve”. Sims began the article by writing, “Let me tell you a joke. An overweight woman walks into her doctor’s office and says, ‘doctor, it hurts when I bend my arm.’ The doctor says, ‘well... lose some weight.’ Unfortunately, that’s the reality for some overweight and obese people seeking medical treatment, including me” (Sims).

In studies referenced by Aubrey Gordon in her article, “Weight Stigma Kept Me Out Of Doctors’ Offices for Almost a Decade,” the majority of both doctors and nurses studied exhibited vast amounts of fatphobic bias; characterizing fat patients with descriptors such as unattractive, slow, noncompliant, and ugly (Gordon). The individuals that we are told to trust, the system that we are told to trust, with our physical, and mental health, is deeply invested in thinness and whiteness. Those who are supposed to show us compassion, do just the opposite. Gordon goes on to write, “As one study

concludes, for fat patients, anti-fat bias 'poses serious risks to their psychological and physical health, generates health disparities, and interferes with implementation of effective obesity prevention efforts.' They also note that 'Despite decades of science documenting weight stigma, its public health implications are widely ignored.' Again, it's not in our heads" (Gordon). Furthermore, in this article, Gordon tells the story of Rebecca Hiles, who faced doctor after doctor, doctors who continuously misdiagnosed her due to weight related stigma. It took 11 whole years for a doctor to, "look past her size and diagnose her, correctly, with cancer" (Gordon).

Rebecca Hiles' story is far from an anomaly. The fatphobia which is inherent within our medical system kills. This paper could be filled with pages upon pages of anecdotes concerning anti-fat bias that people have had to face in the process of just attempting to get medical treatment: weigh-ins, BMI, being told to eat healthier, being told to exercise more, seeing a medical professional flinch when they have to touch you, having a medical professional ask you to leave, having them tell you that it is all in your head, that all of your pain will be gone if you can just achieve the self-control to *lose the weight*. Yes, the Body Mass Index needs to be abolished. But so does all of the rest of it. Just like BMI, the whole of the United States medical and insurance industries are based in white supremacy, capitalism, and patriarchal ideals. The people who are affected by this system the most are people of color, low-income individuals, and those from marginalized communities. It is all founded in white supremacy and fatphobia, and reform is not an option.

## **VII: Conclusion**

The Body Mass Index is a defunct and scientifically incorrect tool of eugenics, and its use in the healthcare industry disproportionately affects people of color and those from marginalized backgrounds. It is the underlying poison of our medical system that goes unrecognized and unacknowledged. Despite the fact that it was known to not work, the US healthcare system still chose to implement BMI out of the desire for researchers and government officials to reinforce lucrative power structures through inequitable institutions that once again favor thin, white, individuals. There is no reforming this tool because of its roots in white supremacy; it must be abolished completely and with immediacy.

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