Dear Healthcare Providers and Helping Professionals,

We imagine you chose your field of practice because you wanted to make a difference in people's lives. Many of the people who seek our support and care are showing up in our offices with complicated relationships with food and their bodies, and more people than you may realize are struggling with an eating disorder or disordered eating. You cannot look at someone and know if they have an eating disorder, and you cannot assume the kind of eating disorder someone has based on their outward appearance. Eating disorders impact people of every race, class, gender, age, size, and ability, and not all eating disorders are about the pursuit of thinness and if you have not had training, you may not know everything to listen for when helping people.

The relationship you have with the people you serve is your most powerful tool. Not the advice you give. Not your treatment plans or recommendations. When you give advice about food, nutrition, or weight without considering people's lived experience, their personal histories, their body stories, and the impacts of your words, you are likely causing more harm than good. There's a reason these conversations don't go well: people are trying to protect themselves from stigma, oppression, shame and body blame.

Because we are all embodied into social systems that hold power, you likely have your own complicated history with your body. Every human being has a relationship with food and their body, and whether you know it or not, you, too, have been harmed by diet culture and the dominant weight paradigm. And it's in the room with you as you work with others.

The training most of us have received is steeped in white supremacy and anti-fat bias. Our socialization does little to make us question our professional training and the research we value, so most of us are upholding the status quo because we are unable to critically evaluate and critique what we learn in school. You probably didn't hear about the racist roots of the body mass index when you were in your training program (neither did we). You probably learned very little about eating disorders (neither did we). And yet maybe there's always been this little voice inside nudging you "this isn't okay, this isn't right." It was our own intuition, along with clinical experience, that led us to create our Body Trust approach.

Your clinical, and perhaps your personal, experiences have likely shown that weight loss doesn't work in the long run. We are fairly certain you wouldn't prescribe any other treatment with a 95% failure rate. Many of us know dieting is a risk factor for eating disorders, and as you've learned in our book, anything that centers weight loss upholds the dieting mind. There's no such thing as "lifestyle change" in a culture that worships thinness and the pursuit of weight loss under the guise of health. There's too much conditioning; too much to unhook from. We also cannot treat eating disorders in some patients and then recommend eating disordered behaviors in other

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patients (weighing daily, tracking food/calories/macros, categorizing food, exercising for weight control and compensatory reasons, etc).

Weight-centric models of care harm every body, and they are especially harmful to fat people. We know smaller bodied people who have gone undiagnosed for months and years with things like diabetes and sleep apnea because of the assumption that fat people are the only ones with these medical conditions. Many of our fat clients avoid routine preventative medical care because they don't want to step on the scale and they don't want to deal with the pushback when they assert their boundaries by refusing to be weighed. They also avoid care because they'll go in to see the doctor for a non-weight related condition, like strep throat, and be told to lose weight. We've had patients with active eating disorders be required to lose weight to be eligible for joint replacements, even though there is data showing that putting people in a malnourished state visavis weight loss prior to surgery negatively impacts treatment outcomes and increases the risk of complications post operatively. Fat trans people are also denied life saving gender affirming surgeries because of weight stigma and anti-fat bias.

There is a growing community of people divesting from the dominant weight paradigm and advocating for or offering weight-inclusive models of care like Body Trust. This community includes doctors, nurses and nurse practitioners, academics and researchers, public health professionals, physical therapists and fitness trainers, diabetes educators, dietitians, school teachers, therapists and mental health counselors, drug and alcohol counselors, DEI consultants and more. There is an evolving body of evidence in support of this paradigm shift. We have gathered resources at the bottom of this letter to help in your learning and unlearning. The way to an ethical and inclusive practice is divestment: personally and professionally laying down the pursuit of weight loss and cosmetic fitness and shifting the focus to justice-centered care that not only enhances people's relationship with food and their body, but also fosters better relationships with the people you serve and thus improves the care you give. Here are some recommendation for you to consider:

1. Weight isn't a vital sign. There are much more accurate ways to medically assess a person's health status (heart rate, blood pressure, labs, etc). Clinics use weight because it's convenient, and lazy medicine is consequential. It may surprise you to know that there are medical clinics that don't have scales or do not include weight as part of the rooming process. We understand that in some situations you may need an accurate weight (i.e., to dose certain medications, get a pre-operative weight for the anesthesiologist, or assess/monitor weight fluctuations in people with kidney disease or congestive heart failure). Use discernment. And then do everything in your power to prevent the patient from seeing their weight if they have asked to be protected from the information.
2. People have a right to refuse to be weighed. If someone is setting this boundary with you, there is a good reason for it. Trust them. And if your patients are not allowed to say no to you, how do you know what their yes even means? Consent is an essential part of trauma informed care. Ask permission before proceeding with your assessment/exam, giving advice, or talking about specific topics. And when people say no, say thank you and move on.
3. Stop seeing weight loss as a good thing. You never know what has been happening in a person's life (divorce, grief, illness, stress) nor do you know what they've been doing that has resulted in weight loss. We've heard too many stories from people with eating disorders whose weight loss (and therefore their

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ED) was complimented and congratulated, which only further reinforces their eating disorder. Please stop complementing weight loss altogether.

4. Eating disorders are life threatening conditions. Please ask about and consider a person's relationship with food (and their body) and avoid making dietary recommendations to treat other medical conditions unless you have the client's consent and you are sure it is truly valuable. When we mess with people's food, we mess with people's lives in ways our professional fields rarely understand. It is likely not worth triggering the relapse of a life threatening eating disorder. We also strongly encourage you to enroll in training to learn more about eating disorders and harm reduction.
5. If you have a fat person presenting with concerns they'd like to see addressed in their work with you, ask yourself how you would approach the conversation with a smaller bodied patient with similar complaints. What would you prescribe or recommend to a smaller bodied person? Fat people are often only given weight loss as a treatment option. Why? Because clinician attitudes towards fat people are no different than that of the general population and, because of the biased training we receive, healthcare is the second most common place people experience weight stigma. Even those of us who work in the eating disorder treatment field have work to do to understand how anti-fat bias and weight stigma show up in the room and impact treatment outcomes. In your diversity, equity, and inclusion efforts, "please start incorporating fatness into your intersectional analysis", says Sirius Bonner in an interview with Virgie Tovar for Forbes magazine. "Please remember that fat is a feminist issue. Please consider your own privilege, oppression, or internalized oppression around fatness. Please work on your fat bias. Thin isn't always healthy. So why assume that fat is always unhealthy? In what ways do you moralize fatness? Why are fat people the last bastion of hurtful humor? Ask more questions about your fat bias, unpack, discard, repeat. Actually, consider the possibility that the connection between fatness and health is irrelevant. Especially in a context where someone's humanity is on the line. Please include fatness in your conversations about bias in hiring, retention, and promotion practices. And don't forget about workplace bullying and sexual harassment. Oh, and "wellness" programs too."
6. Read more books and research that challenge the status quo. Do more to understand how racism and white supremacy have impacted your field of study. Work to strengthen your liberatory consciousness (Barbara Love) so you are better at critically analyzing the data. If research isn't considering the impact of trauma, stigma, oppression and discrimination on health outcomes, we are not seeing the whole picture. There are too many well-intentioned providers promoting harmful ideologies.
7. You are allowed to have your own personal food, movement, health, and self care philosophy. Please do not project it or recommend it to the people you serve. Keep it to yourself. And stay within your scope of practice. We see too many people without adequate training giving spotty nutrition advice to people. Trust your clients to figure out what works best for them.
8. Make sure your office and waiting room are fat affirming by having seating, gowns, blood pressure cuffs, exam tables and equipment that accommodate larger bodies, as well as pictures and artwork that celebrate a diverse range of bodies.
9. Include accessibility statements on your websites. Describe the details of your office, including the availability of parking, how many steps are involved to access your building/office, furniture available, etc. Including pictures can help alleviate anxiety for many people.

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10. Be aware of and seek to minimize the ways power is at play in your client interactions. Acknowledge your intersecting identities and privileges when working with folks who hold different identities than you. You have an extraordinary amount of power in the relationship, whether you feel it or not. Work collaboratively, gain consent for every thing you do, and trust the person's lived experience. Lead with talking about social determinants of health and how trauma impacts our wellbeing as well as how we experience and care for our bodies. Learn to use approaches that externalize the problem focus from the bodies of people you serve and highlight the harms in our culture that have impacted folks' well-being.

If you are feeling overwhelmed, triggered, or flooded with shame, take a moment to locate yourself, perhaps with a few deep breaths or by looking around the room. Place your hand on your heart. We have all been harmed and we all cause harm, even when it is not our intention. When we explore Body Trust as a provider or helping professional, our reckoning includes coming to terms with the ways we've been colluding with oppressive ideologies and making a commitment to stay curious, keep learning and unlearning, and ultimately do better. It has taken us 16+ years to develop this analysis, and we will always be in process. You get to have a process too, and you may need time to explore this work personally before you feel capable of and ready to start sharing it with the people you serve and support.

Our dear friend and teacher Ericka Hines says "Be humble and ready to fumble." We encourage you to lean into the questions, and remember, it's not brave to always have the answer.

In love and solidarity,

Hilary & Dana

Center for BODY TRUST

This letter was written for readers of our book, Reclaiming Body Trust: A Path to Healing and Liberation. Here are some additional reading and resources:

- ➢ Maintenance Phase Podcast: Is Being Fat Bad for You?
- ➢ No Health, No Care: The Big Fat Loophole in the Hippocratic Oath
- ➢ An Evidence-Based Rationale for Adopting Weight Inclusive Health Policy
- ➢ The Weight-Inclusive vs. Weight-Normative Approach to Health
- ➢ What We Want You to Know about Eating Disorders
- ➢ Dubious Diagnosis (Prediabetes)
- ➢ Health at Every Size (HAES) Healthsheets
- ➢ The Radical Therapist Podcast: Anti-Fat Bias and Weight Stigma in Psychotherapy
- ➢ The Association for Size Diversity and Health

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