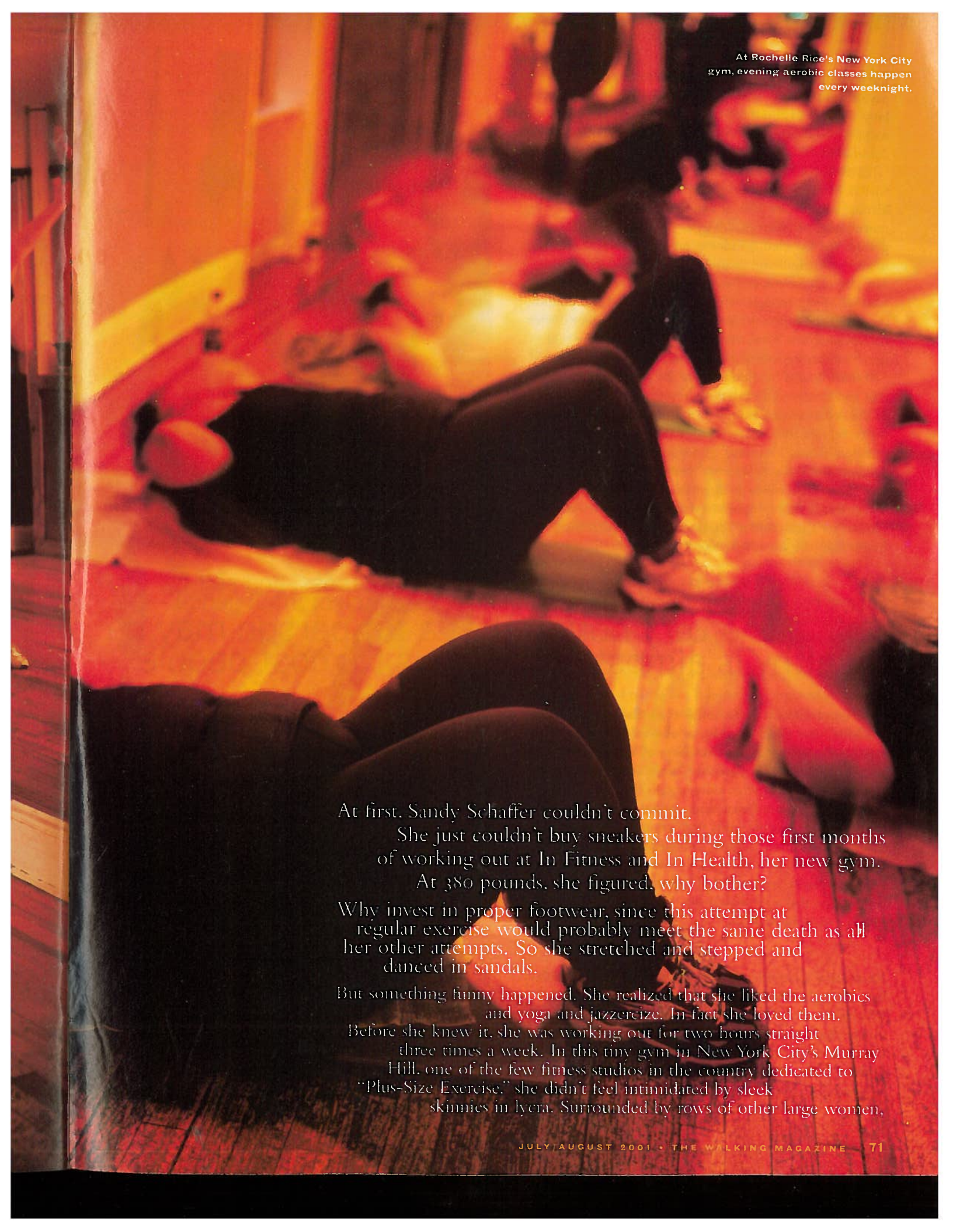


Can
be heavy
healthy?

It may be okay to live large: In a hot scientific debate, some researchers say that the strength of your heart matters more than the size of your thighs.

By Sue Hertz
PHOTOGRAPHY BY
KATE SWAN



At Rochelle Rice's New York City gym, evening aerobic classes happen every weeknight.

At first, Sandy Schaffer couldn't commit.

She just couldn't buy sneakers during those first months of working out at In Fitness and In Health, her new gym.

At 380 pounds, she figured, why bother?

Why invest in proper footwear, since this attempt at regular exercise would probably meet the same death as all her other attempts. So she stretched and stepped and danced in sandals.

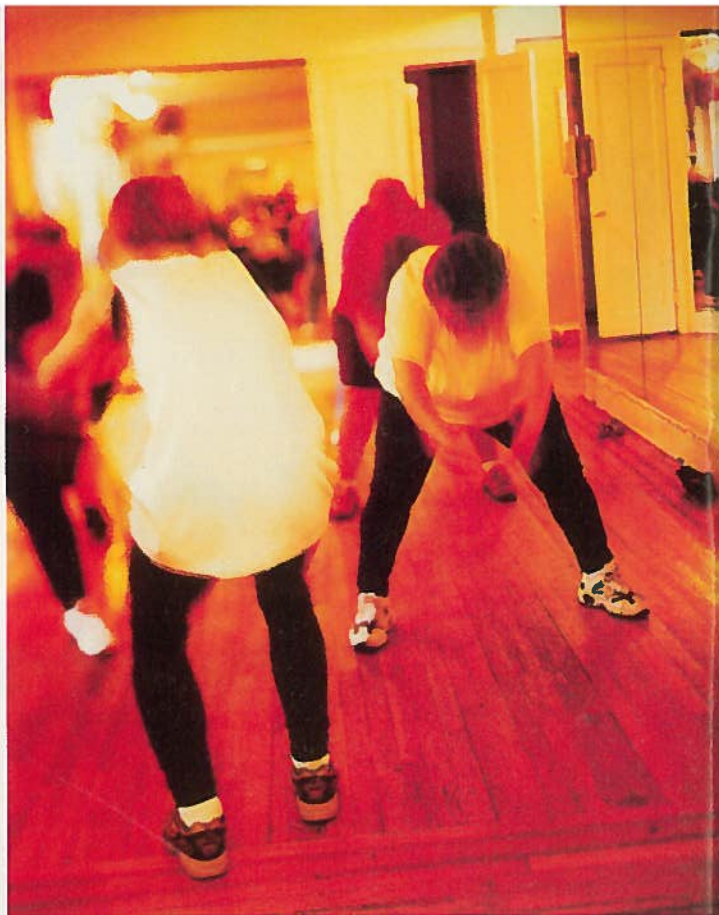
But something funny happened. She realized that she liked the aerobics and yoga and jazzercise. In fact she loved them.

Before she knew it, she was working out for two hours straight three times a week. In this tiny gym in New York City's Murray Hill, one of the few fitness studios in the country dedicated to "Plus-Size Exercise," she didn't feel intimidated by sleek skinnies in lycra. Surrounded by rows of other large women,

she could find her own pace and build from there. The payoff was thrilling. She could walk blocks without stopping. She could climb the five stair flights to her apartment without panting. "I'm hooked," she thought. So she committed. She bought sneakers.

Three and a half years later, on this dreary Saturday in March, Sandy Schaffer hurls her body through its step aerobic paces in the first of two classes she'll take this morning at the Murray Hill gym. She's proud of the 100 pounds she has shed, but not as proud as she is of her increased strength and flexibility, her reduced blood pressure and cholesterol, and an aerobic capacity to rival most runners'. Even though, at 5 feet, 5 inches and 280 pounds, she is not the fitness industry's image of health, her doctor has declared her "a success." Before he met her, he told her, he didn't believe that you could be fit and fat.

If that's true, if he didn't realize the possibility that fatness and fitness could marry, he must not have been aware of the debate raging among health professionals. While many doctors, including a former Surgeon General, have declared obesity a national epidemic, blaming it for 300,000 deaths a year, another chorus has risen, singing that fat isn't the villain at all; physical inactivity is. Fitness, they argue, is more important than fatness. How long you can last on a treadmill is a more accurate predictor of health than the circumference of your thighs.

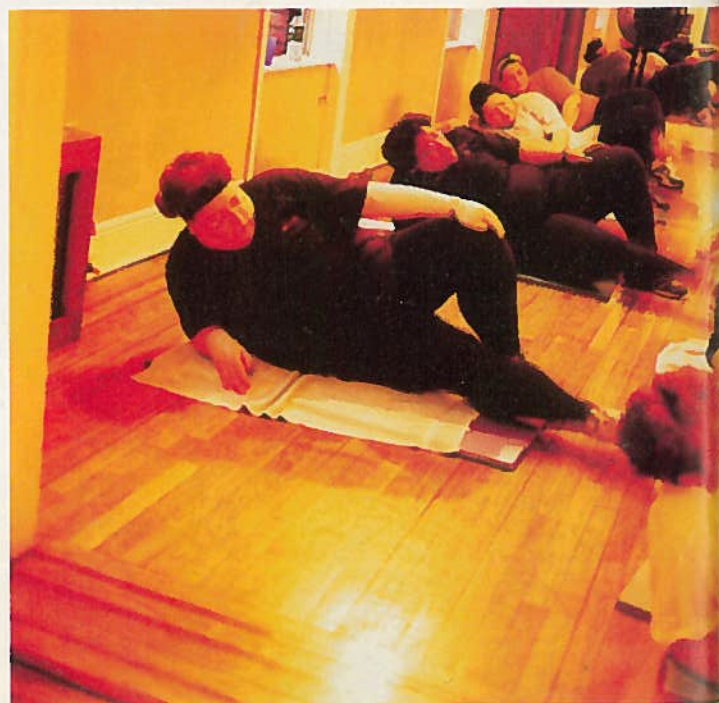


"Thinness is equated with beauty, success, and self-control. Obesity, with poor self-control, ugliness, and lack of intelligence. The very notion that a fat person may be healthy is almost outrageous to most people."

"A lot of medical professionals can't think clearly on this issue," says Glenn Gaesser, an associate professor of exercise physiology at the University of Virginia and author of *Big Fat Lies* (Fawcett Columbine, 1996), a book aimed at debunking what Gaesser calls the myth that being heavy is a life-threatening condition. "They don't approach the scientific arena with an unbiased mind. They are part of the culture. Thinness is equated with beauty, success, and self-control. Obesity is equated with poor self-control, ugliness, and lack of intelligence. The very notion that a fat person may be healthy is almost outrageous to most people."

Think back to last summer's Olympic games. Remember Cheryl Haworth, the 17-year-old weightlifter from Georgia who, at 300 pounds, won a bronze medal? Remember that it wasn't just her strength that impressed us, but also her dexterity and speed, her ability to jump 30 inches in the air, to do a complete split, and to run 40 yards in 5.5 seconds? How could someone so big, we wondered, do that?

Kathy Gunn isn't a celebrity athlete, but she, like



Haworth, stretches the notion of fit. Gunn is 41 years old, 5 feet, 6 inches and 200 pounds. Every day, she heads to her gym in Orange, Conn., for resistance training complemented by long, hard workouts on the treadmill. Last February, Gunn tested her endurance with 74 other cyclists in a three-hour spinning class, a fundraiser for cancer research. Gunn says she "felt great afterward."

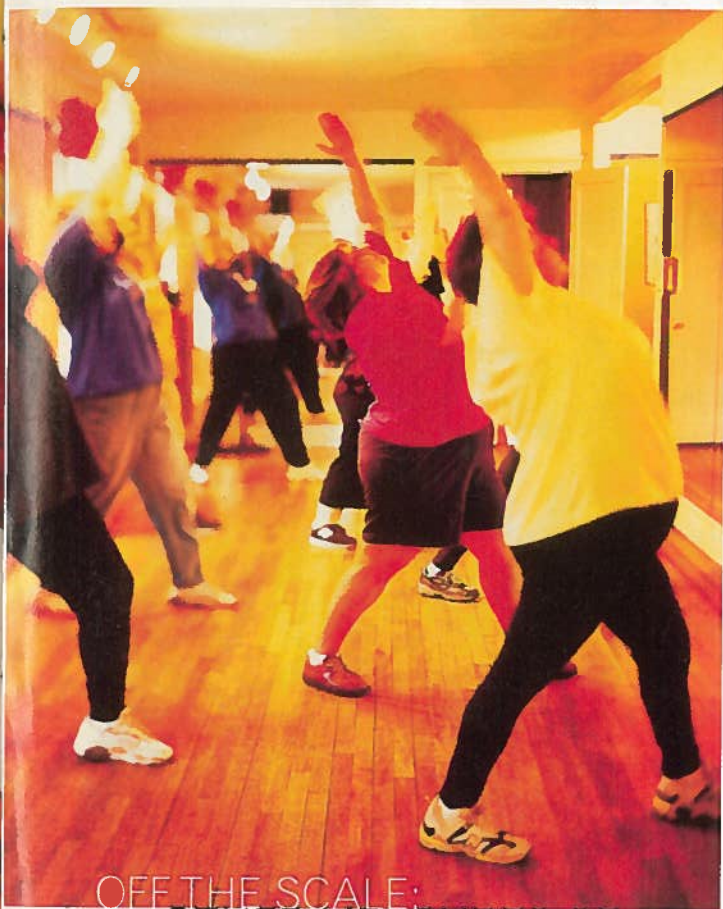
There's no reason she shouldn't have. Her blood pressure is normal. Her cholesterol and blood sugar are nor-

mal. Her heart is strong. She doesn't smoke, doesn't feel overly stressed. She strives to eat a lowfat diet full of boneless, skinless chicken and brown rice and vegetables. "I'm healthy as a horse," she says. Why should she lose weight? Why should Cheryl Haworth lose weight? Because they weigh more than U.S. guidelines recommend? Or they weigh more than suggested by the various insurance company charts, which were created to help the industry better gauge mortality—and premiums?

Because their health is endangered, many doctors would say. Because statistics show a correlation between being at the high end of the Body Mass Index (BMI, a ratio of weight to height) and early mortality. Because carrying extra weight seems to put them at risk for heart disease, diabetes, stroke, and certain cancers. Look at the evidence, like the Framingham Heart Study, ongoing since 1948, which has followed the health of 5,209 men and women from Framingham, Mass. Gaining weight after age 25 dramatically increases the risk of developing heart disease. And what about the Nurses' Health Study, which collects data from 122,000 nurses? One piece of that continuing study found that heavier women suffered premature death at a rate double that of lean women, that the risk for obese women dying from cardiovascular disease was four times greater than the risk for lean women. And that the more weight a woman has gained as an adult, the greater her chances of developing breast cancer. "Obesity is still an important risk factor even if you are physically active," says JoAnn Manson, a Harvard Medical School endocrinologist (profiled on p. 60) and a lead researcher in the Nurses' Health Study. "You will be much healthier if you are at a healthy weight."

Steven Blair, a fitness researcher at the Cooper Institute for Aerobics Research in Dallas, would argue that there is no point in defining a healthy weight. His studies (and others) contradict the long-held belief that extra weight compromises health and longevity. In an effort to understand how physical fitness affects mortality

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OFF THE SCALE: OTHER MEASURES OF HEALTH

From the minute fitness guru Covert Bailey published his book "Fit or Fat?" decades ago, we've come to believe that you can be one or the other, but not both. Over the years, though, as researchers trumpet results from new studies, and as guidelines for height and weight change, we begin to wonder: What is too fat? How far and how fast do we have to sprint to prove our level of fitness?

Although many in the medical community scoff at the idea of standards, preferring that men and women should be treated as individuals, measurements do exist that can help us figure out if our diet and exercise programs demand review.

BODY MASS INDEX Health and fitness experts often use the Body Mass Index, or BMI, a ratio of weight to height, to assess excess poundage. To calculate your BMI, you can use the formula (see "Assess Your Risk," p. 59) or you can let your computer do the work by plugging in your stats into BMI charts on any number of health related Web sites, such as www.consumer.gov/weightloss/bmi.htm.

A BMI between 18.5 and 24.9 is normal, a BMI between 25 and 29.9 is considered overweight, and a BMI 30 or over is obese. A BMI over 40 is considered extremely obese. In October 2000 the *Journal of the American Medical Association* reported that 18.6% of

women and 19.1% of men in the United States were obese.

Some researchers complain that BMI doesn't take into account the source of the pounds; are they muscle mass or fat mass? Highly muscled elite athletes have ranked morbidly obese by BMI standards.

BODY FAT The accurate way to gauge how much of your weight is pure fat is to undergo a body fat test. Most fitness centers and some doctors offer one or several methods. Caliper testing involves pinching folds of tissue in the areas that attract fat, such as your stomach above the waistline, your hips, and the back of your arms. The

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resources

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Babes in the Woods pp. 64-69: Canadian Mountain Holidays: (800) 661-0252, cmhike.com.
What to Wear p. 88: Adidas: (877) 742-3432; Brooks: (800) 2-BROOKS, brooksrunning.com; Daggers: (800) 443-8620, daggers.com; Go Jus: (877) GOJUS-GO, gojus.com; Hind: (800) 952-4463, hind.com; Saucony: (800) 365-7282, saucony.com; Thorlo: (800) 457-2256, thorlo.com; Ultimate Direction: (800) 736-8551.

CAN HEAVY BE HEALTHY?

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rates, Blair and his colleagues have conducted an ongoing study of more than 20,000 men. Instead of finding that the fat die first, they've reported that overweight men who were fit lived longer than men who are normal weight and unfit. In fact, the mortality rate of fit, heavy men was similar to that of fit, normal-weight men.

"Inactivity and fitness appear to be inversely related to mortality," Blair says. "The more active, the lower the risk." At every fatness level, from slightly paunchy to obese.

Gaesser argues that the earlier studies, such as the Nurses' Health Study, didn't focus enough on fitness, on the subjects' aerobic capacity. Of those studies that considered physical activity, participants were not tested but asked to report their own level of exercise.

"Often, these self-reports are based on very inadequate questions," Blair says, which leads to vague results. In contrast, at the Cooper Institute the

study's subjects are put to a lengthy treadmill test, in which they start on the level at a moderate pace. At minute intervals for the next 25 minutes, the incline increases by 1%, and then the speed increases. There aren't many people who can stay on for the whole time, says Blair. Studies showed that people who are moderately fit (vigorously exercising 90 minutes a week) have half the death rate of those who are low fit (exercising little to not at all) and that the high fit (exercising intensely 120 minutes a week) enjoy another 10% to 15% lower risk than the moderately fit.

"Overall, fit and fat is better than unfit and fat," agrees Manson. "But it is not as healthy as fit and lean." Obesity, she says, is a risk factor by itself. The extra weight causes insulin resistance, which can lead to diabetes and other life-threatening conditions.

The researchers agree that exercise reduces insulin resistance and the resulting health risks. The Nurses' Health Study found that women who swam,

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walked, or did other moderate activity for 30 minutes four to five times a week reduced the risk of stroke, heart attack, and adult-onset diabetes by more than 40%.

While Manson would argue that the extra pounds matter, that the heavier a person, the more she/he is at risk, Gaesser counters that exercise "can greatly improve, or even 'cure' diabetes and other serious health problems" while a person remains markedly overweight.

And many people, no matter how much they exercise or how prudently they eat, will never slim down to model-size, or even a size 12. Members of the large-size community say that humans are like dogs; some breeds are small and some breeds are big. A Bernese mountain dog will never be thinner than a greyhound; nor will some people ever be Kate Moss, no matter how many times they attempt the Scarsdale Diet. And as extra pounds pile on, the size and number of fat cells blossom. When you diet, the fat cells don't disappear; they merely shrink. If the diet fails, not only do the size of the fat cells you have expand, but even more fat cells grow.

Should you just give up? No, says Jami Norris, the fitness director at Duke University's Center for Living. "There is a strong genetic component to body weight," she says. "Again, it is the behavior that is the most important, to exercise regularly and eat healthfully. There will be certain people who tend to be overweight even though

they are doing everything right."

The answer, then, is to focus not on body weight, but on exercise and a healthful diet. On that, all the researchers agree. Their source of contention is the goal: While Gaesser, Blair, and like thinkers contend that the goal should be improved measures of fitness and the accompanying measures of health (blood pressure, cholesterol levels, etc.), Manson and her fellow thinkers would argue that the overweight should also strive for reduced poundage. Just how reduced? Although debated, the U.S. guidelines for height and weight—those BMI scales—are the measuring tool. The most current, described as too lenient by some Nurses' Health Study researchers, call for a 5-foot, 5-inch adult to weigh from 114 pounds to 150 pounds. Women should edge toward the lower weight and men toward the upper.

Still, it's possible that BMI is statistically valid but, because it doesn't measure fitness, not individually relevant. Gaesser thinks everyone has a natural weight. If you are physically active and eating in moderation a lowfat (30% or less of total calories), nutritious diet, and you are still heavy or fat, then you might be at your natural weight. "You would think that if you made those changes you would lose weight," says Greg Heath, a health scientist for the physical and activity health branch of the Centers for Disease Control and Prevention. Some might, but others may not. Heath worked with a man who was

WALKING WEIGHS IN

Epiphanies come at odd times. I had one on the question of fitness and fatness over wine and cheese. I was chatting with Steven Blair, esteemed researcher from the Cooper Institute in Dallas, and Russ Pate of the University of South Carolina. Blair's endless credentials include lead editor of the Surgeon General's 1996 Report on Physical Activity and Health; Pate's include a comparably definitive publication on activity and health in 1995. These guys know as much as one can about exercise and what it does to the human body:

I admit that I was a doubter when it came to the fit vs. fat question. It seemed to me that, with the exception of a few genetically beefy people or athletes who built up uniquely large muscle mass—the pro football players and weightlifters of the world—people who exercised enough to be fit would fall well within the statistically healthy BMI range for weight.

Yet Blair had been barnstorming academic conclaves nationwide arguing that fitness is the best predictor of health and

longevity; that if he could measure only one thing to predict your risk for chronic disease, he'd test how long you could survive on his treadmill test of aerobic conditioning. Blair, a self-described "short, bald, fat guy," and Pate, a tall, lean former marathoner and still-avid athlete, are a fitness odd couple. Surely, Pate is statistically bound to live longer. Ultimately, being thin is a sign of health, right?

In front of me, of course, was my answer. Pate was blithely scarfing the snacks (he probably couldn't gain weight if he tried), while Blair disdained even a cracker (he can't lose it, and he is always trying). Both are avid exercisers—not identical in miles or speeds, but devoted to activity. Yet Blair's efforts have yielded a different body than Pate's, and probably always would.

Blair makes two strong points in his defense: The first is that his data—which shows that BMI does not relate to longevity as closely as his treadmill test does—is good, solid science. The second is that because physical activity is self-reported in some of the largest studies, it may not be reliable. As a scientist and as an observ-

er of my two companions, I could no longer refute the evidence.

So it's okay to be fit and heavy, though not even Blair pretends to know what percentage of overweight people fit this description. And it's probably better to be fit and lean (even if you're outside that BMI range), which is why it's worth eating healthfully and being as active as possible. Fatness seems to be an independent risk factor for chronic disease—and there are plausible physiological explanations for this.

So how do you act on this information? My answer is simple:

Exercise for fitness. That means be active for 30 minutes every day, go longer when you have the time, and go faster when you don't. Break an exercise sweat at least 12 times a month.

Eat to maintain a healthy weight. Focus on fruits, vegetables, and whole grains, cut out the processed foods, dodge excess fat, and drink lots of water.

Accept where you end up. If you truly exercise religiously and eat moderately, don't bother with the bathroom scale.

—Mark Fenton

OFF THE SCALE

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thicker the folds, the higher the fat ratio. This method's flaw is that it doesn't measure fat imbedded between muscle fibers.

Other tests include using electronic sensors to detect the different electrical currents between fat and muscle tissues and infrared measurements in which an infrared beam is bounced off the bone. An infrared beam travels faster through muscle than fat. In some research facilities, you could also be weighed on a hanging scale immersed in water.

Bailey offers an at-home fat test in his latest book, "The Ultimate Fit or Fat" (Houghton Mifflin, 2000). By measuring your waist, hips, thigh, calf, forearm, and wrist, you can roughly figure your fat ratio. Accepting that aging brings more fat, he offers two formulas. For women 30 years and younger: $\text{hips} + (.80 \times \text{thigh}) - (2 \times \text{calf}) - \text{wrist} = \% \text{ body fat}$. For women over 30: hips

$+ \text{thigh} - (2 \times \text{calf}) - \text{wrist} = \% \text{ body fat}$.

Normal body fat for women is between 19% and 25% for women. For men it is between 12% and 18%. But these ranges are open to the same debate as BMI. Nor do body fat percentages take into account where the fat is located: If fat is on the hips and thighs it is not correlated with poor health; concentrated in the abdomen, it's associated with disease.

AEROBIC CAPACITY If you were tested at a fitness laboratory, such as the Cooper Institute in Dallas, you would undergo a treadmill test that involves walking on an ever-increasing pitch at an ever-increasing speed. After 30 minutes, few are left, says Steven Blair, a fitness researcher at the institute. On your own, you can try a three-minute step test by stepping on and off a bench at a specified tempo for three minutes. The lower your heart rate at the end, the better your endurance. Or you can sim-

ply walk. Most researchers claim that if you walk at least 30 minutes a day most days of the week at a pace that gets your heart rate pumping even modestly, you would be considered "healthy fit."

RISK FACTORS Even if you score well on all of the above, you should be cognizant of your basic measures of health: your blood pressure, blood sugar (or blood glucose), and cholesterol. Your commitment to fitness should be helping your blood pressure stay at 120/80 or lower, your glucose at 110 mg/dl, and your total cholesterol at 200 or below. Depending on your genes, increasing the duration and/or intensity of your exercise program should improve these numbers, as should a good diet. Keep the fat intake to 30% or less of your total calories. Focus on fish and fiber and complex carbohydrates found in fruits and vegetables and whole grains. And eat in moderation. —S.H.

Members of the large-size community say that humans are like dogs; some breeds are small and some breeds are big.

about 30 pounds overweight and had suffered a heart attack in his late 50s. Heath started him on a regular exercise program, 30 to 40 minutes of walking, jogging, or stationary biking three days a week. The man didn't lose weight, but his blood pressure reduced to the point where he no longer needed his hypertension medicine.

One of the challenges in settling the debate is that we don't know how many people qualify as fit and fat, how many overweight people jog 3 miles five times a week and eat a thoughtful diet. Manson would argue that "the person who is fit and fat is a rare bird."

Even Blair admits that he doesn't have a grasp on the national population; his studies were based on middle- to upper-class men, mostly corporate executives. Results of his studies on women have yet to arrive. The National Institutes for Health is also conducting an exercise survey, but that data won't be released for at least another year or two.

Still, the large-size community has begun to take the exercise message to heart. Programs are cropping up across the country. In Baton Rouge, there's the "Women of Size" fitness program, and at the Maryland Athletic Club &

Wellness Center, there's the "You Can Be Large and Be Fit" program. Road races have a new category, the Clydesdales division. To qualify, men must weigh at least 190 and women 140. Interest has spawned exercise books, including *Great Shape: The First Fitness Guide for Large Women* (iUniverse.com, 2000) by Pat Lyons and Debby Burgard, and *Real Fitness for Real Women* (Warner, 2001), by Rochelle Rice, owner of Schaffer's gym.

Rice, a former professional dancer, leads this Saturday's step aerobics class with encouragement and firmness. "Hurts so good," she sings along with the music. Schaffer sweats and steps along behind her. She has no problem keeping up, and she shouldn't—Schaffer's been a certified trainer for more than two years. When Rice isn't teaching at the gym, Schaffer often is. "TRAINER" sprawls across the back of her green T-shirt.

When this class is over, Schaffer and Rice will hop into a car and drive two hours north to a book signing for Rice's latest effort to get the large-size community moving. Rice will talk about motivating women to go from panting after a block to barely sweating after a one-hour aerobics class.

Schaffer will discuss how her weight is far from ideal, but her fitness level is, for her, perfect.

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