

FOOD FIGHT

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The author is a member of the Class of 2014 at Johns Hopkins University School of Medicine. This essay won honorable mention in the 2013 Helen H. Glaser Student Essay Competition.

Obesity. America's epidemic. I remember the first time we were shown the CDC National Obesity Trends maps in medical school. Beginning in 1985 with light blue and lighter blue, we watched as the years progressed and new colors were added. Dark blue. Yellow. Orange. Now twelve red states in 2010. It seemed almost comical in a way, the colors resembling political party designations. The colors changed as the average waist size expanded. Democrat, then Independent, now Republican.

One can only wonder what color we will use for states that tip the scales with greater than thirty-five percent obesity. Perhaps black. As the months rolled by, the maps lost their comic relief and turned into annoyance. It seemed as though every tenth lecturer felt the need to remind us about the trend. We were about to be thrown into the trenches of medicine's war on food. I remember looking around the room and wondering if there were any new recruits to the war. Me? I was a veteran. I'd been fighting the Food Fight for years.

My decision to enter medicine was a roundabout one. I haven't wanted to be a doctor since I was born. It wasn't even on my radar when I started

college. In fact, I remember finding many premed students off-putting. I studied biology and chemistry because of a passion for understanding how the world worked. Every pathway, every reaction, every explanation taught me more. I was fascinated by research and the opportunity to contribute to the collective knowledge of the scientific community. I conducted assays and Western blots to elucidate the aberrant signaling in cystic fibrosis cells. I performed microarray analysis of the African malaria vector to ascertain differing responses to stress. It was all well and good, but something was missing.

I also found passion in politics. A card-carrying liberal, I joined the College Democrats and began



Illustrations by Jim M'Guinness

working on local campaigns in northern Indiana. I even worked as an intern on Capitol Hill for a summer. I craved the rush that comes with a heated policy debate and the satisfaction of enacting something into law. I treasured my time working in the political realm, but knew it wasn't for me.

As a cradle Catholic, I sought to infuse my education and career with meaning. I was enthralled by ethics and perused philosophical and theological literature. I fervently argued my opinions and developed a strong foundation for my own ethical conscience. Yet the theory of it all seemed so dry at times—I wanted to act, not philosophize.

There was no epiphany, no thunderbolt moment. I realized eventually that medicine could let me combine the things I was most passionate about. Science for the betterment of humanity. Political debate and policy wrangling at every level. Morality and ethics in practice.

Only one problem: I was obese. You can't be a doctor if you're obese.

I met Carlos on my ambulatory clerkship during my first year of medical school. He was twelve years old, five-foot-one, and 168 pounds. Clinically obese. Looking at his growth curve, it was a diagnosis that he had carried for many years. I was asked to counsel him on weight control and diet modification. I sat down with him and his mother, a caring woman struggling with her own weight. I began by asking Carlos what he thought about his weight.

"I'm big. I've always been big. It's hard sometimes at school. Kids can be mean to me, but it doesn't really bother me."

"Kids *can* be mean sometimes. I'm sorry about that. I'm glad you don't let it bother you too much." I glanced back at his growth curve. It was true. He had always been big. My eyes drifted to another area of the chart: family history. Diabetes. Cardiovascular disease. Hyperlipidemia. MI. My stomach dropped. Suddenly, getting this kid to realize the importance of the situation seemed more real. I caught the twinge of pain he had in discussing the issue. I

know what it feels like, I wanted to tell him. But I didn't. Carlos needed a plan. Where to start? Fast food? Soda? After school snacks? I decided to put the ball in his court.

"I see that the doctor has talked to you about what you eat before. Have you tried anything in the last year to change your eating habits?"

"We don't eat out as much. And I stopped drinking a lot of soda."

"That's great!"

His mom interjected, "Yeah, we got him to stop drinking so much soda by getting him to drink fruit juice. And I've been trying to cook more at home."

Fruit juice. My mind jumped to the sugary, calorie-dense juices I used to drink as a kid. "What kind of fruit juice?" I asked.

It wasn't diet. It was full-sugar fruit juice. Full-calorie fruit juice. And he sure was drinking it. A lot of it. I asked Carlos and his mom if they knew how many calories were in a serving. They didn't. To be fair, I rarely used to know what I was putting into my body. Carlos seemed interested in the answer, I



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so I got onto the Internet and we figured out together that he was drinking over 1000 calories a day in juice. The number sunk in.

“Wow. I had no idea. I thought I was giving him something healthy,” his mom said. A dangerous and common misconception. I could tell that I had convinced mom, but I needed to convince Carlos.

“Well, Carlos, if you’re on board, I think that this is something that you all can target. Drinking water instead of juice every day would eliminate a huge amount of calories and will definitely help you manage your weight. I think that would be a great first step.”

Carlos seemed to be pondering the situation. “It’s going to be hard. I like juice,” he said.

Hard, I thought. That’s an understatement. “You can have juice from time to time,” I pointed out. “Maybe you and your mom can go to the store and look for some drink options that would still taste good and have a lot fewer calories.”

“Yeah. That sounds good,” he said.

I never saw Carlos again, so I’ll never know if I got through to him.

Maybe he did what we decided and cut out the fruit juice. Maybe he decided that he wanted to make a change. Or maybe his mom decided for him. Or maybe he’s still drinking five servings of fruit juice a day and continuing to tip the scales, barreling down a road that will lead to his genetic gifts of cardiovascular disease and diabetes.

I left clinic that day wondering how I could reach out to my patients. How could I tell them that I understood their plight and seem genuine? How could I tell them that we were fighting the Food Fight together? That I wasn’t just another skinny doctor wanting them to lose weight? Tell them, “It gets better.” Or rather, “It can get better.”

I’ve been overweight for as long as I can remember. Looking at old pictures, it appears that I started to look chubby at the age of eight. Being the fat kid affected me in more ways than I think I will ever realize. I went to Catholic school and always had to wear uniforms. They came in three sizes: slim, normal, and husky. I was always “husky,” a terrible term. Like a nice way of calling you fat. I was lucky to

have very few instances of bullying because of my weight. I was never really teased, but I always struggled. I grew up in Arizona, where swimming during the summer is a way of life. All fun and games, unless you’re a twelve year old with noticeable gynecomastia. Or, as the skinny kids like to call it, “man boobs.” Nobody had to say the words aloud, I said them in my own head. Every year during our “Health Safari” I watched the number climb higher and higher. Into the three digits. As puberty hit, my other chubby friends sprouted up and lost their baby fat. I grew, too, but in both directions.

I tried my hand at my first diet as I approached the dangerous 200 mark at age thirteen. My mom and I joined a weight loss program, and I stayed motivated all summer, dropping almost twenty pounds. My parents and I were very proud. I finally seemed to be moving in the right direction! My eighth-grade year started with excitement as I prepared for high school life. We bought new uniforms and registered at my new school. Then the celebrations hit: holidays, end-of-year parties, graduation, summer sleepovers. And with



them the pounds came back. When I tried to get into my new high school uniform, it didn't fit. Not even close. I remember crying when I brought the shorts out to my mom. I didn't need one size up. I needed two sizes up. I overheard my dad saying, "Did he really gain that much weight?" I guess I had. I guess I was always going to be the fat kid.

My biggest enemy in my Food Fight was body image. I had great friends. I was relatively popular. I had dates to the dances and even a girlfriend at times. I was successful in the classroom. In fact, I was at the top of my class in grade school and high school. *Summa cum laude* at a prestigious university. I was constantly busy with outside activities. I traveled and studied abroad. I had a happy, stable family. But none of that could get rid of the internal struggle I had when I looked in the mirror every morning. I hated wearing the baggy jeans and hunting for the largest sizes at the store, dreading the day when I might have to shop in the "Big and Tall" section. I feared not fitting into the safety harness on the roller coaster. I was ashamed at the

possibility of needing an extra seatbelt to fly home on an airplane. My weight fluctuated from time to time as I slipped in and out of "health eating" and coped with a modest student stipend. I hovered just below 300 through most of college, always staying below that magical number that seemed to portend something truly wrong. I didn't like how I looked, but I seemed to avoid the worst consequences of being obese. I was the biggest "normal" weight that you could be; at least in my mind. My BMI was misleading, I thought.

And there I stayed.

I sat in a small group room rehearsing motivational counseling. Convincing people to change their habits for the better. We all practiced on a standardized patient who was trying to quit smoking, artificially fast-forwarding from clinic visit to clinic visit as our fake patient struggled with modifying her lifestyle. My group was not very successful at moving the actress to her goal. She broke character to give our group feedback at the end of the session.

About Matthew Molloy

I am a fourth year medical student at the Johns Hopkins University School of Medicine and am currently pursuing a Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health. I am originally from Gilbert, Arizona, and attended the University of Notre Dame, where I studied Biological Sciences. I now live in Baltimore, Maryland, with my wife, Molly. I intend to pursue a career in Pediatrics and Public Health. I hope that my own struggle will make me a more compassionate and effective physician.



"I felt like you didn't understand the fact that deep down I wanted to quit, but couldn't find a way to make it work for me."

We had failed her. We had failed to understand her struggle. She didn't need convincing, she needed guidance



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and support. She needed someone to fight with her.

One of the tools in our tool bag as medical-professionals-to-be is the Stages of Change model. People move through these stages: precontemplation, contemplation, preparation, action, and maintenance. Oh, and relapse. Don't forget about relapse.

Our actress-patient modeled the various stages of change in smoking cessation. Despite the make-believe environment and timeline, it was useful and instructive to see her progress through the stages from visit to visit. In her struggle with cigarettes, I saw my own struggle with weight loss. The same struggle that so many people go through as they try to conquer their own BMIs.

Precontemplation. The days before I realized that I was more than just "big-boned," when I convinced myself things were fine. Food was delicious, life was short, my weight had plateaued. I had no time to exercise.

Contemplation. Looking at pictures tagged on Facebook and not liking what I saw. The sense of disgust when you feel too full to move and only then

realize how much you had eaten. The promise you make to yourself when you hear the statistics about heart disease. The inspiration you feel when, here and there, a victor emerges in the Food Fight.

Preparation. The plan. How am I going to do this? What didn't work about the diet last year? I'm about to start interviewing at medical schools and I need to start acting the part, practicing what I preach. I guess I should look up the gym hours.

Action. Only two pieces of pizza. I know the cake looks good, but vegetables and hummus are just as tasty. Right? Finding a way to fit in time for the gym every day, even if it means scurrying across the parking lot in the snow.

Maintenance. What? I can't go back to my old ways? I guess that's what they mean by changing your lifestyle.

As I reflected more, I felt a more appropriate term would be "Cycle of Change." Action isn't the end. Not even maintenance. Change is a vicious cycle and relapse is the enemy. The Food Fight rages on with no cease-fire in sight.

Shortly before embarking upon my own weight-loss journey, my older cousin achieved what I never before thought possible. Growing up, we were always the big kids in the family. We were both plagued with thinner siblings and a love of calorie-packed foods. But she was much bigger than I was. In fact, in my own way, I was able to make myself believe that my own weight wasn't that bad because it was nowhere near as bad as hers.

Then everything changed. She made a decision to change her life and lost nearly 200 pounds. I don't know what clicked for her this time. I'm not sure if she does, either. I have rarely been more proud of anybody in my entire life and was overjoyed to see her success. The only downside: now I was the only fat one. I had no more excuses. By this time, I was an adult. I had no one to answer to but myself. Nobody to blame for my habits but myself.

With my cousin's victory as the final catalyst, I waded into the trenches. The most epic fight of my life thus far. I decided, once again, that it was time for a change. I began my final year of college, submitted my medical school



applications, and made a promise to myself that this time I was really going to lose weight.

I waited in line at the Subway in the hospital cafeteria. An obese man verbally constructed his sandwich a couple of spots in front of me in line. A hospital visitor, his wristband told me. Presumably here to visit a sick friend. Or family member. Or child. He had ordered a foot-long steak and cheese. It looked delicious. Maybe he was going to split it. Maybe he was going to gobble it all down himself. Maybe it wasn't even for him and he had a healthy lunch packed back in the room.

Between us were two hospital workers in green scrubs. After the man paid for his meal and departed, one of them commented, "I think he could have used half a sandwich. Or maybe a salad, instead."

"It surprises me that they even offer food like that in the cafeteria. Not exactly staving off obesity," the other added. They laughed. I didn't.

It's so easy to fall into the trap of moral superiority. Assumptions made

about the moral weakness of a patient who can't quit smoking. Can't put down the gin and tonic. Can't stop shooting heroin. Can't shed those last few pounds. It's almost easier for us that way. We remove ourselves from the puzzle. It's their failure, not our failure. I wonder if either of those employees ever had to worry about their own weight. I wondered if either of them ever had to counsel patients about changing the way they eat.

My Food Fight is a personal one. The war against obesity that our country and our profession is waging is really a series of personal struggles. Stories of people who hate what they look like. People who love food and don't care about the supposed risks. Former athletes whose metabolism has played a dirty trick on them. Mothers who can't afford healthy food. Hard-working individuals who have already lost the weight—three times. Sons and daughters cursed by the genetics of ancestors they never knew. Patients dealing with more pressing health concerns. Addicts struggling with more difficult life changes. Teenagers who

can't run around outside because it's not safe. Lawyers who barely have time to grab a bite to eat, let alone cook. Frustrated hypertensive patients who really have tried their best for years. The thirty-two year old who was teased in grade school. The sixty-eight year old for whom this just became an issue.

We are their allies. Here not to judge, but to offer assistance. To not roll our eyes. To not throw the food back in their faces. To stand with them on the front lines if they are willing to fight. To trudge with them through boot camp. I remember the doctor visits of my past, standing on the scale, watching the nurse push the weight higher and higher. Sometimes there was no acknowledgment of the obvious. Moving to the "250" part of the scale was enough. Sometimes there was the half-hearted banter about trying to lose weight. What I needed was an ally who recognized the difficulty, who would congratulate me on past success, who could reaffirm my desire to lose weight, who would simply ask, "How do you think I can help you?"



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They say each journey begins with a single step. Mine began with a single lap. After doing some soul searching, I realized that the one thing I had never really tried in the past when trying to lose weight was exercising. I knew that if I was going to be successful this time, I needed to incorporate exercise into my life. And the only way was to do what I'd never done before: run. I started a "couch to 5k" program that I found online one afternoon. The first couple of weeks were horrible. I simply could not understand how people ran a full mile, let alone 3.1 miles or 26.2 miles. But eventually I was able to run half a mile. Then two. Then three. I stopped making excuses and fit exercise into my day instead of only going to the gym when I had free time.

I changed the way I ate, too. I tried to forgo the desserts. Cut back on the alcohol. Paid attention to portions. Didn't go back for thirds. Packed my own lunch. Drank lots and lots of water.

Most importantly, I stepped on the scale every day. At first, it was

discouraging, but the number slowly came down. Every new low was another victory. It was slow going, though. After all, I was still in college! Plus, I was interviewing for medical school. Traveling back and forth across the country every other weekend and eating the delicious pastries they put out in the morning—not taking one would be rude. Coping with the stress of uncertainties that plagues seniors about to enter the real world.

Then, finally, the magic happened: people began to notice. Friends, family, and even strangers started making comments about how good I looked. It was invigorating and kept me going. After an unforgettable senior year, I stood on the scale one day in May before graduation and moved the scale balance to the "200" mark. 249 pounds. Another victory.

I graduated, celebrated, and drove across the country with my girlfriend. Back in Arizona that summer, I sweat off another dozen or so pounds with the help of a particularly pushy personal trainer. Before I knew it, I

was walking down a busy street in Baltimore to my first day of medical school. Still obese, but more determined than ever to reach the end of my journey. I slaved through anatomy, biochemistry, and genetics, all the while continuing my clash with the scale. I remember getting stares from strangers as I read a dissector on the treadmill, but it was worth it. It was working. I even had to buy a whole new professional wardrobe for my clinical skills class. It was an expensive trip to the mall. It was the best trip to the mall I had ever made.

One cold December morning, I stepped on the scale and the three-digit number I saw began with a one. I can't even describe what that felt like. By the end of that first semester, my BMI dipped below 30. I had made it: no longer obese.

I went to see my new primary care physician. I was a victor, I thought. A conqueror of obesity. I had won my fight with food and was proud to step on that scale in a fresh environment



and not have the label of “obese.”

It was a standard history and physical. She did everything right. Personal medical history, family history, review of systems. When we finished, one of the first sentences out of my doctor’s mouth was, “Your BMI is 28.8. We like it to be below 25. Have you ever thought about trying to lose a few pounds?”

I flushed. What she was saying was true—I was still overweight. In my Food Fight, I guess I had forgotten about the other categories below a BMI of 30. I had come so far only to fall short. My “ideal” weight was still twenty plus pounds away. My thoughts raced as I stammered, “Actually . . . um . . . I’ve lost about 100 pounds in the last year.”

She looked at me for a moment. I knew what must have been going through her head. It had gone through mine a hundred times before as I stumbled through my patient interviews as a medical student: I said the wrong thing. How do I recover?

“Oh. Wow! You lost this weight on purpose?”

“Yeah. I exercise about five days a week and I try to watch what I eat.”

“That’s amazing. Congratulations! You should be very proud.”

I am proud. It’s a weird sense of pride. To be proud of yourself for doing things that you know you should be doing anyway. To be proud of taking care of your body. To be proud of finally starting to look like most of your peers have looked their entire lives.

At the end of the visit, my doctor asked one last question. “I have to ask. I have so many patients that struggle with their weight. If I may, how did you lose all the weight?”

Fair question. I’ve been asked that a thousand times by family, friends, and strangers. I’m still not sure how to answer.

“I lost weight by dieting and exercising. Mostly exercise, I would say,” I replied. “But there isn’t really a secret. You have to want it. You have to

commit yourself to it. And I don’t know what was different for me this time than the previous dozens of times that I tried. This time it worked.”

Driving home, I was bothered by my answer. I didn’t just have trouble explaining to someone else why I was able to lose weight, I had trouble explaining it to myself. I had dieted many times before, reached many points in my life when I had said “now or never.” I guess this time I had the motivation of seeing someone close to me achieve weight loss success. This time I had the motivation of becoming a healthy role model for my future patients. This time I had the motivation of being in a serious relationship with my now-wife. But I don’t even know if that is the whole answer. There were always motivating factors in previous attempts. This time I pushed through and something clicked. I finally moved past the Action point of my cycle into that place between Action and Maintenance that we never talk about: Success. I made a lasting change.

I don’t think there is a secret. No trump card that I can dish out to my patients. No battle-ending move. No checkmate. No motivational speech that could turn that CDC map blue. It was a combination of motivation, luck, and timing.

I think I finally realized a message that I could share with patients: Losing weight is hard. It’s probably the hardest thing I’ve ever done. It’s something that is still very much a part of my life after three years, and that will probably always be a part of my life, like cigarettes for a former smoker. But victory is possible if you persevere. If you commit. You might fail or relapse, despite your best effort, but you can regroup, tweak your strategy, and attack from a different angle. Someday, you just might win.

Relapse. The word still sends shivers through my spine every time I think back to the Stages of Change. I’ve been able to maintain my new weight for

over two years now, but I suspect some sort of relapse is inevitable. The fear grips me every time I see the numbers creep back up on the scale. Working exercise into my schedule becomes more difficult with every passing month, and I see my old eating habits slowly inching their way back into my life. I’m proud of what I’ve done and I truly believe I have made some permanent lifestyle modifications, but only time will tell the story of my success. I may have won a decisive victory, but the war, the Food Fight, continues.

Soon I will be a doctor. I will enter the trenches of medicine’s war on food, on infection. The battles we wage are many. And the map continues to turn a deeper shade of red.

I don’t know what the answer is. We can’t legislate the problem away. We probably won’t find a pill that melts the pounds, or a gene that explains why we can’t put down the cupcakes. We can try to incentivize good behavior, but—really—we need to rethink how we live our lives. But that will take years, or generations.

In the meantime, we can be there for our patients. Every patient is fighting his or her own war. For some, that war is with food. We can join them in the Food Fight. Every patient’s battle means something different—for me, for Carlos, for the man at Subway, or the frustrated patient sitting across from you in clinic. We know the different battles of many individuals, every day. We can learn the art of war and pass on the hope of victory. We can ask how we can help. Patients are on different parts of their journeys through life and we have the privilege of being invited to walk with them, if only for a few steps, a mile, a marathon, or a spin on the elliptical. If there’s one thing I’ve learned on my own journey, it’s that food fights are messy, but so is being a doctor.

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