**The New Obesity Campaigns Have It All Wrong**

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The government has spent hundreds of millions telling Americans to exercise more and eat less. But the country is getting heavier every year. It’s time to change the way we think about fat.

**Most of** my favorite factoids about obesity are historical ones and the very first childhood-obesity clinic in the United States was founded in the late 1930s at Columbia University by a young German physician, Hilde Bruch. As Bruch later told it, her inspiration was simple: she arrived in New York in 1934 and was “startled” by the number of fat kids she saw-“really fat ones, not only in clinics, but on the streets and subways, and in schools.”

What makes Bruch’s story relevant to the obesity problem today is that this was New York in the worst year of the Great Depression, an era of bread lines and soup kitchens, when 6 in 10 Americans were living in poverty. The conventional wisdom these days-promoted by government, obesity researches, physicians, and probably your personal trainer as well-is that we get fat because we have too much to eat and not enough reasons to be physically active. But then why were the PC- and Big Mac-deprived Depression-era kids fat? How can we blame the obesity epidemic on gluttony and sloth if we easily find epidemics of obesity throughout the past century in populations that barely had food to survive and had to work hard to earn it?

The problem is, the solutions this multi-level campaign promotes are the same ones that have been used to fight obesity for a century-and they just haven’t worked.

There is an alternative theory, one that has also been around for decades but that the establishment has largely ignored. This theory implicates specific foods-refined sugars and grains-because of their effect on the hormone insulin, which regulates fat accumulation.

Oddly, this nutrient-hormone-fat interaction is not particularly controversial. You can find it in medical textbooks as the explanation for why our fat cells get fat. One reason I like this hormonal hypothesis of obesity is that it explains the fat kids in Depression-era New York. As the extreme situation of exceedingly poor populations shows, the problem could not have been that they ate too much, because they didn’t have enough food available. The problem then-as now, across America-was the prevalence of sugars, refined flour, and starches in their diets. These are the cheapest calories, and they can be plenty tasty without a lot of preparation and preservation. And the biology suggests that they are literally fattening-they make us fat, while other foods (fats, proteins, and green leafy vegetables) don’t.

If this hypothesis is right, then the reason the anti-obesity efforts championed by the IOM, the CDC, and the NIH haven’t worked and won’t work is not because we’re not listening, and not because we just can’t say no, but because these efforts are not addressing the fundamental cause of the problem. Like trying to prevent lung cancer by getting smokers to eat less and run more, it won’t work because the intervention is wrong.

**The authority** figures in obesity and nutrition are so fixed on the simplistic calorie-balance idea that they’re willing to ignore virtually any science to hold on to it.

Left unsaid is the fact that sucrose and high-fructose corn syrup have a unique chemical composition, a near 50-50 combination of two different carbohydrates: glucose and fructose. And while glucose is metabolized by virtually every cell in the body, the fructose (also found in fruit, but in much lower concentrations) is metabolized mostly by liver cells. From there, the chain of metabolic events has been worked out by biochemists over 50 years: some of the fructose is converted into fat, the fat accumulates in the liver cells, which become resistant to the action of insulin, and so more insulin is secreted to compensate. The end results are elevated levels of insulin, which is the hallmark of insulin resistance and the steady accumulation of fat in our fat tissue-a few tens of calories worth per day, leading to pounds per year, and obesity over the course of a few decades

Last fall, researches at the University of California, Davis, published three studies-two of humans, one of rhesus monkeys-confirming the deleterious effect of these sugars on metabolism and insulin levels. The message of all three studies was that sugars are unhealthy-not because people or monkeys consumed too much of them, but because, well, they do things to our bodies that the other nutrients we eat simply don’t do.

If the latest research is any indication, sugar may have been the primary problem all along. Back in the 1980s, the FDA gave sugar a free pass based on the idea that the evidence wasn’t conclusive. While the government spent hundreds of millions trying to prove that salt and saturated fat are bad for our health, it spent virtually nothing on sugar. Had it targeted sugar then, instead of waiting for an obesity and diabetes epidemic for motivation, our entire food culture and the options that go with it might have changed as they did with low-fat and low-salt foods.

So what should we eat? The latest clinical trials suggest that all of us would benefit from fewer (if any) sugars and fewer refined grains (bread, pasta) and starchy vegetables (potatoes). This was the conventional wisdom through the mid-1960s, and then we turned the grains and starches into heart-healthy diet foods and the USDA enshrined them in the base of its famous Food Guide Pyramid as the staples of our diet. That this shift coincides with the obesity epidemic is probably not a coincidence. As for those of us who are over-weight, experimental trails, the gold standard of medical evidence, suggest that diets that are severely restricted in fattening carbohydrates and rich in animal products-meat, eggs, cheese-and green leafy vegetables are arguably the best approach, if not the healthiest diet to eat. Not only does weight go down when people eat like this, but heart disease and diabetes risk factors are reduced.

Lack of will isn’t their problem. It’s the absence of advice that might actually work. If our authorities on this subject could accept that maybe their fundamental understanding of the problem needs to be rethought.

-Gary Taubes