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Why Weight? Zines as Effective Health Communication Tools Against Fat Phobia

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WHY WEIGHT? ZINES AS EFFECTIVE HEALTH COMMUNICATION TOOLS AGAINST FAT PHOBIA

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ABSTRACT

The current models for health care hold at their core a pathologization of fat bodies informed by discriminatory methods and ideologies leading to an explicit lack of quality medical care for those who fail to meet normative standards of health and size. This project is interested in examining alternative public health models that provide interventions into those systems. Specifically, this work will seek to understand how the grassroots movement, Health at Every Size (HAES), serves to interrupt current limited understandings of health and weight. HAES individualized, weight-neutral approach to health and wellness exists in seeming opposition to contemporary ideas around health care practices. In studying this alternative model, conventional ideas of health care towards fat patients will be understood to be informed primarily by discriminatory structural and ideological practices. In addition, by highlighting the health care industries' investment in the medical industrial complex, this project aims to deconstruct and critique notions of health while increasing access to care that is informed by the realities of bodily difference. In addition, this thesis will argue for zines as important health information dissemination tools by first mapping and complicating its history, expanding on zines as an artistic and politicized medium, and finally emphasizing its capacity to communicate through alternative knowledges and distribution networks.

"The persistent cough started when Rebecca Hiles was 16. She was an active high school senior, though, at 180 pounds, overweight for her height. She was diagnosed with airway irritation, given medicine, and advised to lose weight. But she was unprepared for how much those extra pounds would dog her over the course of the next seven years — overshadowing her doctors' visits while a tumor grew undetected in her lung.

Her symptoms persisted through college and beyond, and she put on weight. At every visit, with each of 11 different doctors, she was diagnosed with something different — acid reflux, allergies, bronchitis, pneumonia — and advised to lose weight. Tired of hearing the same advice over and over, she started skipping appointments.

"I was telling my doctors that there is something wrong with my body and they were not listening," she said.

When she returned to the ER in 2012 with more severe respiratory symptoms and a fever, she was referred to a pulmonologist. A CT scan there detected her cancer, which had progressed to take over half of her left lung.

She had surgery to remove the entire lung in November of 2012. Fat shaming, she said, cost her a lung, and it could have cost her her life."

-Jennifer Adaeze Okwerekwu, STAT, 2016

Within a fat phobic society, stories like Rebecca's are not unique. They illustrate the dangerous realities of seeking medical care as a fat person. In treating or caring for fat patients, many health care providers place a large emphasis on their weight as the most critical or compounding factor for their illness. In reducing a patient's concerns to their body size providers often fail to adequately address the health needs of the patient. These situations are created out of social, political and economic investments in fat phobic practices and ideologies which both construct and inform ideas of normative and healthy bodies. This thesis will argue that fat is a health concern only as far as the medicalization of fat bodies has led to prejudiced, discriminatory, and biased approaches to the quality and effectiveness of patient care and support

within the health care setting. To do so, this thesis will explore how prescribing weight loss for patients, regardless of specific health needs, is influenced by the interconnectedness of the medical industrial complex with the social construction of normative bodies. The Medical Industrial Complex illustrates the interconnected systems that make up the health care industry and the ways they interact in profit-centered ways (Medical-Industrial, 2001.). Normative bodies are created through processes of exclusion that manifest as racism, sexism and ableism, sizeism etc. to construct the non-white "Other' (Murray 2008). These function to illustrate how fat bodies are constructed as non-normative and therefore require medical interventions which generates profit at the expense of an individual's wellbeing

By using the Health at Every Size model, which creates a weight-neutral model of health care, this thesis makes the case for the importance of prioritizing the wellness or overall health of a patient over the imagined benefits of weight loss. In addition to problematizing fat phobic practices and treatments, the thesis also argues that the use of zines offers an effective health communication tool that destabilizes the medical industrial complex and its investment in fat phobia. In turn, zines develop a more holistic model for addressing health care for low-income communities of color, who as a result of a variety of social determinants including racism and classism, lack access to effective health care. As a note towards terminology, I will use the term "fat" as a descriptor for a range of body sizes that are larger than the social norm, i.e. those whose BMI is >25 . In using this term, I hope to, as many fat activists before me have, reclaim the word and begin to neutralize its constructed and derogatory meanings. I avoid using terms such as "obese" or "overweight," unless specifically referencing the language used within a particular article or study, in order to avoid re-inscribing the pathologization and medicalization

of bodily diversity (Aphramor & Bacon 2014). The aim of this thesis is to: highlight normative and constructed notions about fat bodies in order to challenge current limited understandings of health, provide a necessary intervention into fat phobic ideologies and practices within health care, and utilize zines to produce and disseminate these alternative knowledges.

Public health, as an inherent social justice issue, is important because it has the ability to center those most marginalized in our communities and open up dialogues around the multitude of different issues individuals face when trying to gain access to health care. Health care, as a field and as a practice, is imagined as a sector that is centered around individual and collective wellness, existing to represent the interests and needs of its patients. Its main purpose is to provide care through its continued services, treatments, and procedures (Health Services, N.d.). However, a true understanding of the impact that health care can have on the individual and the community requires an examination of the complexities of public health existing as and within a particular kind of capitalist marketplace.

The relationship between fatness and the capitalist marketplace is largely informed by, and entangled within, histories of race, gender, sexuality, class, ability and citizenship status. These vectors of difference are implicated within structures of inequality and systems of oppression. As it stands, public health functions as an interconnected system based around profit accumulation and investment opportunities.

> "The medical-industrial complex (MIC) refers to the health industry, which is composed of the multibillion-dollar congeries of enterprises including doctors, hospitals, nursing homes, insurance companies, drug manufacturers, hospital

supply and equipment companies, real estate and construction businesses, health systems consulting and accounting firms, and banks" (Medical-Industrial, 2001.).

Particularly for low-income communities of color, this signals the many layered sites that reinstate and reinscribe violence, trauma and exploitation. The MIC points to the corporatization and commercialization of care. Within a capitalist economy, the health care industry is being organized and run as a for-profit business. As such, its prioritizations lie in maximizing its profits and monetizing its services. Many of the decisions being made around the use of treatments, equipment and services by the public are heavily influenced by stakeholders who fund specific kinds of research or treatments. As a result of their varying positions within the health care system, these funders may make decisions that prioritize their own interests at the expense of accuracy or safety (Stevens & Glatstein,N.d.).

One clear example of the far-reaching nature of the MIC, as future sections will also demonstrate, is through an examination of the pharmaceutical companies, a billion-dollar industry that determines what drugs and medical devices will be produced and marketed. These companies may sponsor clinical trials and research articles for certain products prompting researchers and health care professionals to promote only information that would be of benefit to them. "When drug studies are sponsored by drug companies – as most are – they find positive outcomes at 4 times the rate of independently funded studies. This is also true for nutrition studies funded by the food industry that show the benefits of dairy or high-fructose corn syrup" (Hyman, 2014). These conflicts of interest often reach across public policies and inform the availability of practices and procedures for the general public, in effect monopolizing medical products and services. Companies have the ability to decide which services and patients would be the most economically advantageous and therefore are able to control the usages, pricing and

perceptions of the products through carefully controlled marketing techniques, which often privilege the well-being of certain kinds of bodies and health concerns, especially folks whose various identities mark them as white I.e. thin, able-bodied, heterosexual. The MIC has facilitated a consumer culture where those in need of health care services are thought of as customers who now find themselves wading through inaccurate or limited information about the products and services they need. The actual needs of patients may be overlooked in favor of the accumulation of large profit margins.

Within a Western context, the fat body is one that has been made, through a process of normalization and medicalization, an antithesis to the normal, and the healthy. Over time the ideal body has shifted, yet regardless of these shifts, the normative body is always only being reimagined and reinstated to support a hegemonic discourse of Eurocentric standards and ideals. Bodies that are read or constituted socially, politically or economically as white, thin, able-bodied, etc. maintain their privileged positions against the racialized 'Other.' Fat bodies were once valued as signals of wealth and well-being. Fat was considered a desirable positon because it was only attainable for a limited few who had access to resources and who were already in economically and socially advantaged positions. These meanings of fat shifted when more individuals were able to reach this ideal, as a result of a changing and therefore it no longer pointed to a privileged status. In addition, clergy members began to advocate for a more ascetic and simplified diet, interweaving notions of morality and health (Ferris & Crowther, 2011 & The History, 2015). As a result, fat bodies became pathologized and began to signify self-indulgence, lethargy, poverty and illness. Through these rapidly shifting perceptions and ideologies around

the fat body, "one can see that fat is a fluid construct that has been used to serve dominant economic and cultural interests" (LeBesco, 2004,17). Today, the thin body stands in for aesthetic and moral purity and superiority which was ideologically rooted against and differentiated from bodies that were racialized, classed and gendered in particular ways. Thin has been constructed as a natural, ideal state. It is important to understand bodies, and particularly fat bodies, as produced by the changing social and economic contexts in order to disrupt the pathologization of fatness. I do not mean that fat bodies are produced in the same ways that public health officials have offered, as a consequence of our industrialized and over-processed society. Rather, I am calling attention to the production of bodies and ideologies in ways that challenge the universalizing standards of beauty and normality.

Throughout this paper, I will argue that the fat body and fatness can be defined as a marker of body diversity; however, it has also been socially constructed through a process of normalizing systems and practices that imbues bodily difference with particular meanings. Fat functions as a stand in for specific types of marginalizations so that the fat body can be conceived and framed by medical discourse as a literal embodiment or materialization of illness and disease (Murray, 2007). Within a fat phobic society, this narrative is so well built that we hold these ideologies as inherently true. Fat is socially constructed against the norm therefore forcing the normative thin body to become inseparable from the healthy body. Our knowledge of the healthy body is always subject to change, we are left chasing an unattainable illusion of normality and wellness. The illusion is masked, and the idea of a norm is maintained, through the creation of measurable standards with which to regulate bodies.

Health care professionals currently utilize Body Mass Index, or BMI< as a standard health measure. The BMI formula is "defined as weight (in Kilograms) divided by height (in meters squared) squared. A BMI less than 25 is considered "normal," between 25 and 30 is considered "overweight," and 30 and above is classified as "obese."" (Bacon & Aphramor, 2014, 14). This designation is supposed to inform doctors about a patient's current health status and label patients who fall out of the "normal" range as "at risk" for health problems like high blood pressure and cholesterol. The efficacy of this measure, however, has been largely contested as this simplistic equation was originally created to measure the "ratio of weight to height in the average adult. This data was collected from several hundred countrymen" (Sifferlin 2013). The BMI formula is not an accurate measure of health as it does not take into account much beyond an individual's height and weight. In addition, the research conducted to obtain those measurements were based on a small subset of people who were not representative of a diverse population. The study utilized the characteristics of European males to establish the norm therefore making it impossible for those who are constructed as non-white to achieve them. However, there is a continued investment in it as it is easily calculable. Even if providers recognize the limitations and only used this as a guideline for measuring health, the assumption would be that that patient, if they are not designated a "normal" weight are already unhealthy.

The BMI standard is also influenced by the financial interests of the multibillion-dollar congeries of enterprises discussed within the Fatness and Medical Industrial Complex section (Medical-Industrial, 2001). For example, BMI also allows insurance companies to use these

measures to raise their premiums as patients who exhibit a higher BMI would be labeled more at risk. To further understand the constructed nature of health as a series of arbitrary conditions informed by fat phobic and profit based ideologies, we can examine the 1998 federal governments' decision to create new BMI guidelines. Under these guidelines, "97 million adults -- nearly 55 percent of the U.S. population – would [now] be considered overweight" (Squires, 1998). Does labeling a patient who was once considered "normal weight," "obese" change their health needs or concerns? On an ideological level it would seem so, as "fat has already been framed as inherently unhealthy and is constructed as an always already "ill" or "pre-ill" body"" (Harjunen, 2009, 23). Thus the BMI evaluates risk regardless of an individual's actual health status. In labeling a fat body unhealthy, interventions into the "fat body" by health care professionals are justified according to market-based logics. BMI has helped to medicalize body diversity, which means that it has aided in "construct[ing] fatness as a problem that [could] and should be treated by medical means, even if there are no physical or health problems to treat" (Harjunen, 2009, 25). Our constructed ideas of health, in correlation with body size and weight, are heavily informed by fat phobic ideologies and centered around profit.

Since it is assumed that a person's weight is directly related to their health concerns, health care providers use BMI measurements to prescribe weight loss to patients who are not labeled a "normal" weight. The diet industry works hard to keep up the illusion that diets actually work, even if "in reality, no research suggests long-term weight loss except for in a small minority of people" (Bacon & Aphramor, 2014). If people are made to believe that weight loss is a possibility, it makes it much easier for these weight loss programs and diet pill businesses to sell their products. In the economy of fatness, fat always imagines itself as a

temporal situation that can be changed through a variety of purchasable solutions. This has allowed for weight loss to be turned into a billion-dollar diet industry (Williams, 2013). "In 2014, the Food and Drug Administration approved Contrave as a one of three "obesity medications" to pass within the last decade. The diet pill was said to have reduced a patient's weight by 2.0 percent in one year. However, the pill was also said to cause seizures, raise blood pressure and elevate heart rate in addition to increasing the risk of suicidal ideations." (Taylor, 2014). It was put on the market even before all of the drug's cardiovascular risks were assessed. This illustrates that, diets which folks are stigmatized into, often end up creating the same obesity-related health issues they were presumed to already have or expected to develop. In our fat phobic society, the imagined benefits of thinness are decided to be far greater than the risks and side effects of dangerous diet drugs or diets. Diets, in this way, are counter-intuitive ways to improve health. That is because dieting works, not on the basis of health, but on the premise of thinness. In reducing a patient's concerns to their weight, they often fail to adequately address the health needs of a patient. In addition, focusing on fatness as a health concern that can be changed through individual choices and actions also masks the other structural inequalities that create unhealthy fat persons and communities. Questions such as: Are you able to obtain health care in safe and accessible ways? Do you live in an environment free from health hazards like waste and pollution? Are you subject to incidences of racism, sexism, ableism, sizeism, homophobia, etc., which inflict violence and harm that manifest in the body? may not often be addressed when health care providers are assessing health status and their focus is on weight. Often fat folks, especially those who also have other marginalized identities, are unhealthy, not because of their weight, but because they are subject to prejudiced, discriminatory, and biased approaches to the quality and effectiveness of care and support within the health care setting.

One way that we can begin to move away from fat phobic health care practices towards a more holistic model of care is to begin to unravel our perceptions about weight and health. To achieve this, I propose a movement towards an alternative treatment model based on a weight-neutral approach that would exist as a direct challenge to our current weight-based practices. This model is taken from the approaches of Health at Every Size (HAES), a grassroots movement that began among health care workers and researchers in the United States (Rothblum & Solovay, 2009). A weight-neutral approach as offered by HAES creates sustainable health habits by emphasizing the pleasures of eating well and discussing the joy of movement regardless of the impact on an individual's weight. It recognizes the importance of prioritizing the overall health or wellbeing of an individual and moves away from prescribing weight loss. In moving away from weight loss as a health goal, we can also eliminate the use of BMI and instead focus on better health markers that might give a more intricate idea of someone's current health status. In doing so, it calls attention to well-being in ways that don't reinscribe weight-biased approaches. In addition to utilizing measures such as blood pressure and cholesterol levels, health care providers can also begin to look at the social, political, psychological and economic determinants of health outside of weight. This model recognizes health as an interconnected system that is also heavily influenced by structural inequalities, like poverty, safety and access to services, that create barriers to health care and affect health on various mental, emotional and physical levels. They include other vectors of illness like "racism, homophobia, sizeism, transphobia, and classism [which] are not usually accounted for in medical or nutrition texts or [practices]. They recognize the centrality of oppression and chronic stress in

causing [or exacerbating] many weight-associated diseases" (Bacon and Aphramor, 2014, 97). This model acknowledges that the conditions we live in and the realities we come from also heavily affect our ability to lead healthy lives. It is with this knowledge that health care providers can provide practical and individualized suggestions for improving health which do not rely on arbitrary measures or norms.

Our current health care system and our perceptions of health are part of a larger social context that is heavily informed by fat phobic ideologies. If we are invested in the health and well-being of individuals and communities, particularly those that are also largely affected by other determents to health such as racism, classism, sexism and ableism, we must continue the work of disentangling fat phobic ideologies from health care practices. To do so, this thesis proposes a reconceptualization of the current model of health care by examining the structures, ideologies and measures in place which construct and pathologize fat bodies and fatness in ways that frame them as diseased and unhealthy. In doing so, it draws attention to and provides a necessary intervention into fat phobic ideologies and practices within health care contexts. It is vital that we rethink or reimagine fat bodies and their relationship to health. We need to challenge our current understandings and belief systems in ways that allow us to envision health care as effective and accessible for all folks across the weight spectrum.

The information presented above addresses issues such as the medical industrial complex, health care norms and measures, fat phobia and alternative health care methods and is intended as both a challenge and an invitation to our current understandings of fat bodies within the health care system. The sections are organized in such a way as to address some of the larger systems and institutions in place, to give a much broader idea of the scope of the issues at play. Moving through these expansive networks to land upon the creation norms, the investments of fat phobia within various structures and institutions and the movement towards alternative health care is comparable to being funneled down into a more concrete recognition of the manifestations of weight based prejudice, oppression and violence. The layout of the paper was created to further facilitate an understanding about the interconnectedness of these systems, institutions and ideologies. I point to the purposeful arrangement of this paper in order to highlight the importance of form, structure and design moving forward. As mentioned previously, this thesis aims to intervene into current health care practices by questioning, denouncing, and demanding a reconfiguration of ideas that are presumed to be universal and true within health care. It is interested in examining the ways in which these processes and ideologies effect specific marginalized communities, i.e. communities of fat people of color. The efficacy of zine as praxis relies and is informed by the focus on these communities. The purpose of this thesis is not only to think through these concepts as merely theoretical frameworks but ultimately to understand them as actualized realities. It is important, then, to create and share knowledge grounded in action. These next sections will propose and argue for zines as an important health information dissemination tool by first mapping and complicating its history, expanding on zines

as an artistic and politicized medium, and finally emphasizing its capacity to communicate through alternative knowledges and distribution networks.

For those who might be familiar with the long history of zines, it might be surprising to note that my first interactions with the publications were primarily in and through an academic institution. Two years ago, as I was scrolling through the course catalogue during my sophomore year, I came across a class entitled Zines, Creativity, Community. I was unfamiliar with the concept of zines but was deeply drawn to the description of the course which pointed towards a D.I.Y ethos and politics focused on Asian American and queer zine subcultures and supplemented by a community engagement component. On the desk during that first day of class was a single, white sheet of paper and a pair of metal blunt-tip scissors to share. Dragging my fingers across the creased edges of the page and cutting small slivers into its folded parts, I worked with the material until one piece of plain paper suddenly became a mini-sized booklet. This mini perzine, or personal zine, could contain information about whatever topic we wanted, anything we were passionate about. Mine contained clumsily drawn illustrations and small words and phrases related to feminism. My introduction to zines was quite simple and yet would form the basis for my involvement with the zine community years to come. Since then I have helped to put on zine fests, tabled at them, and collaborated with Brown Recluse, a zine distribution network, writing zine descriptions. I now participate in a zine collective called Our Sound which is a Scripps-based, biannual publication produced by and for historically oppressed communities at the Claremont Colleges. Although my interactions with zines have been primarily filtered through the institution, I believe that utilizing them within this academic context challenges the

hierarchy of production imbedded within these systems that value certain ways of producing knowledge. I have invested myself in zines because I believe in their radical and transformative potential as a tool for communication and activism.

Zines are rooted in a long history of political movements and activism, community cultivation, and individualized interests. They often take the form of single or multi authored, cut and paste, do-it -yourself, booklets or publications focused on topics and ideas that range from the oddly specific to larger narratives about societal issues and questions. They are often filled with personal and political diatribes, commentaries, and illustrations and are incredibly varied in their content and formats, allowing zinesters, those who make zines, a freedom and flexibility to express and create as they wish. These publications are created from and by passion and hold themselves only to an ephemeral, underground ethic. This understanding of zines as documents of artistic subversion stems from a tracing of its history through various moments of rebellion and revolution.

Zines are thought to have emerged first during the 1930's where fans and participants within the science fiction community began to create and distribute amongst themselves, what was then to be called, fanzines. The term fanzine pointed to the abbreviation of fan or fandom and magazine and worked to differentiate themselves from prozines, or professional commercialized magazines. During this time, "the Science Correspondence Club founded an amateur publication in which people could publish stories and respond to science fiction. Titled *The Comet* (later *Cosmology*), this fanzine was the precursor to those many pop and mass culture oriented zines that [were] published (Congdon & Blandy, 2015, 45). The fanzines that were put

into circulation at this time connected together a community of folks who felt there was something missing within the publications that were available to them. It allowed individuals to create and distribute their own ideas, pieces and articles of fiction and opinion, amongst a network of other science fiction fans who were eager to build upon these exchanges. The popularity of these publications allowed the fanzine to spread outside of the realm of science fiction to touch upon a wider variety of topics and subjects. It was then that the "fanzine" term itself was trimmed down to "zine". This shift or shortening in terminology did more than simplify the term, perhaps it signals its embrace of issues outside of fandom communities as well.

> "During the late 1960s and early 1970's, the popular and mass culture orientation of zines merged with the political orientation of pamphlets. At this time, young people produced tens of thousands of zines that commented on the social revolution associated with the period, the arts that accompanied this revolution and the Vietnam War that, in part, fueled it" (Congdon & Blandy,2015, 45).

Zine content shifted in response to a variety of different interests and investments which were informed by the current political climate at the time. These eras were dominated by a fierce involvement in and with counter-culture sentiments and activism. During times of war and political and social revolution these transgressive ideals powerfully manifested themselves within zines. These writings, in true zine essence, often provided a challenge to ideas of violence and warfare through the creation of counter-narratives and writings. Much like within the science fiction community, zines were being created and disseminated as a way to confront some of the more mainstream publications which might have failed, as a result of their own personal investments, to represent the politics and realities of many of these folks. I am using mainstream here as a signal towards normalized or accepted ideologies and actions that are informed by and exist within dominant power structures, such as capitalism and white supremacy. In addition,

during the late 70s and 80s there was an emergence of an underground punk and anarchist scene whose politics and aesthetics greatly informed the current form and content of zines today. Zines that appeared during this time worked purposefully in direct opposition to many cultural, musical and literary mainstream ideologies by communicating their own D.I.Y subcultural principles. In the punk rock music scene, fans were able to disseminate information through their own personal networks and "put together [zines] about their favourite band—biographical details, appearance dates and venues, album reviews, and the like" (Knobel & Lankshear, 2001, 2). These publications were expressions of visions of an alternative future, one that was currently underway and that refused to take its inspiration from mass or popular culture. The appearance and influence of these communities allowed for the rise of feminist and queer zine subcultures.

> "During the 1990s, the political orientation of zines expanded to include feminist perspectives through the impetus of groups like the riot grrrls. At the same time, cyberpunk zines emerged along with zines created with desktop publishing programs. Zines also began to be distributed on the WWW, on disks, and on CD-ROM (Congdon & Blandy, 2015, 45)"

This points to a slight technological shift within the zine scene. The movement of zines across these spaces and times emphasize their alternative politics and ideologies. In order to more fully understand the zines of today, whose main standards and principles seem to be unchanging, we must understand the movements which formed them. "This history is important to our understanding of zines because it establishes zines as a community-based endeavor, built on collaboration, radical politics, and social change" (Honma, 2016, 35). Zines were so vital during these movements because they built and facilitated communication and dialogue in ways that confronted oppressive systems and ideals. They allowed the individual to personally invest themselves through creative expressions in the current social and political situations of their communities. Many of these zines transformed the underground landscape by encouraging the

circulation of radical thoughts and opinions not being expressed in other areas of society. However, I recognize that these histories are incomplete and therefore understand them as mere starting points. I give these histories as a mere starting point, fully recognizing their limitations as documentations informed and created by dominant structures.

That is not to say that these zines, these artifacts of alternative and subversive culture, are or were free from the impacts of sexist, racist, classist, etc. systems, ideologies, and histories. "Many subcultures, including but not limited to punk culture, are predominately white, male, and heterosexual spaces, [where] many people of color, women, and queers, also feel excluded and under-represented" (Salinas, 2014, 28). It is important to acknowledge that histories and movements that claim radicalism still often highlight and prioritize the work and lives of cis, white, heterosexual, middle-class men. The historical records kept of zines and zinesters often place emphasis on these individuals which erase or discredit the contributions by queer and trans communities of color who worked and lived at the forefront of these movements. In failing to recognize and also documenting the movements from their own privileged positionalities, they therefore facilitate the erasure of the work of marginalized folks. The history presented above does not take on a nuanced approach to the racial, gendered and classed tensions within the revolution. "Elke Zobl notes, "Zine history from a (white) Anglo-American viewpoint suggests three main peaks of zine publishing". These points were the 1930's science fiction fanzines, zines created by and for science fiction fans, 1970's punk subcultures, and the early 1990's Riot Grrrl movement. These vantage points are thought of as primarily white. Though women of color have been zinesters for decades and they have used zines as a medium to question and subvert dominant knowledge systems and cultural norms, the white vantage points can cause zine

scholarship to fail to see these contributions. Because zines are frequently thought of and written

about from an "Anglo-American viewpoint," (Zobl, 2009), this causes a gap in scholarship

where meaningful racial analysis is missing (Salinas, 2014, 6). If we are to understand zines as

alternative and transgressive objects for social change, we must recognize that zines first and

foremost belong to queer and trans communities of color. The fundamental qualities of zines,

content and form, make this point clear. Unlike more privileged folks who make the choice to

participate in these movements or communities, marginalized folks by virtue of their very

existence are forced to exist on the periphery or the underground. The work they do stems from

a personal and political investment in liberating their communities and themselves from the

violence and pervasiveness of dominant ideologies and systems, which zines attempted to

counter.

> "Zines are a grassroots, underground movement and [are] a vehicle for the voices, ideas and feelings of more vulnerable populations and those who experience discrimination from the dominant culture. This vehicle, medium, communication and collaborative tool is rapidly growing and is unique in its ability to reach and come from populations that are otherwise subordinated and often silenced by society" (Desyllas & Sinclair, 2014, 298).

Representations of activism and change within these subcultures and communities,

especially coming out of movements like the anti-Vietnam war and civil rights, must place the

origins and impacts back into the hands of queer, trans people of color zinesters. There is a lot of

power and influence in the ways that certain histories get represented. It is an active choice to

continue to misrepresent or ignore the fact that the very functioning and influence of zines were a

result of constant social and political struggle and artistic joy.

> "One can draw a history of zines that sees them as coming out of riot grrrl, punk and other usual (and majorly white) suspects, or look through an alternative lens that sees them equally birthed 'out of the self-publication methods utilized by Chicana, Latina, Black, Indigenous and APA [Asian Pacific American] artists, poets and writers during the '60s and '70s'" (Zobl, 2009, 3).

Since "zines are the product and result of a movement that has grown specifically from the following notions: the need to challenge the status quo, acknowledge the structures and institutions of power and privilege, bridge communities of voices and critical ideas of those who experience oppression, and advocate for social change (Desyllas & Sinclair, 2014, 299) the histories of zines need to be embedded within queer, and trans communities of color.

Zines function as pieces of alternative media, art objects, political and historical artifacts, personal diaries and scrapbooks, and methods of communication. Emerging from the underground, zines replicate many of the objects that mainstream culture is most familiar with and yet there is something, an essence, that allows zines to maintain their distinctiveness. Zines are a medium concentrated in form and content.

So how in fact do you make a publication look and feel like a zine? Before you begin it is important that you understand that zines exist on the periphery of rules and control. Most information that is provided about how to create and engage with zines are almost always just flexible suggestions and not prescriptions you must adhere to. You can adapt any of the example zine making methods into your own personal styles without concern for accuracy or precision. What is important in creating a zine is maintaining its most basic ethics and principles; that is, create with a commitment to a do-it-yourself radicalizing of narratives and information. Zines are incredibly diverse in both subject matter and composition. There exists such a wide variety of zine topic and structures that even Duncombe (1997) who "proposes a zine taxonomy that consists of fanzines (science fiction, music, sports, television, film, thrift store shopping,

gardening, collecting, etc.,) political zines, personal identity zines, personal zines, zines that

describe a cultural context, network zines, fringe culture zines, religious zines, vocational zines,

health zines, sex zines, travel zines, comics, literary zines, art zines and then all the

rest" (Congdon & Blandy, 2015, 49) could not encapsulate all that has been or will be created.

Zines typically take on many shapes and forms depending on the zinester, the use of specific

materials, and the content. The booklets range in size and length, from a mini handstitched

booklet topped with glitter and written in gold sharpie™ to a larger fifty-plus page publication

with comic style images and collaged, typewritten passages. They typically have a similar look

to magazines in terms of the format but even so …

> "… while many zines are constructed using the traditional Western codex book
> form, numerous zinesters prefer to protect their zines and attract readers through
> accordion-fold zines, and scrolls, as well as zines that look like fans or venetian
> blinds. While most hardcopy zines are made from paper, fabric and organic
> material is not uncommon. [There is also] an example of a zine contained in a
> seashell" (Congdon & Blandy, 2015, 45).

The D.I.Y ethic keeps zines from becoming too standardized and allows for a freedom

and range of artistic expression not found in many other mediums of similar type. Just as the

information, stories, articles, and subjects inside the zines vary incredibly from the most niche

and specific topics, the presentation of said material is also a mixture of types of materials and

styles.

> "The visual aesthetics of zines can cover a wide spectrum, from neat to messy,
> from flowery to plain, but most zines do offer evidence of the creator's hand.
> Many zine makers embrace "scrappy messiness," an aesthetic that serves to
> humanize the creator and the zine. The "scrappy messiness" functions, in part, to
> create a sense of fondness between reader and creator, to create connection."
> (Piepmeier, 2008, 221-2)

This sort of messy aesthetic which is very popular in zine circles, was carried over in

combination from the advent of the photocopy machine, which allowed quick and easy

reproducibility of images, to the edgy punk rock look of the 70s and 80s. This type of look is often encouraged and even preferred amongst zinesters because "zines typically employ an aesthetic that sets them apart from what Duncombe refers to as the look of "seamless commercial design." The handwriting of the author is often incorporated into the zine, as are the rough edges left by scissors and the lines of tape holding pieces of text and imagery to the page" (Piepmeier, 2008, 227). Zines do not have a set appearance or style but are infused with some of the most important characteristics and features of D.I.Y, alternative media.

Zines, although incredibly multi-faceted and often only informed by the whims of the individual, still maintain a distinct form, a primarily physical one. That is to say in holding the booklet in your hand, penning through its pages and beginning to decipher its photocopied and scribbled markings through sight and touch, is to know that you are encountering a zine. The impact that zines can have on the individual and the community has a lot to do with this idea of a zine as a medium, or a zine as a specific type of physical media. "We cannot understand zines or the zine medium-cannot understand the community they create or why they continue to be created- without examining the physical form, the materiality, of zines' (Piepmeier, 2008, 214). All physical aspects of zines are purposefully designed; from the various combinations and collaged layouts of different images, texts, and materials, the deep indentations left behind by pencils and pens, to the different grains and textures on the surface of the page. The physical nature of zines is a discourse in and of itself. The do-it-yourself, cut-and-paste images and layouts are some of the most recognizable and understood looks of a zine design. The images are often gathered or copied from books and magazines, old family albums, flyers, bulletins,

brochures, handouts and the like. These words and images are then arranged on the page with specific attention to orientation, space, and borders. They flow and disrupt the page simultaneously. The content from these materials also gets repurposed and redesigned, infused with new meaning. As a result, and in ways that other mediums don't always necessitate, we must, as Poletti describes, "develop an interpretive strategy which can account for what [she] would somewhat clumsily call the Constructedness of the zine. This concept of Constructedness refers to the presentation of text and images, layout, and photocopying quality, and how they effect, interact with, contradict, or interrupt the narrative. And again, this may be precisely where the more elegant phrase "autographics" can be deployed" (Poletti, 2008. 88). In creating this deeper understanding of ways that materials and creative processes interact, these visual and tactile aesthetics can also point to a much larger understanding and history of zines as acts of resistance and counter-culture. A zine must be read and understood through these specific lenses.

> "Literacy, then, may be said to include not only textual competence but material competence, an ability to read the semiotics of the concrete forms that embody, shape, and condition the meanings of texts. Bindings, illustrations, paper, typeface, layout, advertisements, scholarly introductions, promotional blurbs- all function as parts of the semiotic system, parts of the whole meaning of the text" (Piepmeier, 2008, 216).

The words and images layered on a page work together to fabricate some sort of meaning. This creates what I might call a semiotics of subversion, that is, a particular visual and tactile language stemming from the specific radical and transgressive use of materials and ideological content of underground subcultures that wish to separate or demarcate themselves from mainstream or commercialized culture. Through the very acts of creation and interpretation, zines become physical objects embedded outside of dominant culture.

Importantly for this project is the idea that zines constitute an embodied materiality. The physical form highlights and calls upon the body as a site of community and care both in the reading and the making of these zines. The same ideas of which, I argued, must be found in accessible and accommodating health care. Zines encourage and necessitate an engagement with corporeality and process. "Zine creators emphasize the pleasures of tactility; what Vikki Law repeatedly refers to as the "physically satisfying " act of producing a paper zine" (Piepmeier, 2008, 230). The zinester is able to take these sometimes abstract or personal subjects and materialize them through the act of zine making. The ripping or cutting of texts and images, the sticky glue residue on working hands, and the feel of creases on a smooth piece of paper are all processes which require the individual to become aware and embedded in their bodies. For the individual, expression and thought become tangible. These kinds of processes are not emphasized and in fact have become streamlined and mechanized in other forms, such as the more mass marketed magazines. These involved actions and movements are able to translate outside of that particular space and time to connect the individual to the idea of community care.

> "The necessity of making aesthetic decisions with zines, of selecting paper to be the background, deciding whether to handwrite, typewrite, or word process, is a level of personal involvement that is not as often possible in electronic media. This personal and physical involvement means not only intentionality but also care" (Piepmeier, 2008, 221).

Zinesters spend a lot of their own time and energy creating these pieces for themselves but also often to share within their networks and communities. It becomes obvious in the varied aesthetic choices of the zinester who might often add additional materials like envelopes or stickers. It is this personalization, which is difficult to replicate exactly, that encapsulates what Walter Benjamin names the "aura" The aura of a piece of work disappears or lessens when it is

replicated since it "substitutes a unique existence for a mass existence" (Benjamin, 2008). Since each zine is made personal through various artistic choices it stands in opposition to more easily reproducible works, like mainstream magazines. These acts of creation also ground the work in bodies and also allow the object to "feel like something is 'for [the reader].' Zines manifest and materialize human care. [It] is an object that carries generosity and kindness" (Piepmeier, 2008, 234-5). They are not mass-produced items and so the readers of zines, in receiving the paper copy, in being able to hold and feel these personalized objects are able to "feel connected in a way that [they] don't normally with glossy mainstream publications" (Chidgey, 2014, 105). The personal interest and investment in zines are important in continuing to build community with other folks and also aid in maintaining zines as sources of alternative ideas.

> "Duncombe explains, "zinesters value the bonds between the zine writer/artist, what [they] are drawing, and the person reading the zine... Instead of emulating the slickness of the commercial mass media... the illustrations in zines are more reminiscent of the doodles and sketches in the margins of a personal letter: a style of intimate connection" (Piepmeier, 2008, 227).

These ideas, the intentional mark of the individual, the time and energy spent on making something that often does not bring financial rewards, building and empathizing bodily contact and care, should be integrated into health care practices and systems.

For zines the aesthetics and the content serve a specific function. Zine subjects are often those issues, narratives and stories which are not expressed in mainstream media or mass produced publications. It is this censorship of the voices of marginalized communities which requires a creative and subversive outlet, that enables or facilitates the distribution of information.

"As outlined above, zines (and self-publishing) enable zinesters to create content that is not covered by mainstream media and to express themselves freely without the constraints of cultural gatekeepers and market demands. As marginalized communities congregate around shared experiences and identities, non-mainstream and or difficult topics grow in popularity and become integrated into mainstream culture. This means that zines are often the first space to support and promote areas of culture that are emerging" (Bold, 2017, 225).

Zines are able not only to build and share a community but also to provide opportunities for individuals to share pieces of themselves in addition to challenging current existing ideologies. "Zines, and self-publishing in general, allow creators to control how they are represented because the content is not created to serve the interest of others: zinesters do not have to bend to, or tap into, market trends and pressures. This is especially pertinent for marginalized people and groups" (Bold, 2017, 223). The stories and struggles of marginalized folks are often erased or misrepresented. In terms of the specific looks of zines,

"… most zine creators reject the commercial aesthetic because they reject the ideology of commercial mass media; rather than positioning readers as consumers, as a marketplace, the zine positions them as friends, equals, members of an embodied community who are part of a conversation with the zine maker, and the zine aesthetic plays a crucial role in this positioning" (Piepmeier, 2008, 227).

"Zinesters critique the mainstream culture by the content of their zines as well as the zine aesthetics. Using a cut-and-paste style, images, collage art, and more symbolize a resistance to dominant culture, specifically to the norms associated with publishing" (Salinas, 2014, 17). This is why the do-it-yourself aesthetic, which is counter-cultural and anti-capitalist, is so essential to zines as it positions them as subversive and transgressive materials for social change. While the majority of zines often have this do-it-yourself look and feel, not all zinesters subscribe to this idea. "Many zinesters are now choosing to poach a range of publishing standards from mainstream presses and turn them to their own ends" (Knobel & Lankshear, 2001, 14). Much

like using corporatized resources like the photocopier for personal use, this allows for zines to turn mass and commercial media into counter-culture content. Zines embody a revolutionary approach to the exchange of information.

The creation of my zine, *Why Weight? How to Prioritize Wellness Over Weight Loss*, is meant to embody the variety of zine ethics I describe above. In it, I speak through my own personal experiences as a fat, queer, woman of color and connect it more broadly to structural and ideological barriers to health care. Specifically, I address fat phobia, or weight discrimination by deconstructing myths, such as BMI as an accurate measure of health, and provide alternatives models for care by drawing from Health at Every Size. Within the ten pages, I emphasize the importance of prioritizing the wellness or overall health of the individual over the imagined benefits of weight loss. I offer this zine as suggestion to open up possibilities and address some issues in health care that are driven by our fat phobic society. It provides a necessary intervention into fat phobic ideologies and practices within health care. By presenting alternative knowledges that many do not have access it works to facilitate dialogues between people along the weight spectrum and their providers about their own health needs. The zine is made digitally and the blue and green color palette is used to imitate the hues in hospitals. Although not exactly the cut-and-paste aesthetic that is emblematic of zines historically, it is important to note that just as the folks in the past utilized what was available to them in their specific contexts, I too made use of the resources I had access to and knowledge of. Importantly, my zine contains interactive elements that calls upon the reader to engage with the material in tactile ways. The second page contains a single white envelope that is taped onto a blue background. The envelope contains a letter that states who this zine is for and what I hope it will

do. I am using the envelope to generate feelings of care and intentionality. In addition, I provide spaces with which to reflect and ask the reader to mark the pages. As it is supposed to function as a health communication tool, I encourage folks to share the work and inform the reader that they are free to distribute the free, printable PDF copy.

This work attempts to challenge dominant preexisting ideas about what it means to exist within a health care system as a fat individual. It is a system that consistently pathologizes and discriminates against folks along the weight spectrum but whose violence is often specifically enacted against fat patients. Fat phobia is fueled through and by companies, institutions and providers who make a profit off their ability to frame fatness as dangerous, harmful, and even immoral. Billions of dollars go into creating marketing campaigns, designing research and writing books and articles that fuel these ideologies. However, it is important to realize that these materials and studies are often inaccurate or do not have any statistical significance and yet they are proliferated widely since they belong to the dominant culture. Fat folks, as a discriminated group, are not often given platforms to share their experiences and knowledges about the realities of being fat, especially within health care. Zines, as we have seen, provide this kind of much needed space as their content and form would allow for and encourage alternative knowledges and ideologies about fat bodies and fat health. Zines are necessary tools of subversion because "the participatory nature of alternative media democratizes and progresses the consumption and production of cultural content. Alternative media challenges the corporate realities and agendas [that the mainstream media portrays] by allowing the broader public to create their own versions of reality" (Bold 217). They no longer have to submit themselves to an ideology that is not theirs but can begin to create and disseminate their own truths. Zines build communities of those who

have similar interests and experiences meaning that it can create a space with which to discuss fat related topics away from or underneath a fat phobic culture. This nature of zines also provides much needed validation and comfort because it is important to see your realities represented. Making or reading zines allows people "to create an oppositional history and an alternative to the narrow and distorted mainstream representation of [fat folks]" (Schilt 2003). Zines are an effective tool for change and engagement because of their investments in alternative knowledges.

This paper argues for zines as a health communication tool and strategy. Health communication tools are responsible for connecting individuals and communities to information and resources which can be effective for increasing physical and mental wellness. "The purpose of disseminating health information is to influence personal health choices by improving health literacy. Because effective health communication must be tailored for the audience and the situation, research into health communication seeks to refine communication strategies to inform people about ways to enhance health" (Wikipedia, 2017). A concern, however, that I see in health communication is the type of information being disseminated coupled together with how it is being received and utilized. Often the information provided is controlled by companies and industries whose only interest is profit, which changes the intention and the efficacy of the information they are providing. It spreads a dominant discourse that is often dangerous and ineffective to increasing health. In utilizing zines for this task, alternative information is provided that is often highly individualized and therefore more likely to assist individuals with their health care needs. Some of the other issues within the health care system stem from the privileges and powers that the identity or title of health care provider, doctor, or researcher hold and produce which don't give much space to patients to utilize the information that is true to their realities.

This naming process creates meaning in that it points to a value system based on our ideas of authority. These titles frame these individuals as experts in their prospective fields, and while it is important to recognize their level of understanding or familiarity with the subject, it also serves to frame others as inept, incapable or inexperienced. A hierarchy is created wherein patients often feel that their health care provider is always providing the most accurate or individualized care despite the patient's own discomforts or understanding of the issues. Providers and doctors, therefore, maintain a troubling amount of authority over our bodies because of our perceived ideas about who has and can exercise knowledge. It is necessary to recognize, however, that these individuals not only do not have all the knowledge or answers but that their ideas of health care are always shaped by the information they are receiving from fat phobic materials, systems and institutions. "Zines; however, also challenge us to consider how and why we value certain texts and certain forms of authorship" (Jacobi, 2007, 46). It allows us to challenge this idea of authority. Since zinesters are constantly creating their own alternative knowledges because of their own experiences and research they might feel more empowered or encouraged to dismantle this hierarchy and authority and engage in a more reciprocal fashion. Zines as health communication tools could increase agency and communication amongst patients and providers.

Health care within the United States, as described in previous sections of this thesis, is heavily invested in capitalistic ventures because of its position in the medical industrial complex. That is, its main concerns are often and primarily profit based. My decision to utilize zines as health communication tools stems from their anti-capitalistic and anti- commercialized stances and ideologies. That is because zines are distributed through a system of pleasure and care.

> "The qualities of the zine medium [that have] already [been] discussed-vulnerability, care, messiness- keep the acquisition of zines from feeling like a financial transaction. Instead, the zine is a kind of gift. It operates outside of the economics of scarcity and hierarchy and creates, instead, 'economies based on pleasure, generosity and the free dispersal of goods and services.' We give gifts because we care for someone and want to make a connection with them" (Piepmeier, 2008, 231).

They are created out of passion and investment rather than for financial gains, tenants that should be emulated in the health care systems.

> "Zines are circulated within an economy of gifting and exchange, and are distributed predominantly through the postal system or sold by online distributors such as Microcosm Publishing, or in sympathetic book and record stores. Where zines are sold, they usually cost under six dollars, and most people who make zines do not recoup the costs of production through the sale of their publication. It is generally accepted, indeed expected, within the subcultural context in which zines circulate that is it not possible or desirable for zines to function successfully (that is, profitably) within a money-for-goods economy" (Poletti, 2008, 85).

This fact is important because it allows for the information provided inside of zines to exist without the influences of profit incentive, therefore moving them to the periphery of violent and exploitive economic systems.

An important aspect of health communication tools and of this project is a concern for the distribution or dissemination of the fat health care zine. It is not enough to create these alternative pieces of knowledge but also to create an understanding of the ways in which identities, especially those that are marginalized, affect access not only to health care in itself but also to information and resources on health and wellness. It is necessary, therefore, to imagine how the media object or tool will reach those for whom the information is most salient. E-zines, or those zines primarily distributed or accessible online are becoming more popularized. They sit alongside not often instead of zines in print. Zinesters who have created an e-zine will also print

out their zine on paper. This is because of the limitations that access to the internet creates, and, again, it points to the importance of the physical materiality of the print copy. It often depends on what the communicative goals are. "Many zinesters share their work both digitally and by hand, depending upon the audience. For example, within the Occupy Movement, paper zines were particularly instrumental in quickly and locally disseminating information beyond and before web content and traditional news" (Weida, 2013, 70). Since this project is interested in working primarily in communities of color, the project is both available online and in physical copies. In order to reach those communities of which I am interested in and a part of, the zine will be distributed through partnerships with organizations who provide health care services to those specific communities. The print zines will also be distributed freely at zine fests, in zine distribution centers, and at health care conventions. In addition, the PDF of the whole zine will be available online for folks to print, utilize and even distribute to those individuals who they feel would benefit from the information. The zine proves to be an ideal medium to represent and share information on issues in fat health care.

The decision to utilize zines as a tool for activism and communication comes from the notion that zines make visible some of the most basic tenets of this work. This project is concerned primarily with the effects of fat phobia on communities of color within health care as a result of the systems investment in upholding the medical industrial complex and ideas of normalcy. This work seeks not only to challenge violent assumptions of health but also to present alternatives to normalized ideologies and procedures. In addition, this thesis endeavors to think through effective avenues for the dissemination of this information. The concern becomes about

the accessibility of knowledge and how to facilitate its movement though different communities, systems and institutions. It cannot simply circulate within the aseptic walls of academia. This paper therefore attempts to make a case for the value of zines as a health communication tool. In revealing the radical roots of zines through a tracing of their history, the function of zines as a counter-hegemonic tool for the communication of alternative ideologies is highlighted. Much like the content of zines, this paper too focuses itself on confronting dominant structures and principles. In addition to questioning long-standing beliefs held by a majority of individuals about the health of fat persons, zines as a medium allows other important aspects of the argument for fat health care to become grounded in its form. The materiality of zines illustrates the challenging of norms, a movement away from profit centered work and the importance of embodiment in informing patient care.

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