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YOUNG FACES, ADULT PROBLEMS

He struggles to lift his foot, then his leg, over the frame of his bicycle. Sweat pours down his face as he accomplishes the task—easy for most people, daunting for Michael.¹ Out of breath, he sits for a moment to regain his strength. He may not like these short bike rides down the street and back, but he’s heard countless times from his doctor that exercise is crucial to his losing weight and becoming healthier. And Michael needs to lose some pounds. A lot of pounds.

It’s been two years since Michael was diagnosed with type 2 diabetes. A few months ago he landed in the hospital after his blood sugar levels rocketed out of control; there he learned that he suffered from a host of obesity-related health problems that threaten his life. To stay among the living, he needs to monitor his blood sugar four times a day, have blood tests frequently, remain under the care of several specialists, and receive regular insulin shots—all extremely expensive necessities.

Michael knows all about how obesity can ruin a person’s life. It has ruined his.

Michael is seven years old.

“It’s like a six-year-old going on sixty,” says his doctor, a pediatric endocrinologist who, like all of us who care for children, increasingly treats young patients suffering from life-shortening ailments formerly seen only in men and women nearing retirement age. Today an exploding number of kids—many as young as six—suffer from an

ugly range of deadly medical disorders, including diabetes, hypertension, kidney disease, and heart disease. According to the American Diabetes Association, the youngest documented victim of type 2 diabetes so far is a four-year-old Pima Indian.

“I’m afraid that if we don’t do something now to prevent cases like these,” says Michael’s doctor, “this could be the generation with the shortest life span.”

Unfortunately these cases aren’t as rare as you might think. One of Walt Larimore’s most memorable patients was three-year-old Sarah, whom he wrote about in *God’s Design for a Highly Healthy Teen*. The first time Walt met Sarah she was sipping a baby bottle filled with Coke and was already obese, weighing forty-five pounds. Her mother tipped the scales at 250 pounds, and everyone in her family—father, siblings, aunts, and uncles—packed on at least one hundred pounds more than the recommended weight for his or her height. No one in the family exercised.

At age eight Sarah spent her first fear-filled nights in the hospital for diabetes; two years later she suffered from high blood pressure. Before long she had to deal with asthma, heart problems, and dozens of hospitalizations. When she was only fourteen years old, Sarah slipped into a diabetic coma and entered the hospital for the last time; there she died of a massive heart attack. Walt never felt lower in all his years of caring for adolescents.

PUTTING A FACE ON IT

The number of obese American children has skyrocketed in the last two decades, saddling these youngsters with an ugly host of disturbing and even lethal problems essentially unknown to their age group until the past few years. Without your care and caring as a parent, it’s not only possible but likely that one or more of your children could slowly, almost imperceptibly at first, slide down this dangerous slope.

Food for Thought

In 2000, nearly twice as many kids were obese as compared to 1970.

Before we look at the statistics and facts of the obesity epidemic, let's look into the lives of real kids who are currently struggling with obesity. None of the three children you're about to meet have, as yet, plummeted to a physical condition anywhere near as alarming as that of Michael or Sarah. But they all face challenges with weight gain that are moving them in the same direction. Their stories also highlight many of the crucial issues that any successful approach to childhood obesity must first grasp, then tackle.

I'll Keep My Shirt On

Eleven-year-old Robert first started gaining an unhealthy amount of weight when he began taking oral steroids to help control his asthma. He was hospitalized for the first time at age seven and then again three years later.

Robert's mom grew very concerned when she found out that her son's blood sugar levels had risen to prediabetic stages. But rather than continue to just worry, she took immediate steps to deal with it. She realized that she needed to make changes in the way the entire family ate (see Chapter 5, "The Family Business"). "We all went on a diet," she declares. She eliminated all sugar and refined white flour from the household pantry. While Robert used to eat Frosted Flakes or a cinnamon-toast cereal for breakfast, now he gets a bran cereal that he loves and 2 percent milk. And how does he feel about that? Surprisingly he says, "I don't feel like having sugar that much anymore," though he admits it was hard to give up soft drinks and donuts.

Robert's eating challenges increase dramatically at school (see Chapter 11, "Be Part of the School Solution"). He usually eats at the

school cafeteria, and for lunch often chooses pizza with a thick crust, hamburgers, hot dogs, or chicken nuggets—and, always, french fries. For a beverage he prefers milk or chocolate milk and sometimes orange juice. For dessert he likes various kinds of fruit (especially kiwifruit and strawberries), as well as brownies and cookies. He also admits to occasionally getting a candy bar from a vending cart.

Because of his asthma, Robert doesn't like to run a lot; his mom says running quickly makes him short of breath. During recess, he typically doesn't go out to play, but works on math problems instead. And when he gets home, everyone in his family goes for a walk, at least every other day.

Robert knows all of this is important to keep his weight down, and he also cooperates because of the way a slimmer physique makes him feel. He admits that his size made him feel "a little sad," and while few classmates called him fat or made fun of him because of his extra weight, at least one fourth grader did say nasty things about him and do insulting impressions of his appearance. "I don't want to be made fun of like that," Robert said, looking at the floor. Perhaps that's why Robert still doesn't like to take off his T-shirt when he goes swimming at the pool.

Food for Thought

"I don't want to be made fun of."

Robert

Robert, like most boys his age, likes video games. His parents allow him to play one "questionable" game, *Grand Theft Auto*, just once a week for an hour or so (see Chapter 7, "From Boob Tube to Mean Screen"). Sometimes Robert plays video games before breakfast. When he visits a friend's house after school or on the weekends, they often play basketball for a half hour and then go to the friend's room, where they look at game magazines and play Game Boy. Occasionally

they might drink some water, but more often they down a few glasses of lemonade or slushies.

In our short interview Robert kept his head down and his lips pursed most of the time, but he's not afraid to look an adult in the eye and say what he thinks. And he also didn't shy away from telling us about a thirty-something friend of the family who suffers from diabetes—a friend who has only about three months to live.

"It's too late for him," Robert said softly.

"I Don't Know What Else to Do"

At birth Jimmy weighed a whopping twelve pounds. He tipped the scales at 150 pounds by age ten, and in the next couple of years he put on another twenty pounds. He's thirteen years old now, and within the last year a doctor told him that if he stayed on his current course, he'd be dead by age twenty-five.

So does Jimmy worry about his health? A little. His best friend's mom has diabetes and is "really big." And he also can't get out of his mind a recent scene. "I saw an old guy," he said, "four hundred pounds, who had to get an insulin shot. It's scary that my weight's going up again. I don't want to be like him."

But Jimmy's mom worries that he will be. "I think he will gain weight now," she said sadly. She can't help but think about a friend's granddaughter, a seventeen-year-old girl who weighs 350 pounds, wears size 42 pants, and at school has to use a handicapped desk. The girl rarely ventures outside of her house.

Food for Thought

"I have to do something, but I don't know what."

Jimmy's mom

"We just don't know how to continue," she says. "I have to do something, but I don't know what. It feels like there are a thousand

pieces out there, but I'm still looking for the pieces that match. I don't know what else to do." She feels deeply frustrated and isolated.

She feels especially alone since she and Jimmy's father got a divorce four years ago. Jimmy lives with his mom, but he's essentially a latchkey kid, because he stays at home alone much of the time due to her long work hours. She normally leaves home by 6:30 A.M. and often doesn't return until 9 P.M. When we met with her and Jimmy, she had just finished working a second job, from 4 P.M. the previous day until 8 A.M. the day of our interview.

Despite the long working hours, however, money remains very tight. Last year Jimmy had the funds to do some speed skating, which he loves (and which helps to keep his weight down), but this year that option has evaporated due to lack of money. So instead of switching to another form of exercise, he mostly stays home and watches TV (see Chapter 8, "Get Up, Get Out, Get Fun, Get Fit"). "It's easier to do things if you have money," he says with a glower toward his mom.

Jimmy doesn't get a lot of exercise, but he does look forward to gym class, he admits, because he loves to "sit and take roll." Once in a while he plays a little basketball and reports proudly that he can now run a lap around the school track within the set time limit; the first time he tried, it took him a quarter of an hour.

Eating the right things is a challenge for both Jimmy and his mom (see Chapter 9, "Overfed and Undernourished"). For breakfast that morning she said she had a bowl of spaghetti. And she figures that Jimmy goes through about ten two-liter bottles of soda pop a week (and not the diet stuff). She also admits that at work the night before, she herself drank three bottles of soda. Jimmy says that he might drink more water if he didn't have to boil the apartment tap water to make it safe. "To buy water takes money," he says.

Jimmy doesn't have a regular doctor or medical insurance and hasn't had an appointment with a physician since he got the ominous warning about his weight. "Can I afford a doctor's visit for fifteen minutes?" his mom asks, then answers her own question: "No, I cannot!" Still, she says she hopes to take Jimmy back to the doctor before school starts in the fall.

Jimmy may not have a regular doctor, but a friend of his recently introduced him to the Great Physician. “My friend invited me to go to church with him,” Jimmy reported with a smile. “I wrote down two numbers from the Bible on my shoe.”

On the tongue of his left sneaker he shows us the words from Psalm 27:1, scrawled in ballpoint pen: “The Lord is my light and salvation—whom shall I fear?” But Jimmy’s mom shakes her head disapprovingly and makes it clear she wants nothing to do with “religion.” So Jimmy quickly drops his head and the subject.

Last year Jimmy’s grandmother grew concerned over his weight gain and forced her grandson to walk five miles a day. He soon lost twenty-five pounds, but since then has put most of it back on. “I have to apply myself” to reach a healthier weight, Jimmy says, but he has no real plan to do so. Still, he has hope.

“Rocky came out victorious,” he said, recalling the fictional Hollywood boxer. “Hopefully I can end up on top.”

Food for Thought

“Hopefully I can end up on top.”

Jimmy

Like Parents, Like Daughter?

Fourteen-year-old Angel arrived for her interview accompanied by her father, a man weighing in excess of four hundred pounds, who says simply, “I’ve always been big.” Angel’s mom, recently diagnosed with diabetes, is also very large and has been in and out of the hospital for weight-related maladies more than twenty times. Angel’s own excess weight bothers her—“No one really understands,” she says—but so far, she’s had limited success in keeping off the extra pounds.

Recently Angel did join a gym at Florida Hospital’s diabetes center, along with her mom (her dad is awaiting a medical clearance to join). A few times a week she does sit-ups there and uses the stationary bike

and treadmill, usually for about fifteen minutes, but hardly breaks a sweat. Angel hates running and describes her school's "three-lap Thursdays" as "horrible." She has tried to get moving to an old exercise video, but she found it boring and says that "it felt like a time warp back to the eighties."

These days Angel gets most of her exercise in band class (it counts at her school as physical education). In middle school she tried out for the volleyball team but didn't make it, and since then she's stuck almost exclusively with band. During the last marching season she dropped a couple of dress sizes, but in the off-season she gained back most of the pounds she had lost. Other than marching band and the very light workouts at the gym, she doesn't get a lot of exercise. She admits to watching a lot of TV and often sits in front of the computer.

Angel doesn't eat breakfast and only rarely eats lunch. She says she tried to eat breakfast when she started riding the bus to school, but since she gets carsick easily, she doesn't bother with breakfast anymore. And because there's "lots of competition at lunchtime" at her school (students are allowed about half an hour to eat), she usually doesn't eat then, either. Occasionally she'll eat in the band room: a candy bar, some chips, a few cheesy crackers, a piece of pizza, and a soda or two.

Normally Angel gets home from school about 3:15. By then she's very hungry, so she picks up something quick to eat—what she calls a grab-and-run snack—usually at Wendy's: maybe a burger and fries, or two chicken sandwiches and fries.

For dinner Angel often fixes her own meal: fries, a whole chicken slathered with ranch dressing and ketchup, frozen corn. She likes fried chicken better than baked chicken, and she also loves steak. Her dad says her favorite restaurant features what he calls huge portions.

Angel doesn't like fruit or vegetables; she hasn't eaten an apple since elementary school. Why not? "I had allergies to fruit juices when I was a baby," she explains.

Still, she says she's willing to do "whatever it takes" to make some changes in her diet. She used to drink four or five bottles a day of regu-

lar soda pop; now she's down to about two a day. (When her mom and dad first met, her mother drank the equivalent of a six-pack of soda every day. Now Mom is down to one or two diet soft drinks a day.)

And what has Angel learned so far? In sixth and seventh grades she gained a lot of weight, "but I got so that I didn't care," she said. In eighth grade she decided to do something about her weight and enjoyed some success—but staying with it is hard.

ON TO THE NUMBERS

Too many of our kids are fat and getting fatter. In some areas of the country up to 40 percent of the children are obese or extremely overweight. We personally know one obese toddler who got stuck in his high chair. We know a fourteen-year-old who collapsed a chair at a restaurant just by sitting down; the child weighs almost three hundred pounds. Doctors across the nation continue to report dangerously high blood pressure and severe vascular changes in boys and girls as young as six years old.

Think about that for a moment. If we're pushing the onset of diabetes and heart disease to age five or six—remember Michael?—the affected child's parents may see terrible health complications striking that child *within their own lifetimes*.

We simply have to face the truth: SuperSized Kids are *not* normal—their overweight status is a potential killer. Obese kids aren't merely chubby; they're facing a real and brutal health crisis. And if we don't do something *now* to help them get back on the right track, the story may end on a grim note.

Sorry to say, the numbers don't lie. You may find the next chapter hard to read—it's packed with cold, hard statistics and study findings that could make you wince—but please stick with it. Take a deep breath, prepare yourself for a short but bumpy ride, and plunge in. When we say obesity *crisis* we really mean it. And we're not alone.