

Dear HAES Australia community,

Over the past few weeks, our global HAES community has been rocked by revelations from Fat Activists and the Association for Size Diversity & Health (ASDAH) regarding the behaviour of a prominent white trans author towards People Of Colour (POC) and larger-bodied individuals. A detailed account of the events can be found on the [ASDAH blog](#). In a community ostensibly centred around social justice principles, such disclosures from marginalised members are truly awful. HAES Australia stands in staunch support of those speaking out against abuse of power.

There has been a global outcry recognising the seriousness of these issues. In Australia, our HAES-aligned communities have also been impacted. People are experiencing a range of feelings - anger, hurt, sadness, fear, betrayal, confusion - and all of these are valid. Questions about power, privilege, and representation in the HAES movement are being asked, and there are thousands of important conversations taking place.

We thank you for your patience as we have been preparing a community based response to these complex issues. This process has included two meetings with our Lived Experience Advisory Board (LEAB), extensive communications with the HAES Australia executive committee and volunteer working group co-chairs, in addition to gathering feedback from HAES Australia members and members of the wider community.

We recognise that as an organisation of health professionals founded alongside, but outside of the fat community, there is an inherent risk of unintentionally hurting those we serve. We recognise that regardless of intent, impact matters and is something we take seriously. We are writing today to provide some history and context in regard to where HAES Australia fits in this landscape and what actions we have taken and will take to continue to improve our organisation in the service of larger-bodied Australians.

HAES Australia: History & Context

HAES Australia was founded in 2016, by a group of health, counseling and fitness professionals who practiced from a HAES perspective. This group had a high degree of social advantage: white, university educated, female, cis-gender and heterosexual. At the time, only two of the nine founding members were larger-bodied, both of whom identified as Fat Activists. Several members worked in the eating disorders field (some also had lived experience of an eating disorder), and

this perspective had helped shape their understanding of the harm inflicted by our culture's body hierarchy.

Our founding members were strongly aligned on most issues: they saw the harm implicit in weight-centric health practices, and created HAES Australia in an effort to help larger bodied people access weight-inclusive, HAES-aligned health care, and to raise awareness of these approaches in an Australian context at both a state and national level. They also envisaged building an Australian organisation to connect, train and support a thriving community of larger-bodied health and fitness professionals.

The Role of HAES Australia: Advocates or Activists?

Although aligned on many issues, over time differences of opinion regarding HAES Australia's role arose. As individuals, many founding members undertook activist activities, and our Fat Activist founders believed that HAES Australia as an organisation should be activism based.

Some definitions are helpful to understand the difference between these two terms:

An activist is a ['person who believes strongly in political or social change and takes part in activities such as public protests to try and make this happen'](#). To be an activist is to act on behalf of solving social and political issues. It is to be at the forefront of a movement, often times compromising one's own energy in order to seek justice and evoke change. Fat Activism plays an important role in bringing about societal and structural change in attitudes about larger-bodied people with the ultimate aim of an end to discrimination and stigma towards larger-bodied people, enabling full and equal participation in society.

To be an advocate is ['to publicly support or suggest an idea, development, or way of doing something'](#). Whilst activists are often the 'front line', protesting, advocates more often work within the existing systems, trying to raise awareness of the problems in a more tempered or strategic way. Advocates use a range of strategies to encourage change makers to listen and engage in change. Although different, both activists and advocates are necessary in order to create systemic change.

HAES Australia is an advocacy, not an activist, organisation. After careful deliberation, this decision was made because:

- Most of HAES Australia's founding members were not fat activists
- HAES Australia's members were health professionals, not all of whom were larger bodied

- The focus on weight-inclusive health care is a much narrower scope than Fat Activist issues, which focus on human rights more broadly
- HAES Australia's status as a volunteer-run organisation meant that responding quickly to time-pressured, social-media based activist campaigns was not possible
- The overall skillset of HAES Australia volunteers was more suited to advocacy activities (e.g. writing submissions to government, forming alliances with other health-related not-for-profits)

In 2016 our membership and advocacy aims were ratified in the HAES Australia constitution:

1. Support, connect and promote professionals, researchers, and organisations in health, fitness & wellness fields who/which practice a weight-neutral, non-diet, client-centred approach to wellbeing aligned with the 'Health At Every Size' (HAES) principles defined by the Association for Size Diversity & Health (ASDAH).
2. Increase professional and public awareness of weight-neutral, non-diet, client-centred practice and research outcomes.

The criticism that HAES Australia does not engage in acts of fat activism and fat liberation is one that re-appears regularly. Given that Australia does not yet have a formal Fat Activist organisation to support the advancement of broader legal and social rights for larger-bodied people (beyond our focus on health related issues), this is understandable. HAES Australia wholeheartedly commits to supporting, aligning with and learning from such an organisation should it be formed by Australian Fat Activists.

Advocacy Activities Completed by HAES Australia:

HAES Australia's Mission is to "support equitable access to evidence-based healthcare and life-enhancing practices for people of every size, through information, resources, and advocacy". We recognise that we can do a better job of communicating the advocacy activities of the organisation to demonstrate ongoing commitment to this Mission.

Since 2017, HAES Australia volunteers have completed a number of advocacy projects to directly influence weight-centric systems and policies including:

- 2017/18: Representation at the [Senate Enquiry into Ob*sity](#). This included a presentation from a Fat Activist founding member directly to the Senate, and a

video from another Fat Activist who had presented her experience in eating disorder treatment at the 2018 ANZAED conference

- 2017/18: Developed the [‘Ob*sity’ and Eating Disorders’](#) Position Statement
- 2017/18: Developed the [Weight Neutral Care Position Statement](#)
- 2018/19: Response to the [‘Fast Track to Health’](#) study
- 2018/19: Letter to Senator Bridget McKenzie, Sports Minister, re. mocking larger bodied people at the Ob*sity Summit
- 2018/19: Letter to the Hon Greg Hunt, Health Minister, and Dr Lisa Studdert, Chair of the National Preventative Health Strategy
- 2018/19: Supported the “Equally Well” Consensus Statement
- 2018/19: Met with ‘Inside Out’ regarding opportunities to collaborate
- 2019/20: Submission to the Australian Government Department of Health [National Ob*sity Strategy consultation](#)
- 2019/20: Submission to the [Review of the Pregnancy Care Guidelines](#) consultation
- 2019/20: Sponsoring and giving a [presentation](#) at the online FSNZ20 Fat Studies: Past, Present, Futures Conference
- 2019/20: [COVID-19](#) and [Weight Stigma Awareness Week](#) social media campaigns
- 2020/21: National Grammar Day social media campaign to counter World Ob*sity Day led by the Lived Experience Advisory Board
- 2020/21: Submission to Consultation Survey - MSAC Application for Endoscopic Sleeve Gastroplasty for the Treatment of Patients With Class 1 and II Ob*sity.
- 2020/2021: Submission to the [Draft National Preventive Health Strategy](#)
- 2020/21: Collaboration with the Eating Disorders Alliance of Australia (EDAA), [joint statement](#) pointing out the potential dangers of the SBS documentary “What Does Australia Really Think About Ob*sity?”
- 2020/2021: HAES Australia [free webinar](#) “Health At Every Size: The Bigger Picture”, hosted by Eating Disorders Victoria
- 2020/2021: Submitted a response to the National Eating Disorders Collaboration regarding the proposed Guidelines for Eating Disorders in Larger Bodied People

Ruptures

Like many young organisations, following a unified beginning, tensions arose over time. Although our advocacy focus had been agreed in principle, in practice this was not an easy balance to strike, and ultimately our Fat Activist founding members voluntarily resigned from the organisation, firstly in February 2019 and secondly September 2020 after (separate) specific opportunities for activism were not pursued. This does not mean that HAES Australia as an organisation regards these activist activities as unimportant, but that efforts by individual members were thought to be more appropriate and effective .

Our founding members held, and still hold, the Fat Activist co-founders in high regard. We recognise that what the smaller bodied founding members perceived as an issue pertaining to the purpose of HAES Australia (advocacy), was likely experienced as a lack of care and support for issues of fat activism and social justice more generally, and for this we are deeply sorry. We also wish to extend our apologies to the broader Australian and global Fat Activist community for any hurt caused when we do not take part in activist activities as an organisation. We are committed to continuously reflect on how decisions made by us impact our members and the broader community. As we move forward, we will undoubtedly make more mistakes, and we commit to owning these, and learning in this community.

Efforts to Support Repair

Each rupture with our Fat Activist founders was a learning moment, following which we took steps to do better. In May 2019, following feedback from Fat Activists that the organisation lacked much needed leadership of larger bodied people, we were grateful to meet with Australian Fat Activists and, with their support, establish the Lived Experience Advisory Board (LEAB). The LEAB are community members from diverse backgrounds and experience who advise the HAES Australia executive committee, ensuring that the activities of the organisation are in the service of the interests of those with lived experience. LEAB members are paid for their time and expertise whilst all other HAES Australia work, including leadership and executive roles is undertaken by unpaid volunteers (to whom we are supremely grateful). At no time are LEAB directed to do anything by the executive committee: it is they who guide us.

At the time, this LEAB model was also being used by ASDAH as a way of ensuring that those with lived experience guided them, whilst not putting undue pressure on people from marginalised groups to undertake the day-to-day running of a volunteer organisation.

In 2020, the COVID-19 pandemic placed unprecedented pressures on the lives of HAES Australia members, which affected their capacity to volunteer. In response, we undertook a substantial process of re-structuring and strategic planning to ensure HAES Australia's survival. During the strategic planning process, we sought feedback from current and past members, including members of the Fat Activist and broader communities. This was a communal response, with 124 people providing detailed opinions about our organisation. We listened to critiques about the lack of cultural and size diversity in leadership roles, concerns about the qualifications and experience of HAES Australia members, and potential conflicts of interests in our training. We took this feedback seriously, and have incorporated recommendations from this process into HAES Australia's strategic goals.

As a first step, we have now implemented structures to better support the development of an inclusive and diverse organisation. For example, the formation of volunteer working groups across 4 key areas (Governance, Advocacy, Communications, and Membership) has allowed a greater number of culturally and size diverse members to become more actively involved in HAES Australia, and to prepare them for leadership roles.

There are barriers to achieving our goal of a truly diverse leadership. [ASDAH have recently acknowledged](#) that their own volunteer structure meant that only those who could afford to work for free could take part in leadership roles, a problem which HAES Australia is also currently experiencing. ASDAH have recently changed their governance, and now offer paid leadership positions. This happened in 2020, seventeen years after ASDAH was established. ASDAH have over USD\$100 000 in yearly revenue, whilst HAES Australia collected just AU\$6000 in revenue in 2020/21. We are very keen to change our structure to include paid leadership positions, thereby encouraging a more diverse leadership, however, this will take time to achieve: we need to keep walking this path and are committed to doing so.

At present, HAES Australia remains a small organisation entirely staffed by volunteers. We are always a work in progress, and we are far from perfect. We are listening, making mistakes, learning, and growing. We have made some progress but still have a long way to go.

The Way Forward

The broader HAES community is grappling with serious issues: racism, abuses of power, and we are witnessing deep divides. The revelations of late have focused attention on how societal and structural problems present within HAES communities and prompted serious reflection on the part HAES Australia can play in addressing them. We recognise that as a predominantly white leadership, we need to do better, and we have committed to undertake ongoing processes of cultural sensitivity and

awareness training for working with Aboriginal and Torres Strait Islander communities. We intend to extend this training to our entire membership. Following this process, we intend to create positions for Culture and Diversity representatives within each working group, which will ensure that an ongoing focus on these issues is embedded in our structure.

We have heard the criticism that HAES Australia is inhabiting a fat space and we acknowledge the deep sense of hurt and frustration when those in this space with smaller bodies are given more attention, respect, and opportunities to discuss issues relevant to the lived experiences of larger bodied people. We acknowledge there are two aspects to advocacy: vocalizing and amplifying. Although every voice is important, as advocates, we must acknowledge our privilege and take a step back to amplify the voices of others, especially those with lived experience and more marginalised identities.

To this end, we re-commit to amplifying the voices of people with lived experience as we did during our strategic planning process when we developed our vision, mission and values.

[Our vision for a just and compassionate community, where all bodies are respected and belong.](#)

[Our mission is to promote equitable access to evidence-based healthcare and life-enhancing practices for people of every size, through information, resources, and advocacy.](#)

[We value: respect, advocacy, inclusion, evidence based, community and social justice.](#)

These statements reflect HAES Australia's purpose to connect and support HAES aligned health professionals and raise awareness of weight neutral health care practices in Australia. We remain dedicated to this purpose, and committed to further developing our Lived Experience Advisory Board and working together with HAES Australia members.

In 2016 there was no way for larger bodied Australians to access a database of weight-inclusive health practitioners. In 2022, we have 100 verified HAES providers, over 50 HAES-aligned medical doctors, and a general membership of almost 500 health professionals. This includes a substantial number of students, ensuring that a growing proportion of our future health professionals will be weight-inclusive. Practicing from a weight neutral perspective in a weight-centric healthcare system takes a significant daily commitment, and we warmly applaud our members who

provide a vital service within their communities to people seeking weight inclusive healthcare.

The past few weeks have been extremely difficult. We are a small but - we believe - an important community and supporting each other through this process of change is critical. We need to be able to connect with each other, to communicate, and to find the willingness to have potentially uncomfortable conversations. Such conversations may happen in a number of spaces, not only on social media. We believe that safety - cultural, physical and psychological - is paramount to this process of reflection and growth being navigated well.

We'd like to thank you for taking the time to read this letter. In closing, we wanted to share some wisdom from [Sonya Renee Taylor](#), author and founder of @thebodyisnotanapology, with her reflection that "accountability involves relationship and community". As members of HAES Australia, we are in relationship with each other and we commit to being transparent about our experiences and the challenges we are facing. This is your community. We invite you to get involved and [share your ideas using this survey](#) to support our next steps. Let's work together to create a safe, inclusive and vibrant community for us all.

Take care,

All of us at HAES Australia

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