Date

Dear XXXX,

I am writing you today to bring your attention to an issue that likely concerns a great number of our union’s rank and file members, and is something I feel our union could address with the employer. I, like millions of my fellow Canadians, live with obesity; a chronic, pervasive and recurring disease that is woefully misunderstood by society at large. Like others, I have struggled for years trying to manage my weight with countless diets and exercise efforts only to put the weight back on (and more). I was shocked to find out, that the scientific evidence tells us that weight is a far more complex issue than we typically view it, and results from a very dynamic relationship between environment, physiology, genetics, behaviour and psychology. In fact, it is well established in the evidence that our bodies work against us in our attempts to lose weight by making hormonal and physiological changes to offset any efforts I make to lose. This helps explain why so many of us typically refer to the ups and downs of weight loss as a “yo-yo” or a “rollercoaster.”

***The World Health Organization, 1 the Canadian Medical Association2 and Obesity Canada (formerly the Canadian Obesity Network)3 all officially recognize obesity as a chronic disease.*** Unfortunately, society views my condition as a personal flaw or a self-imposed ailment not worthy of care and treatment. In fact, obesity is often classified in a “lifestyle” category in health benefit plans. This inaccurate categorization not only minimizes the complexity of the disease, but also serves to perpetuate the weight bias and stigma that individuals like myself endure on a daily basis. Obesity stigma is socially acceptable and is not challenged by employers, healthcare professionals and the public. This social stigmatization is the driver of discrimination against people with obesity.

**According to current Clinical Practice Guidelines, evidence-based obesity treatment options may include medical management with medications, meal replacements, bariatric surgery and behavioural interventions.**4,5 I was therefore disappointed upon further investigation when it became apparent that these evidence-based treatments are not covered under our health benefits plan, while treatments for other chronic diseases, such as hypertension or diabetes, are covered. This is surprising considering that ***a clinically significant weight loss of 5% to 10% is associated with marked improvement in cardiometabolic risk factors.***6-13Canada’s authority on obesity prevention, treatment and management outlines the various evidence-based treatment options on their website I invite you to explore [www.obesitynetwork.ca](http://www.obesitynetwork.ca).14

With equality being of pinnacle importance for our membership, I would hope that our union would use our influence to fight for equitable treatment of all individuals, including those living with obesity. Weight bias leads to discrimination against individuals living with obesity that can affect every aspect of employment including hiring, compensation and promotion.15 Individuals living with obesity are typically paid less than their peers and this relationship disproportionately affects women in the workplace.15-17 This leads to health and social inequalities.17 Obesity should be treated with the same dignity and vigor of any other chronic disease and the available treatment options must be accessible for those who require them.4,5

I respectfully request that you consider the inclusion of obesity in our union’s equity-seeking policies and work to have the available treatment options included in our health benefits package.

In solidarity,

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