

THEODORE E. DEUTCH
21ST DISTRICT, FLORIDA
WWW.DEUTCH.HOUSE.GOV
FACEBOOK.COM/CONGRESSMANTEDDEUTCH
TWITTER: @REPTEDEUTCH

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INTELLECTUAL PROPERTY AND THE INTERNET

COMMITTEE ON ETHICS



Congress of the United States
House of Representatives
Washington, DC 20515

November 13, 2014

WASHINGTON OFFICE:
1024 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3001

DISTRICT OFFICES:
8177 WEST GLADES RD., SUITE 211
BOCA RATON, FL 33434
(561) 470-5440

CORAL SPRINGS CYPRESS HALL
1300 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33071
(954) 225-8336

MARGATE CITY HALL
5780 MARGATE BLVD.
MARGATE, FL 33063
(954) 972-6454

WELLINGTON CITY HALL
12300 FOREST HILL BLVD.
WELLINGTON, FL 33414

Tom Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30333

We write as members of Congress to share concerns we have received from our constituents regarding Body Mass Index screenings conducted in schools. We respectfully request that CDC make additional efforts to ensure that schools are aware of potential harm associated with BMI screening that could increase the risk of eating disorders. We believe that in-school BMI screening resources provided by CDC should be accompanied by information regarding best practices and safeguards to help mitigate those risks and prevent eating disorders.

We acknowledge the serious health risks associated with obesity, and the importance of obesity surveillance for children and adolescents. Recent studies of National Health and Nutrition Examination Survey data have found that 17 percent of Americans between ages 2 and 19 years are obese, and one-third are overweight. We appreciate your leadership in addressing childhood and adolescent obesity as a serious public health challenge.

Concern regarding the health impact of obesity has led a number of states and school districts to enact legislation and policy that requires schools to measure and report a student's BMI either directly to students, or to their parents, through "BMI report cards" or "Fitnessgrams." We appreciate CDC's work to review BMI screening practices in the 2007 article *Body Mass Index Measurement in Schools* published in the *Journal of School Health*. In that article an expert panel concluded that there was insufficient research available to support the efficacy of BMI reporting in schools as a tool to prevent increases in obesity among youth, and identified several strategies that may assist schools in mitigating potential harms.

In spite of these published findings, we continue to hear reports of BMI screening programs in schools that do not follow appropriate safeguards. Screenings are conducted by untrained personnel, are not conducted in a safe, supportive, and private environment, and schools are unprepared to provide additional support to ensure a safe and healthy response from students and parents. In the most troubling cases BMI calculations are read aloud in front of other students and the students with the lowest BMI are applauded. These reports indicate that there is a lack of awareness of appropriate safeguards to reduce the risk of harm from BMI screening.

October 15, 2014

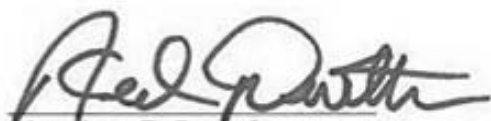
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While there is not yet a scientific consensus regarding the benefits of BMI screenings, some studies have found that, unless safeguards are in place, in-school screening could result in stigma, teasing, and bullying. Such weight-based teasing contributes to decreased self-esteem, increased risks of eating disorders, lower levels of physical activity, and increased weight gain over time. We commend CDC for its efforts to investigate this issue, but are concerned that the best practices and safeguards published in 2007 are not being implemented in schools that are currently administering these programs.

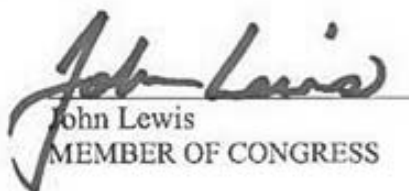
Eating disorders, including binge eating disorder, bulimia, anorexia, and other specified feeding or eating disorder (OSFED), are serious mental health disorders, and carry the highest mortality rates of all mental illnesses. People with eating disorders are 57 percent more likely to commit suicide than their peers. Anorexia nervosa is the third most common chronic illness among adolescents, and the rates of serious complications have grown rapidly in recent years. The number of children under the age of 12 admitted to the hospital for eating disorders rose 119 percent in less than a decade.

Due to the seriousness of eating disorders and the lack of scientific consensus regarding the benefits and costs associated with BMI screening in schools, we respectfully request that CDC: (1) continue to investigate the risks of eating disorders associated with in-school BMI screening practices, and (2) ensure that in-school BMI screening resources provided by CDC are accompanied by information regarding risks and safeguards, and (3) coordinate with the Department of Education to ensure that schools have access to information regarding the potential for harm, necessary training, best practices, and safeguards to reduce the risk of eating disorders associated with BMI screening.

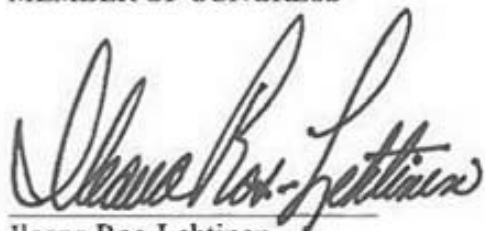
Sincerely,



Theodore E. Deutch
MEMBER OF CONGRESS



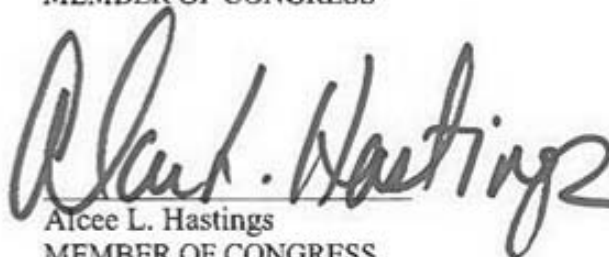
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MEMBER OF CONGRESS



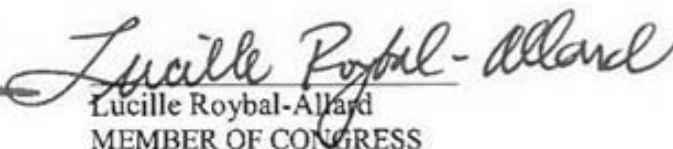
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MEMBER OF CONGRESS



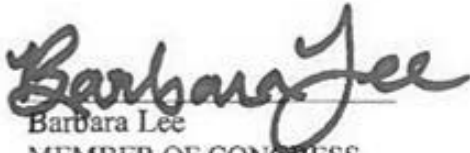
Lucille Roybal-Allard
MEMBER OF CONGRESS



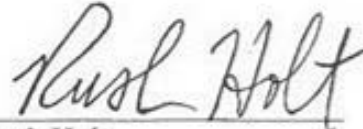
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MEMBER OF CONGRESS



James P. McGovern
MEMBER OF CONGRESS



Barbara Lee
MEMBER OF CONGRESS



Rush Holt
MEMBER OF CONGRESS



Janice D. Schakowsky
MEMBER OF CONGRESS



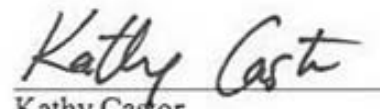
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Betty McCornum
MEMBER OF CONGRESS



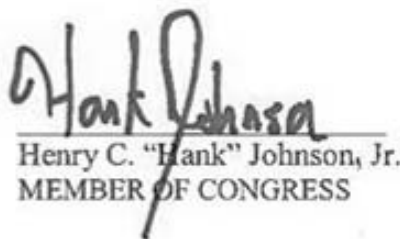
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MEMBER OF CONGRESS



Kathy Castor
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Keith Ellison
MEMBER OF CONGRESS



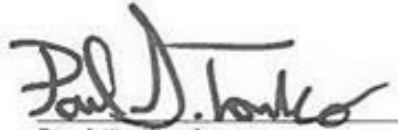
Henry C. "Hank" Johnson, Jr.
MEMBER OF CONGRESS



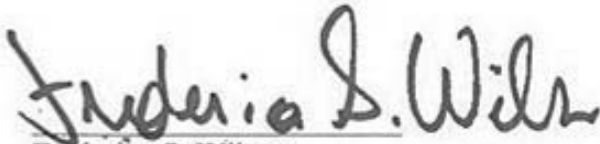
Jackie Speier
MEMBER OF CONGRESS



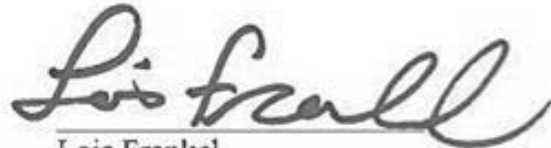
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Paul D. Tonko
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Frederica S. Wilson
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Lois Frankel
MEMBER OF CONGRESS



David P. Joyce
MEMBER OF CONGRESS



Gerald E. Connolly
MEMBER OF CONGRESS

CC: Assistant Secretary Deborah Delisle
Office of Elementary and Secondary Education
U.S. Department of Education
400 Maryland Ave. SW
Washington, DC 20202