

Tiana (00:02):

Okay, so we're recording now.

Mikey (00:06):

Great!

Tiana (00:08):

So exciting. I'm just like, I'm excited. And, um, I'm excited because this is the first time that I'm having a guest on this podcast. And, um, it's been a long time coming. I've been like noodling on doing this and been like, you know, stuck in that loop of like, who's the first perfect guest

Tiana (00:33):

That will make everybody know my values and what I stand for and just be so good. And I'm just like, okay, look, um, see silliness, like that is what keeps you from starting. So I got to that point. And then I was just like on Facebook one day and I saw this new random person in this Facebook group, I don't even remember which one, who had dropped, like just kind of like, Hey, I wrote a thing and just drop this link. And the title was like, hmm, let me check that out. So I went and I read it and I was just like, okay, follow immediately. Where can I find you on social media? Who are you? Why are you doing these things? It is amazing. I need to know more. So from that day forward, I just been like, just like, I need to know you. I need to know you. And finally we're here. So tell me new mystery guest. Who are you?

Mikey (01:38):

Uh, so my name is Marquisele Mercedes. Um, I go by Mikey and I am a writer and doctoral student at Brown University School of Public Health. Um, I write online often about fat politics, usually in the public health space and in the sciences. Um, and yeah, I'm just like really excited that I get to be the one to pop your cherry. I'm like, yeah!

Tiana (02:11):

Uh, see these kinds of comments are the ones that are like, yeah, I made the right decision.

Mikey (02:19):

Excellent. Excellent.

Tiana (02:22):

So, okay. You're this PhD candidate and like, I do not have a PhD. So I think being called Dr. Tiana would be really hot. I would really enjoy that. Um, and I, and I have noodle I've, I've thought about it. I'm like, you can go do a PhD. You could do that. And then I'm like, no, no, you can't. Because I did a master's program. I made it halfway through before I was just like, I don't even know what I'm doing this for. This is just a lot of ridiculousness. And I, and it's like, I know a PhD is more than that. So tell me what made you decide to pursue such a thing?

New Speaker (03:03):

It's funny that you're like, why am I, you got halfway? And you're like, why am I doing this for? Cause I feel like I have that conversation with myself every day. Like why am I here?

Speaker 3 (03:13):

Um, I mean, I was like, you know, I was your very typical, um, you know, little girl from the hood that was like, I gotta do something good because I gotta do this. It's not just for me, it's for like my family. Right. So, um, I spent most of my childhood thinking I was going to grow up to be like some famous writer or some shit. Like, I was going to write the next American novel, the next great American novel.

Mikey (03:43):

And then, uh, and then, you know, I started taking an interest in health, mostly because I saw that like everyone around me didn't have it, whatever health was. Um, and then I went into an undergrad thought I was going to be pre-med and I got all the way up to Physics I and I was like, Oh, see, I don't like math though. I'm not doing this. So I pivoted, um, to, you know, thinking about health in like, like sociology classes and stuff. And I was like, Oh wow, this is like what I want to do. And just using, you know, theory and also just like my lived experience and, um, you know, history and a blend of different areas to really like, figure out like why we, well, first of all, I was, I was interested in why, um, medicine was so racist, but

Speaker 3 (04:43):

Then once

Mikey (04:46):

I sort of got into fat politics, I was like, Oh, why is medicine so racist and fat phobic? Oh, wow. That's a thing that goes together. And so I, um, I got, you know, to my junior year of college and I was like, Oh, there's this cool program that'll help me apply to PhD programs. Like, why not do that? And then next thing I knew, I was writing 13 freaking applications to PhD programs in my senior year and I got into like half of them and I was like, Oh, shit, I guess I actually have to go now.

New Speaker (05:17):

So that's how I ended up at Brown.

Mikey (05:20):

And I thought I was going to do, um, research on HIV and aging and structural racism. And then I ended up pivoting to fat politics, like as my thing. And I'm the only person at the school of public health doing it. Um, so yeah, it's been a ride and I often want to quit like very often, but, um, it's been two years. So, um, I feel like I'm in a little, a little too deep to be like, nah, I couldn't do this now.

Tiana (05:57):

Lovely. That lovely sunk cost fallacy.

Mikey (06:02):

Oh yes!

Tiana (06:02):

But hold onto that, hold onto that really 'cause...

Mikey (06:05):

It's not just that, it's like, you know, I don't want to like do two years of a thing and then like drop out. And the people are like, so I heard you were in a PhD program. What happened with that? And I was like, um, you know, it just like wasn't for me.

Tiana ([06:19](#)):

Oh, respectability politics.

Mikey ([06:22](#)):

Oh yeah. I have, I have an image to maintain now and publish or else people are going to be like, well, you started a program and you didn't even finish it. So, and I'm just going to be like, well, you're not wrong.

Tiana ([06:35](#)):

There's so much that you're saying like, my experience is different, but like there's so many things that I'm just like, mm, yep. Yep. Yep. I know that. I know that. Um, and, and so like when I get that feeling, I realize that there's something in your Fatstory that informs all of this. And, um, the fat story is what I call the lived experience of fatness. Um, because I believe that everybody's fat has a story. And so like,

Mikey ([07:07](#)):

I love that that's such a good word for it.

Tiana ([07:09](#)):

Thank you. Sometimes. Sometimes I'm good. So can you tell us your Fatstory?

Mikey ([07:21](#)):

I mean, I think it starts when I popped out the womb, I was definitely like 10 pounds. My, uh, I've just, I've always been, I was a chubby kid and then I, and then I was a fat adolescent and then I was a fat teen and now I'm a fat adult sort of some days. Um, and like, yeah. You know, I think, I think for people that are fat and who are also not white, a lot of that, Fatstory like is so tied up in negotiating your proximity or distance from whiteness. Like, you know, I was fat because, well, honestly I was built that way. Like many people are, but it also was bolstered by this, I think culture that I was part of that just like loves food and like loves eating and celebrates that. And so I was around good ass food, like I love Dominican food.

Mikey ([08:24](#)):

And I, and I grew up around Jamaicans. I love Jamaican food and I love me some good, right. Uh, rice and peas and oxtail with cabbage. Like...

Tiana ([08:37](#)):

You're hurting me.

Mikey ([08:39](#)):

I'm sorry! Now that I'm back in Providence and I like can't have it from the place that I really like getting it from. It's like, it feels bad.

Tiana ([08:47](#)):

Hurt, hurt.

Mikey ([08:48](#)):

So I was just, you know, I was, I was in this I'm in this culture, I'm part of it and inherently that loves food and celebrates through food. And so, you know, I ate swell. Like this ass was not made in a day. Like, you know, it was, it was just, you know, that's, that's how I lived my life. And then I also found that, like, the thing that made me fat was also connected to like, in a weird way. It was, it was connected to like my racial identity.

Mikey ([09:26](#)):

Um, you know, my experiences in comparison to like my white peers, once I finally started to have white peers, because I had definitely like spent most of my days in school without ever seeing a white person except as a teacher or as like a principal or something. Um, and then also like combining my experiences as a fat person of color, a fat woman of color, but also somebody who definitely, I have proximity to whiteness. I do present as white, depending on like who's looking at me and their experiences with race because race is not just about like your characteristics, but who's holding you. Right. Um, so yeah, it's all of that. My race, my skin, my fat, all of that together is my Fatstory. In addition to like, you know, the regular bullshit that people, that fat people go through on a regular basis, which is like, we can't, we're not allowed to exist in our, in our bodies and be content because that is somehow a moral violation of the highest order, even when you are from a culture, and maybe even, especially when you're from a culture that celebrates through food, because the fatphobia that I still have internalized was such a prominent part of like my interactions with family and just like being around other Dominicans like, I feel like most of my interactions with other people from my culture is characterized by fatphobia that I've experienced. And so like all of those things encompass my Fatstory. And so it's like very long story. Um, yeah.

Tiana ([11:22](#)):

So yeah, I mean, that's real, right. Like a Fatstory is not simple. And I know like a lot of the discourse around, like, why are people fat? A lot of it is just like, Oh, well, you know, it's a response to trauma. And it's like, yes. And there's so much more to that. Like, you know, it's not just you experience a trauma one time and then like, Oh, bloop, bloop, bloop, bloop, bloop, I'm fat, you know, it's not that simple, there are all these other things. Cause like you've named your culture, your gender, your, your relationships with the people around you, your family, like all of those things inform.

Mikey ([12:11](#)):

And also just like how I popped out of the notherfucking womb. Like I, you know, like I come from a family of a big build, like we sturdy like, you know, it's just like what it is. Um, and you know, I just never understood how I could look at my family and like, see how they look and also experience all of the stuff that I experienced. I'm just like, why, why? And then I think that's like where the benefit of reading and like history and studying on all that stuff comes in, um, that, that comes in handy because then you're like, Oh, okay. I sort of understand where this came from.

Tiana ([12:55](#)):

Yeah.

Mikey ([12:56](#)):

But you know, it's just, it's like living in a contradiction all the time. Like I just, I just it's really frustrating.

Tiana ([13:05](#)):

Right. Cause, cause in the, in the end, right, like existing as a human being is complex in and of itself right. But then you add on like all the layers of colonialism and then just like media representation. You talk about white supremacy culture, diet culture on top of all of that. Like it's, it just makes it so much harder.

Mikey ([13:30](#)):

It does. It does. I think that like, I don't know. I started to think of white supremacy and diet culture. I was just there just like the same thing. Like it's all, it's all the obsession with like purity, like I've just taken the call, like everything eugenics like, and, and I will have called at least 50% of the things I've seen eugenics. And I think that...

Tiana ([13:54](#)):

Because they are.

Mikey ([13:56](#)):

Because they are like, I remember, um, Oh my God. The a while back when they were, when everybody was like really outraged about the, um, situation that happened, I forgot where in the UK, but these children were taken away from their parents because they failed to lose weight. Like, because they were too fat and I remembered being like that's eugenics. And then people like slowly coming to that realization like, Whoa, this is this like might be like a human rights violation. Like this is fucked up. And I'm like, yeah, it's eugenics. Like the way we separate a family that's fat because they're fat and the danger that, that poses to like the rest of society, the idea that these fat people might be one healthy positive unit. And then that might make them think it's okay to be fat. Like, could you imagine that shit?

Mikey ([15:00](#)):

That's eugenics baby. Most of these things are eugenics. Um, yeah. Diet culture, white supremacy, purity culture, one in the same.

Tiana ([15:15](#)):

Mmm. That's so right. I mean, it's important to name the thing. Right? Like I, I just struggle with this sometimes because I, I really believe that language matters.

Mikey ([15:27](#)):

Yeah.

Tiana ([15:27](#)):

But I also understand that some people are not ready to receive.

Mikey ([15:36](#)):

Okay.

Tiana ([15:36](#)):

And that's that there there's this dichotomy, there's this whole, like I got to sit on the fence, I got to touch my toes on both sides and I've still got to deliver the message that I'm here to deliver.

Mikey ([15:51](#)):

That basically summarizes 90% of the experiences I've had in grad school so far, because it's, I think it's really fucked up when, like, I dunno, it didn't take a lot of exposure to public health and how it works for me to figure out that it was so fucked up. It was very obvious. And so that automatically makes me distrustful of people who like go through decades in the field and just like, and just now are finding out that things are bad. And so like, I have to deal with those people every day because those are my professors, you know, like those are, those are the people that have my, my, my program progress in their hands. Um, and so I have to sort of sit there and be like, how do I tell them that the shit that they do and profit off of is so fucking racist in a way that will like, make them think twice about doing it again.

Mikey ([17:00](#)):

Um, and I don't, I don't know if I have found that balance yet. Um, it's been two years, I definitely still haven't found the balance. I know that there are other people who have spent decades in the field, like one of my very wonderful and cherished advisors has been trying to do, you know, things that aren't terrible in this field for years. And he still hasn't fully figured out how to, how to make it so that people can receive what he's saying in a way that gives rise to positive change and progress, but also gets the point across that like, you gotta, you gotta call a thing, a thing. Yeah. Yeah. It's hard.

Tiana ([17:38](#)):

It is hard. It is hard. And I, and I think that this is, Oh my goodness. I'm just like, what, what do I want to say about that? And it's just like, in some ways it's just like, and this is hard is enough, you know, because cause in the end, like we need to keep doing it. That doesn't make it easier necessarily. You maybe get better skilled, but it's just like, you, you're still like encountering people who are just like the cognitive dissonance tastes good today. I don't want any of what you're serving. Um, and, and it's like, it's like, okay, all right. Um,

Tiana ([18:31](#)):

You're not helping me, but you're also really hurting yourself too. And they're just like delicious keeping ears shut delicious. And it's like, okay. Um, and I just let everything, like, I'm 41. I just turned 41 and I'm just like, yeah, yeah, yeah. You know, I I'm, I'm learning discernment, I am, I am learning discernment and I am learning to just like allow people to be where they are, you know, like, because there are people who are ready to have the conversation. Like maybe the language is too harsh for them because they're not ready for that. They don't have capacity for that. But if you can find the softer way, they're just like, yeah, I can take the baby food version. That's cool. Um, and, and so it's just like, I'm, I, you know, I just, I try to hold the complexity of that, like with both hands, um, and try not to be frustrated, but then also try to give myself the grace to be like, yeah, it's frustrating. It sucks, doesn't it?

Mikey ([19:45](#)):

Yeah.

Tiana ([19:45](#)):

You're allowed to feel that, um, but you know, just, just keep, keep spoon feeding that, that soft mushy gush, um, to these people because they're eating, they're eating and they're learning, look at them growing up. It's great.

Mikey ([19:57](#)):

Um, I wish I took that approach more because I feel like no, no, for real, for real, because I, I remember that article that is probably the one that you found me through. Um, and just, uh, first of all, when I was writing it, I didn't realize it was going to be such a big deal. Like I was just like, Oh, this is, these are like fucked up things I've seen on Instagram. And it's, you know, it's very obvious to me that these things are fucked up. Oh, nobody's written about this. Okay. It was like, it was not something that I thought was going to get that much attention. And then I legit got like death threats.

Tiana ([20:36](#)):

Oh, no! Folks be fragile out here.

Mikey ([20:41](#)):

I was like maybe, maybe I came in a little too hot. It wasn't a thing that like, I really computed until people were just like, Oh, I remember one person. Oh my God. I remember this comment every single day. I think about it every single day. Cause I was like, what did you think you were doing with this? Um, cause the, the title of my thing is "The Unbearable Whiteness and Fatphobia of Anti-Diet Dieticians."

Tiana ([21:09](#)):

Yes! That's the one!

Mikey ([21:09](#)):

So I remember somebody come and you could probably still see this on Medium that actually somebody was like, what about the unbearable Blackness of this article? And I was like, what am I supposed to do with this?

Mikey ([21:29](#)):

That's. I was like, that's not even thinly veiled racist. That's just, straight up racism. You ever see something so racist that it gives you pause? Cause like, I was just like, you know, I'm, I'm from, I'm from New York. I'm used to my racism being like, you know, like toned down, like it's under, it's under layers of other things. Usually I'm not used to somebody being like, Oh, I hate Black people just like straight up. Like I'm not used to hearing that. So I see this comment and I'm just like, what is this? And then I like really thought about it. And I showed it to my husband and, and he was like, What?

Mikey ([22:13](#)):

So yeah, no, that was one of the tamer comments I got. I definitely got a lot of emails like that were like, Oh, you stupid fat cow. You have no idea what you're talking about. You're trying to police other people's bodies and somebody should, should shut you up for good, like some crazy stuff. Like, yeah. Yeah. So, you know, sometimes I'm like, maybe I should maybe actually get out the baby food.

Mikey ([22:43](#)):

I remember one time I got into an argument with a bunch of, and like, excuse my use of the O word, obesity researchers on Twitter. Um, because I was like, if you don't see how obesity prevention research is inherently fucked up, like I'm not about to like, be nice about telling you that you should get another job. It's just like, you should just switch fields. Um, and I remember someone like, and this was actually, um, I actually think that this was, um, a Latino man, because he, he was like, Oh, they used to, they used to call me, gordito. Like when I was younger and like trying to like sort of weaponize his former fatness against what I was saying, um, which I, 100% stand by what I was saying. And I still do. If you work in obesity, medicine, obesity prevention, or obesity anything you should quit and get a new job.

Mikey (23:43):

So, um, literally just, just after a certain point, it's like in order for us to progress, people are going to have to lose things. You know what I mean? Like you are going to have to give things up. If you think that we're going to be able to dismantle systems that have literally harmed and killed people for decades, and you think you can participate in that system as you always have, and also dismantle it, that doesn't make sense. Like you, somebody has to lose something. And if you are in a position where you were actively harming people, you should absolutely lose the position.

Tiana (24:27):

Yeah.

Mikey (24:29):

That's not a con like I don't, I don't understand how that's a controversial thing to say. Like, it shouldn't even be like if somebody's job was ax murderer and I didn't want to get murdered. And I was like, Hey, maybe you should stop being an ax murderer. And they got mad at me. Like people would call them like absolutely out of touch with reality.

Tiana (24:51):

For sure.

Mikey (24:53):

But if we put that into the context of like medicine, then people are like, what are you talking about? They went to school forever to do, okay. Go like literally go do something else.

Tiana (25:03):

They went to school forever. They have all these degrees and this experience that's great. That means that they are a valuable asset and they can easily get employed, have a great job somewhere else

Mikey (25:16):

I think that that's terrible because you went to school forever, didn't do shit but regurgitate what was told to you and you, and you didn't develop any, any kind of capacity for critical thinking at all. And it was just like, I'm like, that's embarrassing. Like you should be embarrassed like you, what? You got like \$300K in debt and

Tiana (25:33):

I'm just sipping tea

Mikey ([25:38](#)):

And you're, and you're sitting here telling me that you think that the BMI is a good measure of anything. Like I have been knee deep in the scientific literature on weight bias and BMI. And the constant thread is that every single medical student, resident and physician that uses the BMI and then sees what they think is the, is a, person's weight, according to this number versus what it actually is. They're always like, Oh my God, that's so much smaller than I thought. And actually you can't even use it for the thing you're using it for, which is, which is to measure fatness. The only thing, the only good thing that the BMI is for is, and I think, um, my friend, who I was telling you about Monica Kriete said this the best and in our, um, panel at UIC is that it's only good as a proxy for how people are exposed to weight stigma, because people higher BMIs are going to be exposed to more weight stigma in the doctor's office because by virtue of the fact that their BMI is higher, like that's just, that's just what it is. That number goes up, the more bullshit you deal with, like...

Tiana ([26:55](#)):

That's fucking brilliant.

Mikey ([26:57](#)):

I know! She is brilliant. I'm very fond of her.

Tiana ([27:01](#)):

That's that's freaking brilliant Um, mmhmm yes, yes. Oh my goodness. Okay. So I'm interested in liberation. I'm interested in abolition. I'm interested in finding us in a future where regardless of what kind of body you have, like ability, disability, size, color, neurodivergence, whatever. Like, I want you to have a space and be welcome and just like be who the hell you are. And nobody cares because it's just okay. And, um, I think that you are too, because of some of the things you've said in this conversation, but you also wrote this piece, which is "We Don't Deserve Hospitals." And I was like, okay, okay. Okay. Okay. Um, I'm going to read this. I don't know where you're going, but I'm gonna read this because I am intrigued like hell, but I know that I'm intrigued. Like I, like, I can see how this is off putting for a lot of people where they would just be like, Oh, straight to the comments, you are a ridiculous blah, blah, blah, negative, negative, ugly things. Um, but I was like, I'm going to go with you because I'm curious to see where you're going with this. And you spoke about vision for a future that I want to get into. So tell me a bit more about this experience.

Mikey ([28:48](#)):

So that article was like, first of all, it was so difficult to write, you know? Um, I think that I'll and, I feel like a lot of fat people can say the same thing. Like at some point you deal with so much, like when you're in hospitals or just like around doctors in general that you bury it. Like, you know, like you bury it just to like, be able to get through the day, um, or to just like, be able to go to that checkup for that thing that you're kind of worried about. And like, you hope that there'll be a different outcome. And I think that when, you know, when I titled that piece, I was really intentional about playing with the, the idea that like, how could you say we don't deserve hospitals, but we need hospitals. They save lives, they're life saving institutions.

Tiana ([29:40](#)):

They're not.

Mikey ([29:41](#)):

I know. I remember talking to my husband about this. I was like, Oh, this is the thing I'm writing. And this is what I'm titling it. And he was like, that kind of makes it sound like you're saying that we don't like, like that hospitals are, are like, we don't, we really don't deserve them because they're too good for this. And I was like, that's what I want people to think when they read it. Because I think that there is this there's this really insidious haze around how we think about healthcare, the people who work in healthcare, the, the institutions that are involved in the coordination and delivery of healthcare services. Um, these are corporations. I mean, like they, they literally quite literally price human lives. And, and I'm not saying this as like some kind of hyperbole, like this is this, this is extremely close to like how white people used to price Black people's lives as like literal chattel like this.

Mikey ([30:49](#)):

And I, and I, it really does shock me when people don't think about this about hospitals more because, you know, we've all like been worried at some point about getting sick and having a bill that's so high that we'll never be able to pay it off,

Tiana ([31:06](#)):

Which is ridiculous.

Mikey ([31:08](#)):

Like medical debt is crushing in this country. And we're just talking about the financials. We're not even talking about the fact that like, people are genuinely denied life saving treatments and procedures because either they're fat or if I saw somebody on, I saw a doctor on Twitter the other day, say that the best way to get a doctor to not order a diagnostic test is to ask for it. Can you believe the kind of, of training and education system that these individuals are put through that by the time they finished, they think that people asking for the things that they need are like bad. Like, like I'm not even, what kind, how is something like that, not deeply irreversibly flawed?

Tiana ([32:00](#)):

And, and, and the worst part about that is the fact that the great majority of people that go into medicine go in with a little bit of bright eyed, bushy tailed optimism. I'm gonna help people.

Mikey ([32:14](#)):

That's not what I've seen. I mean, I, I mean, when I was, um, in one of my classes and I think I mentioned this in the essay, like I was working on an intervention that I wanted to bring to schools, took, put down on physicians, like just like anti-fat attitudes like that fucking, like that kill us. And I, and remember, like working with my partner to do sort of these preliminary interviews with these professionals, we found a few doctors. Some of them were in our class, actually, others were, you know, other people that were in my university. Um, and you know, we asked them like, why did you get into medicine? And I remember writing that question down on like the interview sheet, like where you plan the conversation. Um, because I was like, this is going to be important. Um, and then I just remember how I sort of thought that they were going to come with the whole like, Oh, I wanted to save lives, I wanted to help people.

Mikey ([33:17](#)):

And then like, most of them were just like, you know what? I like science, like I thought, you know, like I'm, I've always been interested in biology. And that's not the problem. The problem is that, you know, the problem is how, the way we think of doctors doesn't line up with how doctors actually are. And so we continue to portray this idea that like, they're perfect altruistic beings. And then we sort of ignore the harm that gets done, because it doesn't, it doesn't correspond with what we, with our, you know, our, our broader idea of like what the medical professional is. That's one of many problems, but it is a problem. And like, that's why I'm always make it a point to be like, extremely honest with people when they're like, Oh, you know, I'm like, have you ever had a positive experience, like with a physician or anything?

Mikey (34:12):

And I'm just like the first time I had a physician who didn't make me feel like absolute shit was when I came to grad school and saw someone through student health services at Brown. And she's not a physician she's, uh, she's a nurse practitioner, she's a doctor nurse practitioner. And, um, I've had really amazing experiences with her. Um, that's it like that is, that is the one person who has not, you know, been like, Hey, while you're here talking to me about, you know, your, your ear discomfort, have you considered losing weight? You know, that is, and that's really sad. And I think that, I think that out of a lot of fat people, I have more positive experiences than many of us by virtue of the fact that I just happen to be able to get into this really prestigious institution that happens to have a person that isn't a piece of shit, like, you know, that that just happened to happen.

Mikey (35:27):

Um, and so when, you know, I, I'm just like very clear with people about like, no, the, a terrible standard of care is, is the, is the regular standard for so many of us. So your worst experiences are often just like our experiences, like, and they are some of our worst experiences too, but we just have so many that they just sort of like blur at one point. Um, and so when I was saying like, we need to divest from this concentrated corporation slash like prison, or, you know, a lot of prisons are corporations anyway, but we need to divest from this institution that claims to have a monopoly on life saving when it actually kills a lot of us. Like, there is absolutely no reason why there should be administrators being paid hundreds of thousands of dollars a year that, you know, those jobs only exist because we have insurance companies that regularly deny life-saving care and somebody has to do all that paperwork.

Mikey (36:39):

Like, you know, these, these things don't have to exist. And I think that that's where people, you know, get it twisted because they're like, Oh, well, if this is just like what we have, and I'm like, yeah, that's what we have and what we have is terrible. And so we should be aspiring to something good, like, and it doesn't, and I'm not saying that like, Oh, you know, we should, we should train doctors. And then, you know, just sort of like have them go to everyone's houses in the community and treat them all individually, or maybe I am. What would like, what would be so bad about that? What would be so bad about recruiting doctors directly from the neighborhoods they come from? What would it be so bad if like medical schools that train student doctors who most of them are the ones who treat low-income patients and they get recycled like every few fucking years. So then you never have a real concrete continuity of care for people who need it the most, because poor people get sick the most, because they're exposed to the most danger.

Tiana (37:44):

Talk about it.

Mikey (37:46):

So you're, so you have them stuck in this cycle of subpar care with people that are just white people from other areas that just like get matched into working with these people or who actively sought working with low income, under-represented, under-resourced communities, because they have some kind of white savior complex.

Tiana (38:05):

White savior!

Mikey (38:08):

Like what if we just like, didn't do any of that. And we did something else. And that is so scary to people. And it's not like, it's not scary to me. Like, you know, there's, there's, I don't understand why people are like, Oh, that's, that's idealistic. And what, like, I think it's idealistic to not want people to die for no reason. I just think that's like natural survival instinct.

Tiana (38:35):

Please. Yes.

New Speaker (38:39):

And so, yeah, I mean, I wrote that and I was like, fuck hospitals. Like, we don't deserve this shit. We deserve more than this shit. Like what, what does, like, what is this like the preserving human life should not be so closely tied to like the profits of these sterile buildings where like also, you know, a lot of these doctors are in there for way too long shifts. They lose connection with reality, they're overworked, like it's.

Mikey (39:07):

And, and honestly, I mean, a lot of them aren't to blame for a lot of the bad mistakes that happen, like in these hospitals, you know, things that just like, you know, surgical errors, for example, like a lot of them aren't to blame for the conditions that give rise to those issues. Um, that does not dissolve, like save them from blame or complicity in the system. But like, you know, we're all complicit in systems to some extent. I just think that it's worth examining how we're complicit and what the world would be like if we just literally decided to do something else and like we can at any point, um, it's just, you know, the people who are, you know, in the best position to make those decisions are obviously not going to make those decisions.

Tiana (40:00):

Yes.

Mikey (40:02):

So then we're stuck in this cycle of going to doctors and hoping for the best.

Mikey (40:07):

And the best is often that we leave without like being totally ignored or just like, you know, having a relapse of our eating disorders because doctors are like, Hey, you should, you should engage in these restrictive behaviors that are actively harmful to your, your, your relapse. And like, you know, just because we shouldn't be fat, um, yeah.

Tiana ([40:38](#)):

That's terrible it's bad. Everything is bad, everything is bad. But like, what I loved was you said it doesn't have to be. And I, I so agree with that. I so agree with that. So I know we're out of time. But I'm gonna ask you one final question.

Mikey ([40:57](#)):

Yes.

Tiana ([40:58](#)):

How Mikey are you living your best fat life?

Mikey ([41:06](#)):

Oh my God. You know, I love that you brought up abolition earlier because I think part of living my best fat life is about killing the cop in my head. Like, yes, like I, and I still do this and I try to be really clear with people that like, just because I'm here and I write about these things and I tell people like, Hey, just eat the thing.

Mikey ([41:30](#)):

If you want to eat the thing, it doesn't mean that I'm not also struggling with my own internalized fat phobia because we all have it. So I still have that cop in my head. That's like, Hey, you're taking up too much space. Hey, you haven't done enough things to earn the right to eat that meal. Like, Hey, um, you know, why is it that, you know, you are eating a thing that you could probably look at the nutrition facts and somebody would scream about them instead of eating this other thing that you could easily eat. Um, maybe I'm not eating nothing because it's not as delicious as this thing. And so I just don't want to eat that thing. Um, and it's like constantly like negotiating and pushing and just like eventually just like shoving the cop in my head out of the way. You know, I just, I think being in increased struggle with that cop is like going to let me live my best fat life. But in the meantime, being around people who like I love and love me, like, that's what helps me live my best life in the meantime.

Tiana ([42:38](#)):

I love it. I love it. Oh, thank you so much for being with me today.

Mikey ([42:46](#)):

Oh thank you for inviting me!

Tiana ([42:46](#)):

It's so good. And like, I wish we had more time. I wish we had more time and we will, we'll do this again at some point somehow, because it was fun. This was fun.