

# India.Arie is featured along with Ashley Judd in AIDS documentary

THE ASSOCIATED PRESS

NEW YORK — Soul singer India.Arie is hoping viewers will be moved to action after watching VH1's upcoming documentary, "Tracking the Monster," in which she and actress Ashley Judd visit separate African countries grappling with the plight of AIDS.



"It's what the power of this piece is, because I intellectually heard the numbers and knew that Africa was being devastated, but when you see it, you only need to see a portion of it and then multiply it in your mind," India.Arie told The Associated Press after a private screening of the film on Tuesday. "Seeing it just made it much more real."

India.Arie — who added the period in her name for aesthetic purposes — visited poverty-stricken sections of

Kenya and met with people infected with AIDS or the HIV-virus and comforted children orphaned by the disease. Judd visited the island of Madagascar and talked with women in prostitution about safe sex.

In one heartbreaking scene, India.Arie asks a 14-year-old girl if she could have anything in the world, what would she want. The girl, an orphan, tells the singer she wants to come home with her, and bursts into tears.

"She was the same age as my sister," the 29-year-old said. "I was not only feeling for her but also feeling that there were millions of girls like her. I can't take home a million girls, I can't take home one. What would I do with a teenage daughter? ... It's a profound conflict, because I really could bring her home but I couldn't."

The singer says she's frustrated the continent hasn't received more help in its fight against AIDS. "It's not fair to

me. It's not fair that people ignore AIDS in Africa because it's Africa. It's not fair. If it was Eastern Europe or the lighter the ethnic group, I think the more help they would get."

The experience inspired India.Arie to write songs about her experience. Some of them will be featured on her new, dual-album project, one album will be released in the fall and another a few months later.

India.Arie thinks the new material may lead people to criticize her for being too idealistic, but she doesn't care.

"I've given up the whole fear of being called earnest because I am earnest and my music is earnest at times, and that's O.K.," she said. "The songs that I've written about Africa, and AIDS and HIV and about the power of humanitarian love, those songs, I'm gonna sing them because I know that it's real."

On the Net:  
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Murdock-Gant

Tia Angelica Murdock and Frank Gant were married at 4:30 pm, Sunday April 17th, 2005 at Our Lady of Consolation Catholic Church, Monsignor Mauricio West officiated. The reception followed at Daniel Stowe Botanical Gardens in Belmont, N.C.

The bride is the daughter of Miles E. and Sandra Murdock of Charlotte, and the granddaughter of the late Abbie Jean Prudent and the late Carl H. Russell, Sr. of Winston-Salem, N.C. and the late Milas F. Murdock and Christine Tate Murdock of Landis, N.C.

The groom is the son of Frank H. Gant and the late Delores M. Gant of Winston-Salem and the grandson of the late Thomas Mack and Louisiana Mack of Martinsville, VA and the late Benjamin Gant and Sara Gant of Danville, VA.

The Maid of Honor was Veronica Badgett. Bridesmaids were Berma Sawyer, Tizara Prunty, Kristie Bennett and Chanel Scott and Alexandra Badgett was the flowergirl.

The Best Man was Hank Perry. Groomsmen were Chris Campbell, Dederick Lowry, Darryl Stephens, Scottie McCollough and Malcolm Shaw was the ring bearer.

Cedra Russell, Chloe Russell and Michelle Sermon were the Hostesses and Daniel Berry, Torre Jessup, Charles Brown and Will Thompson were Ushers.

Tia earned a B.S. in Criminal Justice from UNC-Charlotte in 1995. She is currently a Flight Attendant for American Airlines. Frank studied at the U.S. Army Military Academy and the University of Phoenix. He is currently Government Accounts Manager for Charlotte Copy Data Network.

The newlyweds honeymooned in Rio De Janerio, Brazil and will remain in residence in Charlotte, N.C.

# Obesity is growing in nearly every state, especially down South

THE ASSOCIATED PRESS

WASHINGTON — Like a lot of people, the nation's weight problem is settling below its waistline. The states with the highest percentages of obese adults are mostly in the South: Mississippi, Alabama, West Virginia, Louisiana and Tennessee.

In the entire nation, only Oregon isn't getting fatter.

Some 22.7 percent of American adults were obese in the 2002-04 period, up slightly from 22 percent for 2001-03, says the advocacy group Trust for America's Health, citing data from the Centers for Disease Control and Prevention.

Alabama had the biggest increase. There, the obesity rate increased 1.5 percentage points to 27.7 percent.

Eight states came in under 20 percent: Colorado, Massachusetts, Rhode Island, Connecticut, Vermont, Montana, Utah and New Hampshire. But their figures were all rising. Oregon held steady at 21 percent.

Hawaii was not included in the group's report Tuesday.

While certain regions of the country fared worse than others, particularly the Southeast, the organization said that no state met the federal government's goal of a 15 percent obesity rate for adults by 2010.

An adult with a body mass index of 30 or more is considered obese. The equation used to figure body mass index is body weight in kilograms divided by height in meters squared. The measurement is not a good indicator of obesity for muscular people who exercise a lot.

"Bulging waistlines are growing and it's going to cost

taxpayers more dollars regardless of where you live," said Shelley Hearne, the organization's executive director.

Why the geographic patterns? Experts don't have any one clear answer. Some suggest that urban sprawl plays a role. Others say it's easier to find a burger and fries than apples and asparagus in poor communities.

Dr. Delia West, a professor of public health in Arkansas, said demographics play a part. The South has a larger percentage of minorities, who have shown an increased risk for obesity. She said Southerners also tend to lead a more sedentary lifestyle than their counterparts in states such as Colorado or Oregon. People will find fewer jogging trails in Little Rock than in Denver, she said.

Also, the Southern diet probably plays a role, said West, a professor at the University of Arkansas for Medical Sciences.

"We know the difference between purple hulled peas and speckled butter beans," she said. "But we make them with bacon fat or salt pork, so even though we're getting the micronutrients, it often comes laden with these extra calories."

Hearne said the United States is stuck in a "debate limbo" about how to confront obesity. She urged government action on several fronts, such as ensuring that land use plans promote physical activity, that school lunch programs serve more healthful meals, and that Medicaid recipients get access to subsidized fitness programs, such as aerobics classes at the local YMCA.

Radley Balko, a policy ana-

lyst at the Cato Institute, said he was wary of the call for more government action on obesity. The institute is a think tank that prefers free-market approaches to problems.

"I think obesity is a very personal issue. What you eat and how often you exercise, if that comes within the government's purview, it's difficult to think of what's left that isn't," Balko said.

Health policy analysts maintain that obesity increases the burden on taxpayers because it requires the Medicare and Medicaid programs to cover the treatment of diseases caused by obesity. The report issued Tuesday said taxpayers spent \$39 billion in 2003 for the treatment of conditions attributable to obesity.

Balko said it's not clear the government really knows how to persuade people to make better decisions. He said open-ended entitlement programs, such as Medicaid and Medicare, don't provide much of a financial incentive for people to watch their weight. The government just picks up the cost of treating diseases for those patients, regardless of the amounts, he said.

He prefers that the government give Medicaid and Medicare recipients an incentive to open medical savings accounts, which would allow them to save money when they do not access the health care system.

"If they knew they only had so much to spend, or what they did not spend could be saved, then maybe you could instill a certain sense of responsibility and ownership," Balko said.

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