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The Medicine of the American Waif

Alex Hack

The popularity of GLP-1 agonists, known colloquially under the catch-all “Ozempic,” has skyrocketed over the past couple of years, even leading to an extensive shortage of the type 2 diabetes medication that was declared over in 2025.¹ This scarcity limited access for individuals most in need of the medication, often in the service of cosmetic weight loss—leading us to further question the ever increasing blur between health and aesthetics. Hims & Hers Health, founded simply as “Hims” in 2017, began by selling erectile dysfunction and hair loss medication to men. “Hers” was added to the brand in 2018, providing birth control and libido increasing drugs for pre-menopausal women. In 2024, the company added GLP-1s for weight loss to its offerings.

The “unnecessarily gendered” product or brand has been criticized ad nauseam and to the point of parody—we might all remember the infamous “Bic For Her” ball point pens. However, Hims & Hers Health reinvigorates this conversation. Surely, we can’t be upset that our biological needs result in differently gendered approaches to health care? Yet, the company’s application of intensely gendered corporate branding, in the context of biomedical pursuit, might be worth some consideration, especially as its stock has more than doubled since its incorporation of GLP-1s.²

Between the company’s 2024 addition of the weight loss medication and its contemporary manifestation,³ Hers (unlike Hims) seemed to be most frequently advertised as a provider of GLP-1s—as evidenced by

television ad spots,⁴ podcasts,⁵ or the company's gendered websites.⁶ This included a special advertised homepage⁷ dedicated to the task. Overwhelmingly branded in Hers' meant-to-be-feminine sage green, the site launches with images of Black bodies and their freshly manicured hands holding glass vials and casually injecting themselves with the medication. If you scrolled further, this trend continued: a curvaceous Black woman stares directly into the camera, clad in green and white, another Black woman drinks from a water bottle (*health is more than weight-loss medication *wink**).

This advertised webpage still exists, and while it now largely advertises the GLP-1 pill (rather than the injection) and most of the bodies it uses to do so remain Black (or non-White), there is additionally a row of White faces that lay in contrast to the Black models used to market the medication. The contrast is almost comical in its brazenness, four real life White women—none of whom appear overweight—are utilized via their “real life” testimonials. Testimonials that admittedly sound entirely like advertising copy. Maggie, who the site claims “lost 10 lbs in 1 month,” says, “I have noticed an enhanced focused on being more mindful of what I am eating, making sure to hit my protein goals!”

This contrast between human marketing material as Black and intended client as White, speaks loudly, not only to the way Black women are so often used as visual scapegoats, saddled with the task of affectively representing obesity, but also to the fact of who this medication is ultimately intended for. This dynamic—the material fodder versus the intended patient—is a long-standing feature of American medicine's history of racism and unethical experimentation.⁸ The digital phenomenon of the GLP-1 medication, its popularity surging as a result of social media and the accessibility of online telemedicine, lies alongside the truth

of so many other digital medical technologies, providing medical assistance often at the expense of Black patients, furthering American medical racism and its negligence via the algorithm.⁹

However, this digitality also clues us into something else: GLP-1 medication and its proliferation on social media is often a cosmetic phenomenon—the “O-O-O-Ozempic” theme song went viral on TikTok in its many considerations of celebrities and Hollywood starlets suddenly significantly skinnier.

And these aesthetic drives are easily conflated with and bump up against health concerns. This was interestingly felt when Serena Williams announced herself to be a Ro¹⁰ spokesperson, claiming to have lost 34lbs on GLP-1s: “after kids, it’s the medicine my body needed.”¹¹ Her husband, Alexis Ohanian, is a substantial investor in the company, sitting on its board.¹² While Williams’ reasons for using the medication are entirely her own and should be respected as such, her existence as advertisement deserves consideration and cannot be divorced from the misogynoir and fatphobia¹³ that has been publicly hurled at the tennis star throughout her illustrious career. Nor can we ignore the way the campaign’s promotional materials synonymize weight loss and health (as Ro’s 2026 Superbowl ad, featuring Williams,¹⁴ begins, “I’m on Ro. 34lbs down on GLP-1s. Healthier on Ro.”),¹⁵ or even how they present health as a secondary effect rather than an initial goal (as a promotional piece¹⁶ in *Women’s Health* states, “Her health is benefiting *too*” [emphasis added]), given how often Black women’s health concerns are overlooked or ignored due to weight stigma. The perpetuation of this kind of “weight-first framing” can have disastrous effects for Black women, “overshadow[ing] other diagnoses” and “leading to misattribution and missed care.”¹⁷

The image produced, this focus on weight loss alongside Williams’

wealth and celebrity, is emblematic of the privilege of many GLP-1 users: “Patients with genuine clinical indications often struggle to obtain these medications due to shortages and high costs, while wealthier individuals use them for cosmetic weight loss.”¹⁸ The existence of the medical profession, as an increasingly digital vehicle for shareholder value, is hyperpresent in the prescription of GLP-1 medications, not to manage Type 2 diabetes or obesity, but to maintain American capital via the ideology of the American waif. This “Young-Girl”-ification of the medical industrial complex comes into relief via Hers’ overt gendering and immediate push to sell GLP-1s to women via its reproduction of the body’s most commodified articulation¹⁹—from the Gibson Girl to heroin chic. To quote Tiquun, “The Young-Girl is the commodity that insists on being consumed, at every instant, because at every instant she becomes more obsolete.”²⁰ The prevention of this obsolescence is a gendered practice that knows no bounds. Ro, unlike Hims & Hers Health, is unisex, its homepage boiling down the medicine of telemedicine to “Weight Loss, Sexual Health, Fertility, Hair, Skin, and Daily Health.”²¹ This being just a stones throw from Hers’ options to “Start your weight loss journey,” “Grow fuller hair,” “Treat menopause,” and “Get a health check,” or Hims’ to “Start your weight loss journey,” “Have better sex,” “Regrow hair,” and “Boost testosterone.”²² Health collides with Western patriarchy and its articulations of “looksmaxxing” and “fertility/virility.” We are asked to elide ourselves and our experiences in pursuit of the recursive aesthetics of the American Algorithm.

As medicine in the United States reaches its penultimate form, it is no surprise that its corporate manifestation continues to lose interest in actual health care—or the socially and materially grounded care of our bodies. But might its continued refusal to truly incorporate the Black

patient indicate a clear and growing inefficacy, as well as a path of evasion and even escape from this increasingly virtual space?

This evasion is always present in the many midwives and doulas that serve Black pregnancy, in Los Angeles, where I live, we might find it in the farmers of Crop Swap LA, who grow produce in the yards of LA homeowners and help distribute that produce to community members, or, looking back, we might see it in the community-funded Black nurses that worked against the tide of tuberculosis in Philadelphia's Black Belt.²³ These efforts and care networks lie in almost direct contrast to the virtual space in which human powered colonial-capitalism cannibalizes itself, eats away at its flesh, whether in the form of commercial aesthetics or "medicine"²⁴ or mining or weapons manufacture or oil drilling or another AI data center that injures the local population. Virtual not insofar as its effects are unreal, but insofar as capital and its many alienated commodities are increasingly fueled by an abstract, aesthetic, digital space that seems to always override and efface the material dynamism of bodily information. I'm reminded of Audre Lorde and her desire to battle infrastructures of illness via a more unmediated relationship to the self that evades the hyper-present American concern with cosmetic appeal.²⁵

The GLP-1 introduces the question of what sustains us and whether or not we will turn our attention towards the very real reserves of the earth and the wealth of our communities and away from capital, the commodity, and their haunted aesthetics—aesthetics that refuse to incorporate Black bodies regardless of their use of prescription weight loss medication. Hers' branding and advertising makes use of gendered and racialized anxieties, utilizing curvaceous Black bodies—the fat Black woman is wielded as threat, taming White femininity into submission. The heavy-handedness of both Hims & Hers Health and Ro might help us

see a possible and unfortunate future, one in which the fundamental cosmetic drives of bourgeois misogyny and American healthcare, often via the biopolitical mechanisms of targeted and relentless digital advertising, become ever more entwined. Alternatively, their brazenness might lead us to better recognize the futility of such a system—one that seems hellbent on alienated deterioration for the sake of Empire—and the opportunities that lie elsewhere.

Endnotes

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