Plenary on The Social Safety Net Food Oppression: The Next Challenge for Racial and Gender Equality

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Analyses of the complex web of institutionalized structures that create gender and racial inequality often overlook the role that health, particularly as related to food policy, plays in maintaining patriarchy and white privilege. Nonetheless, a brief glance at statistics reveals alarming health disparities along race, class, and gender lines. For some, these disparities prove correct popular myths about women's frailty and literal unfitness for full social participation. They also reinforce stereotypes about the personal failings of black, brown, and poor individuals that concretize their low place in the social structure. Instead of establishing individual responsibility for health, however, these myths and stereotypes contribute to and support a food policy framework that prioritizes corporate interests over health. Despite the facially neutral nature of this framework, it wreaks disproportionate harm on racialized groups, women, and the poor.

Obesity provides an excellent example of how purportedly neutral food and health policy can target subordinated and marginalized individuals along intersectional lines. Women, particularly women of color, receive the highest numbers of obesity diagnoses. Diagnosis, in turn, leads to medical and social interventions that increase surveillance and control of black and brown female bodies. Further, the medical foundation for many of these interventions is suspect. Body mass index, the crude measurement used to establish obesity, fails to take into account a range of body shapes and sizes common to black and brown women that do not correlate with poor health. Nonetheless, large women experience shaming and discrimination that deflects attention away from legitimate health concerns that arise from government, not individual, action. Exploring this and other issues, this presentation applies a food oppression lens to evaluate how the social safety net, particularly the federal nutrition programs, fails poor women of color and considers how this theory can guide structural reform to reduce or eliminate health disparities.