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THE FATE OF LOCAL FOOD SYSTEMS IN THE GLOBAL INDUSTRIALIZED MARKET: FOOD AND SOCIAL JUSTICE IN THE RURAL SOUTH

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Abstract

This paper investigates the connection between local food systems, health disparities, and social justice in the rural South. It begins with the relationship between food insecurity and health disparities that disproportionately affect racial and ethnic minority populations, and non-minority women and children. First, we discuss the concept of health disparities within the context of bioethics and public health ethics in order to explore the link between the food system and health as a social justice issue. Second, we define health disparities and discuss how they have historically plagued and disadvantaged racial minority populations. Third, we examine these disparities within the context of the structure of the food system and the related social justice issues. We conclude that food insecurity in the rural south is ethically unacceptable because it harms the disadvantaged populations living in these areas. It worsens their vulnerability, truncates their flourishing, and makes their optimal health a mirage.

Keywords: Ethics, Food Security, Food System, Health Disparities, Social Justice

Introduction

This research is a collaborative effort of faculty in the National Center for Bioethics in Research and Health Care at Tuskegee University (Bioethics Center) and faculty in the Department of Agricultural Economics and Rural Sociology at Auburn University. The Bioethics Center at Tuskegee University is missioned to specifically address bioethics and public health ethics issues that affect communities of color. Communities of color suffer disproportionately from health disparities and food insecurity – thus, investigating the intersection of these phenomena through the lens of ethics is both timely and necessary. A fundamental assumption of this work is that the food security of vulnerable communities is tied to the fate of the local food system. Thus, we examine the ethical issues surrounding the local food system which are influenced by historical policies that place some populations at a disadvantage and advantage others (Institute for Agriculture and Trade Policy, 2007; Jackson et al., 2009). We begin our investigation with a discussion of the theoretical framework within which the authors operate.

Ethical Framework: Bioethics, Public Health Ethics and Integrative Bioethics

The Bioethics Center is uniquely positioned within a socio-historical and contemporary context that demands a unique approach to bioethics. Thus, the ethical framework within which the Bioethics Center operates holds in tension mainstream bioethics with public health ethics and integrative bioethics. Mainstream bioethics focuses on bio/medical technology, rights of research subjects, the doctor-patient relationship and how changes in the health care system affect it – generally, medical ethics. Public health ethics focuses on the interest and health of groups, the social justice of the distribution of social resources, and the positive or social/human rights of individuals (Bayer and Beauchamp, 2007). Integrative bioethics is the field of inquiry and practice that brings together and embraces the social, cultural, economic, religious,

philosophical, political, legal, scientific and technical domains of knowledge to influence ethical decision-making in life activities (Rincic and Muzur, 2011; Sodeke, 2012).

Recognizing the tension between these spheres of ethics is extremely important because there is scientific validity to the scope and practice of mainstream and integrative bioethics as well as public health ethics. Holding these spheres of ethics in tension is what distinguishes the Bioethics Center from those who subscribe to a narrow view of bioethics which forces them to leave many issues that face vulnerable and susceptible populations unaddressed. As a result, these same populations' life circumstances worsen.

Because mainstream bioethics is limited in scope and practice, Tuskegee University has historically subscribed to an integrative approach to ethics, science, education, and training, and integrative bioethics as well as public health ethics are, therefore, important aspects of the Tuskegee "ethos". Unlike mainstream bioethics, and in some ways like public health ethics, which is trans-disciplinary, integrative bioethics is interdisciplinary conceptually, methodologically multi-disciplinary, and trans-disciplinary in practice. It builds bridges and spans the boundaries of the social, cultural, economic, religious, philosophical, political, legal, scientific and technical domains of knowledge in order to query actions, and alert us of moral chasms and ethical issues that are often embedded in life activities. Its proper practice enhances our capacity to make decisions that can inform appropriate policy and law. Integrative bioethics is a deliberate attempt to capture the wholeness that is lacking from mainstream bioethics. Integrative bioethics is grounded in the philosophical assumption of "bringing life to ethics and ethics to life"; it is therefore understood to be all encompassing.

Public health ethics is somewhat akin in method to integrative bioethics with respect to being inter-disciplinary. Its translational nature has a specific focus. Public health ethics is population-based, targets health promotion, and is directed at preventing the adverse conditions that result in disease, dysfunction, disability and pre-mature death. The unique method of holding these spheres of ethics in tension allows the Bioethics Center to address broad bioethics and public health ethics issues and specific needs of vulnerable and susceptible populations with respect to optimal health and health care, of which the connection between food security and health disparities loom large.

This paper focuses on the connection between local food systems, health disparities, and social justice in the rural South. Beginning with the relationship between food insecurity and health disparities that disproportionately affect people of color who are often referred to as minority populations, the concept of health disparities is discussed within the context of bioethics and public health ethics, in order to explore the link between the food system and health, as a social justice issue. Second, health disparities are defined and discussed along with how they have historically plagued and disadvantaged people of color. Third, these disparities are examined as a social justice issue within the context of history and the structure of the food system. The authors conclude that food insecurity in the rural south is ethically unacceptable because it is rooted in historical inequity in agricultural and social systems, and it continues to harm disadvantaged populations. It worsens their vulnerability/susceptibility, truncates human flourishing, and impedes optimal health.

There are many social determinants of health and the common misconception is that health care is the greatest determinant of health, thus policy directives have been aimed at expanding physical and financial access to health care. However, other significant determinants of health include: environment, education, income, individual characteristics and behavior, social and familial networks, and economic, political, and food system failures. In fact, because

of the growing awareness that a significant part of health has little to do with access to health care, institutions and communities across the nation are beginning to develop innovative approaches to achieving optimal health, beyond access to care. For example, medical centers are providing needed legal assistance to patients to pressure landlords to make asthma-reducing improvements to buildings (Cole, 2012). Also, ensuring partnerships beyond the walls of medical clinics with educational institutions to ensure that nutrition classes are taught and gym classes are offered in local schools, along with movements to establish parks in neighborhoods are all significant movements that evidence the fact that health has less to do with access to care than is commonly believed (Cole, 2012). Likewise, the connection between the food system and health has become a significant issue as an increasing number of medical practitioners and policy makers regard agriculture as a public health issue (American Medical Association, 2009; Harvie et al., 2009; Institute for Agriculture and Trade Policy, 2007; Jackson et al., 2009; Welch and Graham, 1999). This link between health and agriculture is explored within this paper through examining the local food system and health disparities.

Local Food System and Health Disparities

Individuals within the United States depend on the national food system to help support national health and nutrition. The rural south, particularly the Black Belt, has historically been an integral part of this system. The Black Belt, once known for its rich dark productive soils that supported profitable agricultural production, with roots in an exploitative slave trade, is now known for food deserts, high rates of poverty, disproportionate number of African Americans, and stagnant economies.

Agriculture and the local food system within the rural South have always been a significant social justice issue. For example, racism and discriminatory practices by the U.S. government against African American farmers from Reconstruction well into the 20th century, and subsequent massive land loss of black farmers – at the end of the twentieth century, Whites accounted for 96% of the owners of all private U.S. agricultural land, 97% of the value and 98% of acres (Gilbert et al., 2002). Between 1920 and the late 1970s, about 94% of farms operated by African Americans were lost (U.S. Commission on Civil Rights, 1982). By 1999, African Americans made up only 2% of agricultural land owners, and owned less than 1% of agricultural acreage (Gilbert et al., 2002). “Since the early 1970s, activists and scholars have warned that the rural black community was in danger of losing its entire land base” (Gilbert et al., 2002, p. 55). In addition to its cultural significance, land ownership for rural communities, especially minority communities, serves as one of the few and largest forms of wealth (Gilbert et al., 2002).

Not only is land loss and discrimination prominent in the story of agriculture and social justice, but also areas where black farmers were largely concentrated and where agriculture was the cornerstone of the economy – in the rural South, are now areas where there is a disproportionate percent of poor and food insecure African Americans suffering disproportionately from health disparities. For example, the top six most food insecure states, that is, states with the highest prevalence of households classified as having low or very low food security, are Mississippi (19.2%), Arkansas (19.2%), Texas (18.5%), Alabama (18.2%), Georgia (17.4%), and North Carolina (17.1%). The prevalence of food insecurity in these states is statistically different than the prevalence at the national level (14.7%). Worse still, the top three states of very low food security are Arkansas (7.6%), Alabama (7.1%), and Mississippi (7.1%) (Coleman-Jensen et al., 2012). Also, in 2011, the prevalence of obesity in the U.S. was 35.9% (Flegal et al., 2012). The prevalence of obesity by race supports the aforementioned disparities:

non-Hispanic whites 34.9%, non-Hispanic blacks 49.6%, Hispanics 37.9% and Mexican Americans 39.6%. By state, the prevalence of obesity is highest in Mississippi (34.9%), Louisiana (33.4%), West Virginia (32.4%), and Alabama (32.0%) (CDC, 2012). All of these data point to the challenges of minorities and Southern states with significant rural populations.

The history of racial discrimination and segregation within the South has left its permanent imprint on the landscape and institutional structures. Neighborhoods continue to be segregated and African Americans more often reside in communities with little access to fresh, nutritious local foods (Dunn et al., 2011; Kaufman, 2010). Entrenched inequalities and systemic neglect of ethnic and racial populations within institutions that directly affect agricultural and food policy prevent the necessary collaboration that will give agency to vulnerable populations and enhance their access to a sustainable, healthy food supply. Food insecurity and attendant health disparities in the rural South are merely another manifestation of “sedimented” inequalities that have their foundation in racial injustice and discrimination, from the inception of the American colonies. This continued manifestation of sedimented inequalities, particularly within the food system, is an ethical issue as it deals with individual abilities to meet their basic needs. Having basic needs met is an inalienable right for all humans. Sometimes individuals are not able to provide the needs unaided and need assistance from the nation states. Therefore, the human right to basic needs is a significant issue that has been debated for a long time in questions of social justice regarding what individuals are owed and are due, what exactly society is obligated to provide individuals to ensure the human flourishing of its members, and what individuals owe to society in return (United Nations General Assembly, 1948).¹

The link between health and income inequalities is an ethical issue; however, the answer to the problem of health disparities is not merely poverty elimination. Health disparities are defined as avoidable and unfair inequities in health between populations (Bayer and Beauchamp, 2007). The factors of avoidability and unfairness in health are predominant ethical issues. The literature supports the notion that individuals’ life chances are correlated with social class. Wealthier and more educated individuals have healthier and longer lives. These differences are not just evident between developed and developing nations but within developed nations, even where there is universal access to health care – another indicator that financial access to medical services is neither the only, nor the most significant determinant of health status (Daniels et al., 2007).

A historical view of inequalities can help put things in perspective. The compounded social, political and economic inequalities that follow a history of economic exploitation – slavery and racial discrimination – are what make income inequalities unjust. Understanding these issues within their historical context demands the ethical imperative of urgent attention. Addressing these social justice issues regarding food insecurity and health disparities calls for strategies that give voice to the most vulnerable and susceptible populations. To this end, we offer the following thoughts for reflection and action.

Food Insecurity

Food insecurity deals with the accessibility and availability of affordable food. However, we expand this definition to include the quality of food; thus, we argue that food security should deal with the accessibility and availability of affordable healthy/nutritious food. Furthermore, increased food production is not the only viable solution to the problem of food security. Increased food production will do little to tackle the entrenched challenges within the structure of the local food system in the rural South. Many communities, in the rural South, have limited

access to the cornucopia of the national food system because they are food deserts. The United States Department of Agriculture defines food deserts as low income areas with limited access to affordable nutritious food, that have a poverty rate of at least 20% or median family income at or below 80% of national median family income (USDA, ERS 2009). There is usually limited access to a supermarket or grocery store, and presence of convenience stores and fast food restaurants that have limited options of fresh nutrient rich foods (USDA, ERS 2009). Prices paid for goods at these smaller food retail outlets, as opposed to larger supermarkets or grocery stores are usually higher (USDA, ERS 2009). Individuals who live in low income communities, particularly within the rural South, are disproportionately African American and Hispanic, and those hardest hit by such food insecurity are children and single female-headed households.

Low income populations most vulnerable to food insecurity are those who also suffer disproportionately from health disparities. It has been reported that such health disparities (inequalities) are systematic, potentially avoidable differences in health – or in the major socially determined influences on health – between groups of people who have different relative positions in social hierarchies according to wealth, power, or prestige (Braveman, 2006).

The ethical challenge is that the national food system is one in which consumers have little or no say in food production and little ownership in the national food system.² This national food system generates a tremendous amount of food at relatively low cost, but everyone does not have equal access to high quality, nutritious food. Several thinkers and writers have argued that U.S. agricultural policy has supported a low-cost, calorie-dense, nutrient-low diet that contributes to poor health (Ludwig and Pollack, 2009; Muller et al., 2007; Nestle 2002; Pollan, 2003 and 2007; and Popkin, 2010; Rickard et al., 2013; Tillotson, 2004). However, Rickard, Okrent and Alston (2013) suggest that U.S. agricultural policies may have little effect on caloric intake, and that the removal of sugar and dairy policies could increase caloric intake. Regardless of the reasons, low-cost, calorie-dense foods are readily available to low income populations. These food swamps, areas of high concentration of fast food restaurants and other calorie-dense, convenience foods, suggest that the food system is not meeting the needs of the most vulnerable and susceptible populations (Rose et al., 2009). The national food system, which links food production in rural areas to national and global markets, promotes large scale production that feeds large and long global value chains, but does not adequately feed all consumers, especially the poor and those living in rural areas. In short, local producers are not necessarily feeding local consumers. Taken together, the situation of the compromised national and local food system constitutes a serious ethical issue of who has access to healthy foods.

It has been noted that there are grassroots movements afoot to address these challenges within the local food system, however, much like the early mainstream environmental movement, they are mainly benefitting middle-class whites (Henson, 2013). In such cases throughout the nation, the local food movement often fails to reach people of color and other vulnerable populations. Such modes of operation violate fundamental human rights, and are at odds with the conditions that support human flourishing. Sustainable local food systems are long overdue and providing the necessary assistance to the affected populations is imperative.

Conclusion

In planning for sustainable local food systems that can support healthy populations, those who are among the most vulnerable must be engaged and involved from the onset. Low income individuals, women, and people of color – those who suffer most from food insecurity and health disparities, must be involved in making decisions about availability, accessibility and

acceptability of the local food supply. The local food movement must not move forward without input from vulnerable and susceptible populations. Likewise, educating and raising the awareness about food and agricultural policy and systems, on the federal and local level are imperative for those on the margins of society. In the total scheme, social justice demands that individuals have a clear knowledge of what is owed to the community in which they live, work, and die as well as the influence they have in helping to create conditions for optimal health in their lived-environments. They must certainly demand to be at the table and insist that sitting at the table not be merely tokenism but reflect authentic participation as equal agents ready with voices that should be valued. Furthermore, ethical considerations must precede every decision made.

Endnotes

1. Articles 22 to 27 of the Universal Declaration of Human Rights set forth the economic, social and cultural rights to which all human beings are entitled. The cornerstone of these rights is Article 22 which acknowledges that, as a member of society, everyone has the right to social security and is therefore entitled to the realization of the economic, social and cultural rights “indispensable” for his or her dignity and free and full personal development. Five articles in this cluster elaborate the rights necessary for the enjoyment of the fundamental right to social security, including economic rights related to work, fair remuneration and leisure, social rights concerning an adequate standard of living for health, well-being and education, and the right to participate in the cultural life of the community. The third and final cluster of articles, 28 to 30, provides a larger protective framework in which all human rights are to be universally enjoyed. Article 28 recognizes the right to a social and international order that enables the realization of human rights and fundamental freedoms. Article 29 acknowledges that, along with rights, human beings also have obligations to the community which also enable them to develop their individual potential freely and fully.
2. The national food system encompasses the process of moving food from producer to the consumer, which includes production at the farm level, processing, and distribution—wholesale and retail agricultural markets (for example grocery stores, farmers markets, etc.), as well as getting the food directly to the consumer, for example through Community Supported Agriculture where the consumer purchases food directly from the local farmer.

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