Capitalism and the Food System, part 2: Science, Safety, and Health

24.03: Good Food
Haslanger/Jaques
22 March 2017

Last week, we saw that the food system, under capitalism, provides both opportunities and incentives for exploitation and other forms of oppression of workers.

This week, we are looking at ways that the food system, under capitalism, provides both opportunities and incentives for behavior toward consumers that may also be morally or politically objectionable.

- Monday, the film showed how involvement of corporations made people’s access to clean water (much) worse.
- Today, we’ll look at how capitalism interacts with the development of food products, the food safety system, and issues of health.

1 Food Safety

In the Hylton reading, we saw that the food safety system in the U.S. is deeply flawed.
- The government’s ability to protect people from contaminated food is remarkably limited.
  o Recalls are voluntary, and it’s very difficult even to satisfy the requirements to request one, even when hundreds or thousands of people have been sickened.
  o Even when plants fail to meet contamination limits, the regulators cannot require that they be shut down.
  o There is a crazy quilt of agencies responsible for food safety, some of whom are primarily responsible for things like promoting agriculture, and only secondarily for food safety.
  o Other countries do better; Europe does not have the problems we do, as a rule.

Is this system morally or politically objectionable? Are consumers wronged by it? Why or why not?
2 The Science of Junk Food

In the Moss reading, we saw that a wide range of foods are engineered to be addictive—to be tasty in the precise ways that cause you to eat more and more, to deceive you about when you’ve had enough, etc—and to get you to eat things, and eat in ways, that maximize profits for the food industry, even if this is very bad for your health.

- Army MRE research and “sensory-specific satiety.”
- Lunchables: the power of convenience and the illusion of control.
- Cheetos and “vanishing caloric density.”
- Reducing perceived harmful ingredients causes people to eat even more.
- Potato chips as the perfectly addictive food, and the measures taken to get around people’s sense that they should not eat them.
- Coca-Cola increased marketing to the poor abroad when sales fell in the U.S.

It can be tempting to say that people should know that these foods are bad for them, and not eat them. Why might this be an inadequate response?

- Many unhealthy foods are marketed as healthy: see Pollan on the dangers of ingredient-based food science.
- Industry figures admit their products are like cigarettes, only with worse health effects—and everyone has to eat. Furthermore:
  - Food deserts, the structure of food stores, and economics mean many people have very limited choices.
  - As Finkelstein & Zuckerman note, these foods, engineered as they are, become a cheap and easily available source of pleasure.

Are the food industry practices described here morally or politically objectionable? Are consumers wronged by them? Why or why not?

3 Myths about healthy eating and obesity


- What does he mean?
- It looks like every part of Pollan’s slogan is at odds with the food industry.
  - One example: the food industry tries to convince you that what is needed for health is more engineering of your food.
  - Other examples?

Campos describes how our discourse about obesity is rooted in false claims about health.
- “The correlations between higher weight and greater health risk are weak except at statistical extremes. The extent to which those correlations are causal is poorly established. There is literally not a shred of evidence that turning fat people into thin people improves their health. And the reason there’s no evidence is that there’s no way to do it. So saying ‘let’s improve health by turning fat people into thin people’ is every bit as irrational as saying ‘let’s improve health by turning men into women or old people into young people.’ Actually it’s a lot crazier, because there actually are significant health differences between men and women and the old and the young – much more so than between the fat and the thin.”
  o An arbitrary BMI threshold is used to gauge obesity.
    - But there’s no reason to think BMI tracks anything useful.
    - And people at or near the threshold for “obesity” are actually healthier than those at lower “normal” weights.
    - Most of the reduced health among people at higher weights comes from “weight cycling,” or having one’s weight yo-yo up and down, which is a result of dieting.

- In a different (now paywalled) 1999 article in the *New Republic*, Campos explains why we obsess about “obesity” if it is not in fact a health problem: “[Americans] long to believe that medical experts can solve the problem of their expanding waistlines. The reason for this can be summed up in six words: Americans think being fat is disgusting. That psychological truth creates an enormous incentive to give our disgust a respectable motivation. In other words, being fat must be terrible for one’s health, because if it isn’t that means our increasing hatred of fat represents a social, psychological, and moral problem rather than a medical one... A rational public health policy would emphasize that the keys to good health (at least those that anyone can do anything about—genetic factors remain far more important than anything else) are, in roughly descending order of importance: not to smoke, not to be an alcoholic or drug addict, not to be sedentary, and not to eat a diet packed with junk food.”

*How does industry’s marketing of “diet” foods look in this context?*

**4 Questions**

*Do you, as a consumer, object to the food safety system and/or the industry use of food science discussed in the readings? Why or why not?*

*What are the best justifications industry gives, or could give, for these practices? Are they adequate? Would you be willing to participate in these practices? Why or why not?*