The politics and practices of representing bodies in capitalism: A discussion about public health in Mexico & beyond.

Emily Yates-Doerr, Emily Vasquez, Abril Saldaña Tejeda, Jennifer Brady, Alyshia Gálvez

Background

This publication was produced from a roundtable discussion about the cultural politics of representation and metabolic illness commissioned by the organizers of the 2021 “Just Food” conference jointly held by the Association for the Study of Food and Society (ASFS), the Agriculture, Food & Human Values Society (AFHVS), the Canadian Association for Food Studies (CAFS), and the Society for the Anthropology of Food and Nutrition (SAFN). A film had been submitted titled, [El Susto: Mexico’s Love Affair with Sugary Drinks Turns Deadly](#), produced by Karen Akins (2020) and Just Food organizers wished to screen it at the online conference and foster an academic roundtable discussion to unpack some of the tropes that frequently surround discussions of globalized markets of processed foods and the rise of metabolic illness.

With questions posed by the roundtable Chair, Emily Yates-Doerr, the discussion focused broadly on the challenge of problematizing the inequitable burden of metabolic illness among equity-seeking groups without stigmatizing those who consume foods that are often seen as the cause of disease. Specifically, panelists considered how to redress the corporate greed that drives expanding global markets for processed food, without pathologizing racialized and fat bodies. The panelists jointly insisted that academic inquiry and activism should keep the focus on political and economic structures, such as trade agreements and health policies, which undergird health inequities, rather than individual dietary choice or a lack of education.

Roundtable panelists were selected by the Just Food conference organizers because of their expertise on metabolic disorder, the cultural practice of capitalism(s), and techniques of representation. Because we believe the conversation has relevance for anyone working on or thinking about health and its representation – in or outside of Mexico -- we are reproducing it here. We have lightly edited the transcript of the conversation to help with readability.

Keywords: Mexico, public health, diabetes, food, capitalism, health, bodies, eating, colonialism, pleasure, nutrition

About the Film

El Susto documents the rise in mortality from metabolic illnesses, such as diabetes, in Mexico to tell a story about the harms caused by predatory capitalism and the politics implicated in the global spread of industrialized foods and beverages, in particular Coca Cola.

Panel Discussion

Emily Yates-Doerr (EYD): Welcome everyone. Thank you for joining us today for our discussion of Karen Akins’ new film, [El Susto: Mexico’s Love Affair with Sugary Drinks Turns Deadly](#). I have questions to ask each of you individually, before we launch into a group discussion.

My first question is for you, Alyshia. I was hoping you could talk about your film [¡Salud! Myths and Realities of Mexican Immigrant Health](#). I've taught the film in several courses. I appreciate the many scenes of people preparing food so lovingly, with so much consideration for taste. I believe you were making this film while [writing](#) about hegemonic food policies in the US and Mexico. I wonder if you might talk a bit about this tension between the extremely deep care for taste and commensality of Mexican people along with an onslaught of harmful processed foods. What were some of the decisions you made as a director about how to represent this paradox between practices of love and care for food and the politics of food's destruction?

Alyshia Gálvez (AG): Thank you for the engagement with the film (Gálvez & Schwittek, 2017). I co-directed the film with David Schwittek, my colleague in the Art Department at Lehman College, and we made the film with undergraduate students over a few semesters. The filmmaking process occurred concurrently with my research and writing my book, [Eating NAFTA](#) (Gálvez, 2018), but in many ways, there wasn't a lot of direct conversation, because the book writing was solitary and the filmmaking was so collaborative. We were trying to look at what was happening on the ground, talking to people who are experiencing shifts in their foodways and health brought about by migration.

Mexico gets deserving praise globally for taking aggressive action at the federal and state levels in response to diabetes: the soda tax is widely praised as one of the most aggressive and successful policies of its kind. It has received a great deal of pushback from soda companies. But a soda tax, though it gets to the structural aspects in that it affects anyone who purchases soda, is still premised on the notion of behavioral change and an assumption that the problem is with individual or household behavior. It doesn't make water more affordable or more accessible, and it doesn't change the socio-economic conditions that contribute to people consuming food and beverages in the way that they do and the places that they do.

We wanted the film to show that there is no need to bring information about what constitutes values or knowledge around food and eating to people in Mexico, where there is a deep, thousands of years-old tradition surrounding small scale subsistence farmed corn and corn-based cuisine (sometimes referred to as milpa-based cuisine). Corn is deeply valued. Its cultivation

and preparation is laborious, requiring collective labor as well as access to land-- both of which have become successively less available. The idea that people need to be educated to eat well is really just mind-boggling to me. The problem is not with what people know. It's with the violence and deterritorialization that has pushed people away from the places where they're able to grow their own food. Access to the economic means to be in the same place as their families should be at the heart of any meaningful response.

EYD: Turning to Abril Saldaña Tejeda: Abril, I'd love for you to tell us about the [article](#) you recently wrote with a group of colleagues in response to the fat shaming comic produced by the Lopez Obrador government (El Fisgón, 2020). What was behind this comic? How has your publication been received?

Figure 1: First panel of the comic “¿Qué te estás tragando?” by El Fisgón, 2020.

Abril Saldaña Tejeda (AST): In November 2020, in one of his daily briefings, President Manuel López Obrador presented a cartoon to be distributed among 30 million households in Mexico. He announced this as part of a government strategy to address obesity as one of the most serious comorbidities linked to the clinical severity of COVID-19. From its title ‘¿qué estás tragando?’ (‘what are you gobbling/stuffing down?’) the cartoon is filled with stigmatizing and dehumanizing images of eating, weight and fatness. For example, it depicts a conversation between two children at a state school. A girl represented as ‘underweight’ is overly conscious about ‘healthy eating habits’ and a young boy represented as ‘overweight’ is obsessed with junk food and portrayed as ignorant, lazy, irresponsible and lacking self-control. The girl scolds the boy and then aggressively states: ‘You have a junk body!’ as the boy eats junk food without guilt or remorse. The cartoon shows the little boy eating from a trash can, it depicts him and people diagnosed as obese as a burden to the

state and to taxpayers. The cartoon puts the blame of covid's mortality on fatness, feeding into notions of individual responsibility and absolving the state and the current government of any wrongdoing.

As a part of a group of academics and activists against fat phobia, I was involved in a collective publication of a column condemning the government for this insulting cartoon that would have a terrible impact on children, especially as three out of ten children in Mexico are diagnosed as overweight and/or obese. The column critiquing the cartoon was difficult to write. The column was co-authored by authors from many different fields and included academics and activists. It was not always an easy alliance, and we all had our differences regarding notions of overweight and obesity. But it was an amazing exercise where I think we were able to unite despite our differences and fight against the state's fatphobic attempts to absolve itself.

Ultimately, while we did not always agree we achieved mutual understanding of the need to look at diabetes and obesity from different standpoints without discrediting one another. Our piece was very well received, although I did get some comments on Twitter accusing us of complicity with the high-caloric industry, and for underappreciating the government's efforts to address the problem. But generally, it was well received and a good exercise.

EYD: Emily Vasquez you have been studying philanthropy and capitalism in Mexico for a decade now. The film *El Susto* highlights the fact that several people involved in the fight to improve health are also actively involved in the destabilization of the food system through the simultaneous spread of sugar and diabetes. It's a situation in which "Big Soda is Sponsoring Health Programs" as someone says in the film. Are there lessons from your research that you'd like to share with us about how to understand the reach of capitalism into health improvement projects?

Emily Vasquez: In the film we see great images from Mexico and beyond of soda company representatives as the new vectors of disease. Alejandro Calvillo, director of *El Poder del Consumidor*, a key advocacy group based in Mexico City, often talks about how he likes to use the image of mosquitos dressed up like corporate CEOs to represent this idea of the "new vectors." We're no longer talking about Malaria, but instead about fast food and soda--the "vectors" now wear suits and carry briefcases. Calvillo always points out that an important

difference between mosquitoes of the past and today's corporate vectors is that the latter can fund lobbyists. The power of these contemporary vectors has reached a new scale.

There's a great deal of self-reflection in Mexican public health about conflict of interest, which is very good. There is increasing recognition of who's paying for the interventions that emphasize exercise alone and refuse the idea that sugar can be toxic. But I think we can also go a step beyond this in thinking about conflict of interest in public health. I think we and our colleagues in public health need to think more deeply about how capitalism and public health are intertwined.

For example, I've been looking at philanthropy, funded by Carlos Slim in Mexico, who was at one time the richest person in the world and remains the wealthiest in Latin America (Vasquez et al 2020). Carlos Slim has spent a lot through his Foundation to shape the public health response to high rates of chronic disease and his Foundation is helping to design and promote technological innovations for clinic-based metabolomic and genomic diabetes risk detection that are geared toward uptake in national health policy. My research shows that it is not only the direct profits to be made or lost that are at stake in making health policy: there is also the epistemic power of people like Slim, or Bill Gates if we want to take a more global perspective. They influence the kinds of questions that are being asked, the kind of data that is being collected, and the solutions that are then being put forward.

As a result, public health in this context is not good at thinking radically. The kinds of interventions funded by Coca Cola or Carlos Slim are very conservative, indeed "non-disruptive," ways of thinking about public health. In my work I have shown how Slim's influence on policy has promoted the growth of a "prevention industry," ripe for technological investment in diagnostics, laboratories, and pharmaceuticals. But instead of investing in, for example, more research about how epigenetic lifestyle factors create ill health, it would be so much better if we could use public health resources to analyze population health through the lenses of power and oppression or if we could put serious limits on industries that negatively impact the health of populations, such as the processed food industry. But those are the sorts of questions that Carlos Slim and Bill Gates -- who are funding so much of our public health action -- will not ask. The framework of privately funded public health initiatives--be it Coca

Cola or elite tech entrepreneurs who are doing the funding—limits how the problem is conceived and the kinds of solutions contemplated.

EYD: I'm really glad that you raised the connections between predatory capitalism and philanthropy. Jennifer Brady, I know you've written about the work that health professionals are doing to counter individualizing narratives of health. Can you say more about that?

Jennifer Brady (JB): Recently I've been thinking and writing more about health professionals' roles in social justice. I agree with Emily Vasquez that public health is an industry, and would add that it hasn't sufficiently unpacked the politics underlying what is meant by 'public' and what is meant by 'health.' Yet, there are foundational epistemic problems with how public health engages in framing its work. Namely, health has been seen as something that can be understood primarily through science, and something that can be changed with consumer education and behavior change which I reject. What this means for unpacking the critique of industrialization and commodification of food presented in *El Susto*, is that to me, it is one thing to critique the soda industry and the impact of soda on health, but we must also engage with the meaning of Coke. We may vilify soda because of its sugar content, or because it symbolizes the ills of the industrial, globalized food system, but as the film also illustrates, there's deep meaning to the presence of Coca Cola in Mexico that can't be reduced to capitalism, globalization, marketing, and corporate greed. Rather, we must appreciate the role of the ongoing impacts of historical and contemporary colonialisms, including structural adjustment programs that have kneecapped the economies of colonized countries around the world, including Mexico.

To illustrate, at one point in the film, a gentleman who was interviewed along with his mother, talks about what Coke means to him; he notes that it's given to little children and highlights the cultural, relational, and social connections among Mexican people to Coke. We see in the film, as is often the case with public health campaigns, that there's little respect given to those relational and social and cultural meanings of foods deemed to be unhealthy because they are high in sugar, fat, or salt. I think we do a disservice to the people whose behavior we seek to change by disregarding the deep historical roots that shape why and what people eat or drink. We can see Coke as unhealthy or as the product of corporate, capitalist greed, but we need

to respect that it holds other meanings for everyday people whose immediate concerns are not globalization and capitalism. The idea of *el susto*, that disease is the result of trauma, a traumatic event, or a shock to the system, after which the film is titled, is embedded in Mexican cultural perspectives of health. To me, the film is dismissive of the cultural, or non-scientific relationships and understandings of health. That is, the film depicts *el susto* as folk knowledge, or as a barrier that must be overcome by facts and science about healthy eating, Coke, and Type II diabetes.

The film briefly mentions colonialism, but I would suggest that we need to be thinking about the *colonialisms* that are depicted in the film. The historical colonization of Mexico has been advanced in part by capitalism, namely capitalist globalized food systems, but I think we need to consider how health interventions are a continuation of those colonial relationships. We see folks like Marion Nestle, Robert Lustig and others, perpetuating colonialism in different ways, such as by promulgating Euro-centric, biomedical notions of food, health, and nutrition. This is an example of health imperialism which I have written about elsewhere in elaborating how dietitians and other health professionals may conceptualize and talk about nutrition justice (Brady, 2019).

EYD: Jennifer, the issues you raise about the role of 'meaning' in shaping food policy speak to my next question—this one for all of you. When I wrote my book about obesity in Guatemala (Yates-Doerr, 2015), it was important for me to give space to how drinking soda at family festivities or the occasional fast-food treat for women who were otherwise responsible for the cooking for their family was a genuinely pleasurable activity. I didn't want to be in a position of 'knowing better' than Guatemalans who drink and enjoy soda and was concerned that US puritanical anti-pleasure anti-Brown, anti-Black, anti-fat health politics would be clouding my negative analysis (see Guthman 2007). But I also abhor multinational Coke-capitalism and the havoc that it has wreaked on Indigenous foodways and other ways of life, that we see documented in *El Susto*. I wonder if each of you can talk about the pleasures and politics of sweetness and how you've grappled with this in your work.

AST: I was thinking the other day about this question of pleasure and joy. Those who draw attention to the stigma inherent in public health and activist campaigns

against obesity are often perceived as the feminist 'killjoys' of such moral endeavors, to use Sara Ahmed's evocative term (2017). After all, what kind of person would doubt the moral virtue of the 'health alliance' or the great work done by Alejandro Calvillo or Simón Barquera from the National Institute of Public Health? As I watched the documentary I found myself thinking along, "yes, these people are doing great work!" And then, "How can I question them without killing the joy?"

I remember how I once dared to respond to one of Barquera's tweets by pointing out the need to avoid stigma. I was heavily attacked by a couple of his followers, accused of being ignorant, a defender of the junk food industry, and ungrateful for his heroic efforts. I was not criticizing Barquera personally, however, for his followers, I was killing the joy of his hard work to make people healthier. After watching the documentary, I realized why his followers so fiercely defended him and why I was so fiercely attacked! I didn't know he had received death threats and I was very sorry to learn that. But the issue of killing joy is very important here. When it comes to weight and healthy eating, it is those who are 'not eating right' who – who find pleasure in chips and coke –who are supposed to lose pleasure. Killing their joy is done for the greater good. Those working for body diversity or against the stigma of framing obesity as a disease are supposed to leave public health officials alone, to decouple the design of policies from any ethical responsibility about their implementation. Doing otherwise is to kill the joy of those who are, for the first time, achieving success in taxing and facing the evil of high caloric industries.

And I get that, I do, however, public health officials working against the processed food industry need to come to terms with being the greatest killjoys of all times. Every time I stop buying a product I used to love because it has three bad labels (sellos) I bless them, yes, but then I also curse them for killing my previous innocent enjoyment of unhealthy food.

It would be good for public health officials to work together and ally with other killjoys –anthropologists, sociologists of food, fat acceptance activists – even if it means questioning their certainty that obesity is harmful. The exercise of writing the column against the stigmatizing government comic, was a pure killjoy exercise. It was hard, at one point I thought we were not going to make it. Imagine, activists killing the joy of academics and vice versa, anthropologist killing the joy

of nutritionists and vice versa. It was all about killing joys, a massacre of joys and yet, we came together to defend the right of people to live without stigmatization.

Ultimately it matters who is killing the joy of whom. Who has power? Who is losing power? Whose joy is taken away? Consider that just about every solution to every public health problem always seems to come down to "let's educate women and mothers"—and not just educate but take away their joy, ignoring entirely that one of the core reasons for eating is joy and pleasure.

AG: I also want to weigh in. I want to reference Elizabeth Roberts' (2017) work on [soda as love](#), which I think also beautifully captures the notion of joy and care that goes into soda consumption. There's a continual emphasis on nutrition education, that if people understood – if they were educated -- then their behavior would change. Yet there's a lot of evidence that people already know the messaging.

I'm thinking of onion growers I spoke with in Puebla. They were day laborers with no labor protection, being paid very minimal wages to harvest an onion field. When I met them, they were taking a 15-minute break to eat something very minimal for lunch—grilling some of the onions they had picked and eating these with tortillas. There were three people, two men and a woman sitting at a little box crate taking their break, and each of them had a three-liter bottle of Coke. They told me that the Coke is what enabled them to harvest onions all day long, because of the sugar and the caffeine. There wasn't joy in their relationship to that Coke bottle. It was a substitute for decent wages, an actual lunch break, and nourishing food and sustenance.

As anthropologists, we try to be extremely sensitive to the value that people place on things. But we also must understand that people can themselves be clear-eyed and critical in the way they describe their relationships to processed food. People will tell me, "When I was a child, we would have soda at a birthday party. It was festive and special. It's very different when it's a three-liter bottle to get through the day harvesting onions, when Coke has supplanted our water and our food."

There is something very sinister at work that we must be careful about. Coca Cola in particular, is actually co-opting cultural relativism-- I wouldn't be surprised if they have anthropologists on staff. They've done this through a series of advertising campaigns, including a commercial centered on pro-Indigenous cultural diversity, that they

had to remove, because it was so roundly criticized. This fits with a campaign I remember from when I was a kid in the 1970s that would come on when you would go to the movie theater. The song “I’d like to teach the world to sing” would play over images of people of different colors, holding hands and drinking Coke together. Coke has always been invested in that kind of advertising. Now, they’re doing it in Mexico, where they’re creating advertising in Indigenous languages, saying, “80% of Indigenous Mexicans, who are speakers of Indigenous languages have experienced linguistic discrimination.” Their message is “let’s have a Coke together and overcome intolerance.” They’re deliberately using cultural relativist arguments directly from anthropology to say, if you say anything bad about Coke, you’re saying something bad about Indigenous culture.

This overlooks colonial histories where missionaries in the 60s were bothered by people having *aguardiente* (cane liquor) on their altars, and told people to use Coke instead. Now people say, “Well, you can’t say anything about Coke, because people have it on their altars to the dead.”

We’re still operating in a very reactive mode to the soda industry. We need to really think about how people narrate inequalities. And I think the idea of “*susto*” provides a powerful way to do that. Consider the line in the film where someone says, “This is a way of making sense of how people’s lives are being disrupted.”

There’s a framing of “*susto*” as a phenomenon of sociocultural illness. That’s the thing that doctors often reference. They’ll say, “my patient thinks he got diabetes from a car accident.” I’ve heard many medical practitioners make fun of their patients in this way, referencing folk beliefs in *susto* to call for more nutritional education.

But when we think about *susto* as a commentary on displacement and violence, we can see that it has a much deeper history. Recent research, such as Emily Mendenhall’s (2019), shows that diabetes is directly associated with acute and chronic violence, depression, and trauma. People’s lived experiences are ahead of the science-- Western medicine is only now starting to catch up.

EV: Alyshia, I really appreciated this need for caution in how we interpret what pleasure is--the example of the day laborers harvesting onions is very powerful. But it is also important to still think about the significance

of pleasure itself, right? A lesson from 30 years of HIV research that can be applied to food studies pertains to pleasure. Sex is complex, but it very often involves pleasure. If we don’t design reproductive health programs in a way that addresses pleasure, HIV prevention is doomed to fail. One of my favorite things about living in Mexico is seeing entire families all eating together and being together for a really long time on Sundays. I wish I’d grown up in a family that did that, that had that richness, and that chance to just exchange and share. Pleasure does so much for us—it binds us together.

JB: I agree that we must keep pleasure part of these conversations, but I think we also have to be careful not to fall into the trap of moralizing pleasure, like we’ve already moralized health. How we expect people to engage with pleasure too-often reflects white, middle- and upper-class values around what is, or what should be, pleasurable. We’ve all heard of the recommendation “Oh, enjoy higher quality, but less of it,” as a lesson of how to combat so called “obesity.” I think that’s an example of how we control and moralize pleasure; we’re really often talking about this very contrived form of pleasure.

Taxation on sugar sweetened beverages is a prime example. We don’t want to take soda away. We don’t want to ban it. But we want to regulate it in a really stigmatizing and moralistic way that ultimately is inequitably burdensome for poor people, and inequitably effective in terms of shaping soda consumption. When we stigmatize health behavior, like smoking, through taxation, that behaviour becomes stigmatized. It is upper middle class people who generally respond to this stigma. The data on the taxation of tobacco shows is that taxation is very differently effective across different socio-economic strata, but it’s also differently burdensome as well.

AST: During my PhD, I worked with domestic women employers in Mexico. As with Alyshia’s story, one of the ways they made it through the day was by sneaking a drink of Coca Cola. Labor conditions in Mexico are appalling and people will do things, like drink Coke to get them through the day. I remember that I once joined three sisters in their work. I went to their house for breakfast before work. We all drank Coca Cola at 6am along with eating a lot of meat and tortillas. We did this to wake up and make it through the day, but by the time we got to their employers’ house for the day of work I was already hungry again.

I see a lot of emphasis on education, which I don't understand at all. What about putting in support systems to give people more employment options? I also think the public health community radically undervalues the complexity of emotions. For example, many mothers told me that their husbands loved to spoil their children. "He cannot say no," they would tell me. We have a vision of men being stoic—we can hardly imagine fathers saying yes to everything the children want. And by ignoring this emotional complexity we lose out on the chance for public health to do better work.

When we talk about stigmatization, public health officials often answer that this is an unintended and unavoidable consequence—but this response is often used to dismiss vital ethical and political concerns. Stigma becomes the domain of anthropologists, not of public health—but we are public health workers too. When we talk about conflict of interest, I wonder how many anthropologists are working for the National Institute of Public Health? I know they are there-- what do they do with their observations about stigma? How critical can you be of health policies if you're paid by the people making them?

JB: I know from my work that most health professions don't get trained in understandings of health outside of biomedical, scientific, positivist ways of knowing. For me it's important to think about something that Emily raised, which is epistemic justice around health. I think that's foundational to how we understand the issues raised in the film. I published a paper in the *Journal of Critical Dietetics*, called *Naming Nutrition Justice* (Brady, 2019). In the paper I'm trying to give another language to how to talk about nutrition in ways that break down the sort of individualistic, health behavior change-focus. More specifically, I'm speaking back to a particular set of dietetic practice terminology called the Nutrition Care Process Terminology (NCPT). The NCPT includes a set of checklists for dietitians to use when they're doing assessment, diagnoses, and prescriptions for nutrition care for patients.

One of the terms, for example, that illustrates my point is "unscientific beliefs"; in their assessment a dietitian may check this box on the NCPT form to indicate that the patient has unscientific beliefs about food and health. And that's exactly what *el susto* would be deemed in clinical care. Yet, the idea of *el susto* is accurate; diabetes is caused by trauma. We have enough research to know that colonialism and other social inequities, or traumas, are associated with chronic disease, including type II

diabetes. When that kind of content is not being taught to health professionals, including those in public health, there's just no frame of reference for understanding health outside of science and individual blame.

EYD: Ashanté Reese (2020) has a beautiful essay, called "Tarry with me" that links Imperial sugar and plantations with contemporary prison labor and anti-Black US capitalism. Many of the metabolic illnesses depicted as a problem in obesity discourse are called "Diseases of Modernity." But whatever we might be calling modernity here is taking place against the backdrop of imperial history. When we look at processed sodas there may be something newly destructive to what is happening to people's foodscapes and bodies, but there are longstanding histories of oppression to this destruction. I was wondering if you could speak to how you've engaged the temporal tensions of obesity in your research.

AST: I think Vicente Fox's [Mexico's former President] involvement with the Coca Cola industry is a good example. We knew he worked for Coca Cola before he became President, but it was still shocking to see how complicit the state was with the industry, and how difficult it is to distinguish one from the other. It was shocking, even though there was nothing new about it. There is the framing of obesity as a modern disease, as something new. But our colonial past has thoroughly shaped our ideas about bodies, progress, race, and heredity.

In a recent project, I explored Mexican discourses on maternal epigenetics and child obesity (Saldaña-Tejeda 2018). The idea that Mexican mestizos are genetically predisposed to obesity is very problematic because it works to deny the coloniality of the current food landscape. I became interested in genetic predispositions and epigenetics after reading a newspaper note that announced the Mexican genetic predisposition to obesity. At the time, I was engaged in a four year research project on women domestic workers in Mexico. Women in the domestic service have been negatively racialized since colonial times. Today, workers are still denied basic work rights. Women in this occupation are often denied food during a workday of more than eight hours; when they are able to eat, they are often allowed to eat leftovers. Workers are usually not allowed to nourish their own children and they don't have access to childcare facilities.

When I heard that Mexican mestizos were genetically predisposed to obesity, I was insulted by how such a

statement made invisible all the social factors around the impossibility for many families to eat well, to nourish themselves. Then I learned that there was a theory, the famous thrifty gene theory, that in the medical and scientific discourse, blamed the Indigenous origin of the Mexican Mestizo, for this genetic predisposition to obesity. Apparently, there is an Indigenous gene -that no one has found - that was unable to 'adapt' to modernity. So, yes, there is a huge problem with the way we understand modernity and the human capacity to adapt to it.

AG: What you're saying is so important. I think we can look back and see two trends. First, is a very racist, paternalistic approach towards Indigenous people and people of the countryside as being somehow inherently kind of incapable of adapting to modernity because of who they are. But, second, there's the liberal and progressive version of the same narrative in which Indigenous people and rural people need to be educated to be able to handle modernity. The latter perspective is not seen as a permanent incapacity--so it's maybe slightly less racist. But there is still racism at work. It's a conceptualization of people needing to be educated or protected from modernity. This underlies so much of the current public health response, both in terms of the soda tax and an emphasis on nutrition, education, and behavioral modification. All of this together, whether it's the liberal progressive formulation of it, or the overtly racist formulation of it, conspires to deflect blame from the structural forces that keep people from living in communities, with the family members that they choose. There's a continual process of displacement, deterritorialization, disenfranchisement, and violence, and then how people respond to that is continually monitored and surveilled through attempts at behavioral modification.

EV: The only thing I would add here is to point to the long history of science and medicine being complicit in colonialism and in the construction of race. When this present moment is located in that longer history, we just see the reiterations of value systems that stipulate that some people deserve to live while others do not. It's important always to situate this present moment in that much longer history of science and medicine participating in this oppression.

AST: To add a quick anecdote, the other day I heard a middle class elderly woman saying, "if I eat Nopales [cactus], I could forget my English." There are so many

popular jokes about food and race in Mexico that are still part of the everyday language. Jokes that work to perpetuate an enduring link between food and race in Mexico. There are many scholars that have written about the colonial history of food in Mexico. But in our everyday practices, people in Mexico are still very much immersed in racist practices that are usually denied by our national identity or the idea that we are all mixed, as Monica Moreno Figueroa states in her work (2010). A lot of people are not aware of the colonial history of food in Mexico. Most people don't know that for many years after independence, wheat was prescribed as the most nutritious staple and maize was condemned for the poverty and underdevelopment of Indigenous people in Mexico. And I think that diabetes and obesity are going to be very complex issues to address if we don't come to terms with our own colonial past and the ways such past affects many people's lives and the possibility to nourish themselves and their loved ones.

JB: I'd like to pick up on the prompts that Emily had offered about how we communicate about health and nutrition in ways that aren't stigmatizing, moralistic, and exclusive of the social and cultural meanings of health. I think that the film reflects a fairly widely held view that consuming sugar causes Diabetes. Actually, we don't know that. Like much nutritional research, it really is a series of correlations; there's no research out there showing a causative relationship between sugar consumption and diabetes. At the same time, I think it is important to consider, within the context of the histories and the contemporary status of colonialism, racism, sexism that are so intertwined, how we may communicate about health and nutrition because there's still a body that needs to be taken care of, and we know that there are things that you can do for your body that make it function better or feel better.

I don't necessarily have an answer for how we should communicate about health, but I think that we need to give a lot of thought to that, because I do think in being critical of positivistic framings of health, we tend to gloss over thinking about what do we do? What do we say? How do we offer nutrition advice? As a dietitian, what do I say to people who do have diabetes, or are seeking information about nutrition? How do we reframe public health messages so that they are effective and counter what I would call a program of deskilling around food and nutrition, and health? I think nutrition education is still important. I just think we go about it the wrong way.

EYD: Your comments all speak to the need to keep our eye on multiple capitalisms in addition to the multiple colonialisms mentioned earlier. This attention to multiplicity is not currently the norm in public health, with its active focus on simplifying health messaging. I happen to think that people can handle the multiplicity of truths, the multiplicity of capitalisms, the multiplicity of colonialisms and that we should look for ways to honor this multiplicity in health education. On my side, in making this argument, is the fact that the prevailing reductive approaches don't seem to work very well. I think public health officials may worry that keeping complexity alive will interfere with the strategic reductionism necessary for political action. Except that strategic reductionism does not get us to the kind of radical political revolution that seems necessary for upending multinational capitalism and its willful production of chronic metabolic disease.

I have two more prompts, both of which I'll share now to let you pick and choose how you see fit. One pertains to another tension that often plays out in these discussions between specificity of place and its unique political histories on one hand, and the existence of broad global and multinational structures of capitalism on the other. In this panel we're focusing on Mexico. Medical anthropologists have treated the illness of *Susto* as a "culture-bound" illness, that can only develop in the historical structures of Mexico (although it does exist in Guatemala as well). In what ways is the story of Coca Cola a *global story* about economic violence carried out in the name of racial capitalism? In what ways is the story very particular to Mexico such that the lessons we might learn from studying *susto* and diabetes in Mexico will not travel elsewhere?

Finally, though perhaps the most importantly, as this question motivated me to moderate this panel, I wanted to address the challenge of highlighting health problems and injustices while avoiding further harms by associating some kinds of (usually: Black, Indigenous, Brown, women's, non-able) bodies with disease. WEB DuBois has a famous provocation from over a century ago, "How does it feel to be a social problem?" (cited in Torres Colón and Benn Torres 2020). How do we, as a community of concerned academics and citizens, discuss problems that relate to diet in a way that ensures that the people, and their bodies, are not further stigmatized? Do you have any thoughts from your own work about good strategies to attend to bodily needs

while also making sure the focus stays on the dare-I-say *real* problems of racial capitalism and dispossession?

AG: We can see, in the way the visit of vice president Kamala Harris to Mexico was covered just last week, that we are ill prepared in the United States to think about Latin America and to think about Mexico in particular. There are only a few frames through which we are capable of seeing Mexico. This resonates with the Duboisian framing, in which Mexico is only framed as a problem—a problem of criminality, drug violence, cartel violence. Migration is understood as a sub-problem of violence and political economy, well, everything, becomes framed through this violence. I think there is a strategic reductionism that's required to assert the basic fact that more people die from diabetes than from the drug war, by a lot.

However, we must immediately contextualize that narrative within the larger violence of the capitalist market formation that has diminished Mexico's wealth and the wealth of Mexican people to a very specific manufacturing-oriented capitalism. That economic model is destructive not only for many Mexican people because of how it changes their relationship to their land and their communities, but is also destructive to working people throughout the Americas and throughout the world. I think that level of complexity is necessary, because I think that's the most important story to be told. There's deliberate obfuscation of that story when both the right and the left sides of US party politics frames NAFTA as being a story exclusively about disenfranchisement of U.S. workers. Bernie Sanders and that wing of radical democratic party politics did this, and then Trump did the same thing. We need to reframe all of these debates to consider how our current capitalist formations are impacting places, people, and bodies everywhere. I hope that we can get there.

Emily Vasquez's demonstrate, epigenetic, especially maternal epigenetic story about lessons learned from HIV research illustrates the problem. We know that destigmatization work is crucial to making effective public health programs. I think there's a lot of complicity in reinforcing stigmatization of diabetes and obesity. As Jennifer points out, the linkages between obesity and poor health are facile and not supported by evidence, and yet health policy insists on associating individual behavior, body composition, body shape or silhouette with the pathology of metabolic disease. These associations need to be disrupted. We need to draw

attention to how our bodies are collectively impacted by NAFTA and other trade arrangements. We need to push back against the narrative of individual stigma in a collective way.

JB: One concept that I use often in my work to explain or explore those things, is the biochemistry of discrimination. That term describes the ways that discrimination, which we often think of as a social problem, literally gets under your skin, and has biochemical effects on our bodies. What I was mentioning earlier about the situation, specifically, the very high rates of diabetes among Indigenous populations in Canada, is an example of that phenomenon—much as in Mexico. Type II diabetes is a disease of intergenerational trauma; of discrimination that gets under the skin and causes metabolic and biochemical dysfunction. So that people are suffering from disease, not *because* of their bodies per se, but because of their social experience of colonization.

AST: Epigenetics is very complex. It's a promising field of study because it takes into account the way the environment shapes our bodies, in many ways, is a huge opportunity to escape genetic determinism. However, as Valdez (2021), Richardson (2021), and I (2021) demonstrate, epigenetics, especially maternal epigenetics, can be equally deterministic as it assumes that there are certain genetic traits that a woman, a mother, can fix, but there are others that are passed intergenerationally and therefore are way more difficult to fix. Now, when it comes to 'fixing the genetic traits of future generations' there is a huge responsibility on women's reproductive bodies in the idea of epigenetics. Through maternal epigenetics, obesity is still seen as a disease and women's bodies are still seen as the site of intervention. These ideas are not new, but have taken many forms in the past, such as prenatal care during the nineteenth century, and that idea always worked against women's freedom and wellbeing.

JB: I would definitely reject the "obesity as disease" framing. I think that's an example of medicalizing something unnecessarily. And the point about epigenetics, I hear you about it being deterministic. But what I take from it is the knowing that social and cultural processes affect us biologically and affect us materially, helping us to conceptualize the social world and the biological world as not being separate things. Epigenetics sits at that space in between those two worlds that we wrongly see as very separate. I don't think that they are; epigenetics tells us that our bodies respond to social processes.

AST: Yes, I agree, epigenetics offers a huge window of opportunity to think about the imaginary line between the social and the biological. However, we must fight against the medical perception of obesity as embodied and transmitted by women/mothers who are too stressed to take care of their pregnancies, too stressed to cook right for their children, or too stressed to maintain the right biological environment for reproduction—as if women are solely responsible for the future of healthy citizens. I agree with you that epigenetics offers a huge opportunity, but how it plays out in practice can also be a different story.

EYD: We are almost out of time, but we have one question that has come in from the audience that we can end on. The audience member asks: what drinks can you recommend beyond coca cola?

AG: There are so many amazing beverages with longstanding traditions in Mexico. I am always eager to drink agua de jamaica. Agua de limón con chía. There's a campaign to try to promote pozol consumption. A lot of people are trying to promote the fashionability and social desirability of drinks that aren't soda, especially among young people.

I should add that I am drawn to the principled refusal to recommend any beverages on the grounds that we need structural transformation. But I think there's something missing here as well. In my research on prenatal care in NYC, I observed that alternative and traditional ideas and practices surrounding child birth were never acknowledged or endorsed by medical practitioners, who endorsed incompetent and culturally inadequate ideas instead. Given that racialized status hierarchies in Mexico and in the US led people often to experience shame and stigma about their prenatal care practices, I felt that silence was very problematic. How hard was it, I thought, for medical practitioners to simply give a nod to things people said they already did or knew to do when given the chance? I've been introduced to pozol, atole, agua de jamaica, agua de limón con chía or chaya in rural communities and given that I'm (for better or for worse) given respect for my academic credentials in those same communities, I think it is important for me to reinforce that such beverages and the foodways that historically accompany them are wonderful and something I personally enjoy.

AST: I agree with everything that Alyshia said. I personally drink mineral water with lemon and salt, because it tastes to me like a michelada, but without

the alcohol. But there are many options to think about--jamaica and lemonade.

EV: Obviously there's water. But I was thinking as I watched the film about my morning coffee. What would I do, how would I respond, if someone tried to take this away? I don't have a replacement for it—and I don't want to be in the position of telling someone else not to drink something that they love.

JB: I love this question because it points out how seductive it is to say, “drink this other thing which has emerging cultural capital.” I think that's a real problem, perpetuating the exact issue we're talking about here. My answer would be a question. It depends on who's asking and why they're asking. I'll just share a really brief story. I saw a woman in practice, who after healing, recovering from a very serious and years long alcohol use problem, started drinking a lot of pop. She came to me because she wanted to kick the habit. Her goal, when she came to me, was to reduce her pop consumption to nothing. In working with her, we had to change the goal. There was no way I would suggest that she drink water in place of pop—I wouldn't give her another beverage but would want to work with her to get at the root of the problem. Why are you drinking pop? We could only think about what to replace it with if we knew why she was drinking it in the first place.

EYD: I think we need to push back against the medicalization and individualization of health that can happen through responses to questions such as “what else should I drink?” This might not feel like a caring practice, as Alyshia pointed out, which I think can be part of the problem. I like Jennifer's tactic of turning this into a question: asking, instead, do you have access to clean water and a reasonable workday and wage with labor protections? If not, why not? And what can we, collectively, not individually, do about this?

For example, I've heard Kendra McSweeney (2018) talk about the need to make structural linkages between dispossession and deforestation and drug policy. She makes interesting ties between palm oil plantations in Latin America that exist as a means of money laundering because of oppressive drugs laws in the US. If you're in the US, asking what you can do about 'unhealthy diets' you might consider getting seriously involved in your local political scene to change US drug policy. Drug laws hold massive social inequality in place and changing these will have tremendously important aftershocks. This is just one example, but I bring it up because it shows the

need to turn our attention away from where we are told is the problem – that is, people's bodies and with what they eat – toward structural action. Fighting racial capitalism may feel like an overwhelming problem when all you really want to do is swap out your coke for a diet coke. This is precisely why it's so important to be clear that the 'simple' exchange isn't a long term solution and that there's a lot of evidence that this is so. Structural-level collective action to create environments where people have autonomy over their land and food, will, I think, ultimately be more effective -- and more caring -- bringing about the transformation people are looking for when they ask, “what should I eat or drink?” Part of the challenge I'm pointing to is the need to reframe collective political action as a critical component of self-care and dietary health.

Bios

Alyshia Gálvez is professor of Latin American and Latino Studies at Lehman College and of anthropology at the Graduate Center of the City University of New York. Her book [Eating NAFTA: Trade, Food Policies and the Destruction of Mexico](#) (UC Press, 2018) documents changing food policies, systems and practices in Mexico and Mexican communities in the United States, including drawing attention to the public health implications of trade and economic policy. She is also the director of [¡Salud! Myths and Realities of Mexican Immigrant Health](#), a feature length documentary about healthcare and health disparities of Mexican immigrants in the United States.

Abril Saldaña Tejeda is a sociologist at the Universidad de Guanajuato with a focus on the epigenetics of obesity. She has authored dozens of papers about obesity in Mexico, including “Mitochondrial mothers of a fat nation” and “Eugenics, epigenetics and obesity predisposition among Mexican Mestizos.” She has just concluded a large Wellcome Trust grant project focused on “global divisions of health: bioethical principles, practices, and regulations on human genome editing and stem cell research in Latin America.”

Emily Vasquez is a Bridge to the Faculty Fellow in Sociology at the University of Illinois-Chicago, where she studies the social dimensions of diabetes and diabetes risk in Mexico. Her recent paper “Detecting diabetes risk: Philanthropy, technology, and epistemic power in Mexico” was awarded the Rudolf Virchow Award from the Society for Medical Anthropology. She also served as lead editor for the collection entitled, *Social Inequities*

and Contemporary Struggles for Collective Health in Latin America, published by Routledge in 2020.

Jennifer Brady is a Registered Dietitian and an Assistant Professor in Applied Human Nutrition and Mount Saint Vincent University, in K'ijipuktuk, Mi'kma'ki, otherwise known as Halifax, Nova Scotia. Her work draws on feminist perspectives of food, nutrition, eating, bodies, and expertise. She is interested in the history and professionalization of dietetics and its forbearer, home economics, as well as health professionals' roles in social justice and health equity.

Emily Yates-Doerr is an associate professor of anthropology at Oregon State University, where she teaches in the Food in Culture and Social Justice Program. She is also a member of the department of anthropology at the University of Amsterdam and the PI on a European Research Council grant focused on global health campaigns to improve maternal nutrition. Her first book, "The Weight of Obesity: Hunger and Global Health in Postwar Guatemala," was published by California Press.

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