

Food Apartheid: Race and Health Collide

Morgan Davidson

Thesis: Food apartheid causes obesity within its residents, targeting and impacting low-income Black Indigenous People of Color (BIPOC). Therefore, food deserts not only demonstrate health risks but also reveal the impacts of systematic oppression due to the racial disparity of affected populations.

I. Introduction

A. Hook with personal experience of Woonsocket

1. Abandoned buildings
2. Grocery store closes down
3. I live in the number one state for most food deserts

B. Defining food apartheid

1. “More than the lack of grocery stores and other healthy food options in non-white and low-income communities” “points to the discrimination of communities of color when it comes to economic opportunities”
 1. More than a public health issue transitions into my thesis

II. Food apartheid connects to systematic racism and colonization

A. Segregation set up the current situation

1. White people move to suburbs, so do supermarkets
2. No loans given to Black people so they cannot afford
3. Fast food begins to target low-income minority communities

B. Indigenous peoples’ forcibly removed from their land and relocated

1. Reservations lack running water and electricity
 1. Cannot prepare very nutritious food
2. Prevented from traditional practices of hunting/fishing

III. Issues of obesity run rampant within low-income BIPOC communities to this day

A. Using the word food desert disguises the intent

1. Food apartheid highlights the intentionality of access to healthy foods for only some
 1. Policies made these situations come about
2. Food desert also hides the life brimming in these areas
 1. People are affected by this
 2. Words have power and can make the issue feel removed from effect if our personal experience does not intersect with it

B. Colonialism forces Native Americans into high risk categories for obesity among other issues

1. “About one in four Native Americans experience food insecurity, compared to 1 in 9 Americans overall, and 1 in 12 white/non-hispanic individuals” (“How Hunger Affects Native American Communities”)
 1. Systems of oppression working to disproportionately serve white populations over that of BIPOC
2. Navajo Nation has 13 supermarkets within its 17 million acres
 1. Not enough food distribution
3. “We have these big old thirst-busters that cost 60 cents, and three people can share it,” “So we’re going to go ahead and buy that instead of the \$3 water or milk.” said by Artie Yazzie who is a community gardner in Navajo Nation
 1. Unhealthy foods are less expensive
 2. Forced to buy items which increase the risk of obesity

C. Washington DC food apartheid demonstrate the targeting of low income BIPOC

1. “In Washington, more than 80% of food deserts are located in neighborhoods with the highest poverty rates, and where mostly black residents live” (Simons 1:18)

D. Study looks at obesity in Black women in food deserts

1. Each additional supermarket increases consumption of vegetables by 32% in Black neighborhoods yet only 11% in white neighborhoods
 1. Obesity comes from food apartheid which stems from systems of oppression
2. Only healthy stores decrease likelihood of obesity in low-income neighborhoods
 1. Not only need food but healthy food
3. Obesity risk mostly when the neighborhood high poverty rate and predominantly Black

E. Nutritious food is only accessible for certain communities

1. “Food in general should become a human right it shouldn’t be viewed as a luxury especially healthy food” said by Iyeshima Harris
 1. Currently it is viewed as a luxury in order to keep others down
 2. Oppression works through stripping away people’s basic rights

IV. Solutions arise from both community and national efforts

A. East New York Farms (Iyeshima Harris)

1. Farmers market run by residents
 1. Produces fresh produce
 2. Area is a food apartheid

B. Brain Food

1. Inexpensive store which sells healthy meals
2. Thriving and expanding past one establishment

V. Counterargument: The culture of low income BIPOC communities increases the likelihood of obesity

A. Pittsburgh Hill/Homewood Research on Eating, Shopping, and Health (PHRESH) studies obesity and how price and distance predicts

1.
 1. Price produced a stronger positive correlation to obesity than distance
 1. Marketing within supermarkets in food apartheid advertise unhealthy food
 1. Marketing has nothing to do with advertising
 2. Lower prices means higher obesity rates

B. Advertisement strategies can target certain demographics to exploit them

1. Many forms of media have been used to uplift and diminish many groups of people
2. Advertisements in grocery stores might just be another way to keep BIPOC low income communities in those situations
3. Feeds into systematic oppression

VI. Conclusion

A. Food apartheid is an intentional attempt to keep BIPOC oppressed, which threatens the health and well-being on these communities

1. Systemic oppression can come in many forms
 2. BIPOC more at risk for obesity
 3. Current position comes from the history and development of the United States
 4. Fair distribution of healthy foods is just one way to free and dismantle the systems of oppression the United States operates on
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