Modern Racism as Seen Through Food Disparities in Washington, D.C.

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Half a mile away from the center of the United States federal government lies a decrepit building with four floors: a homeless shelter, a medical clinic, a drug rehabilitation program, and D.C. Central Kitchen. The dimly lit hallway and heavy double doors lead to something truly incredible--an inside look at how this local nonprofit is transforming garbage into meals. Every year, D.C. Central Kitchen provides approximately three million meals for homeless shelters, schools, and nonprofits in need of nutritious food. Most would agree that DCCK’s work is absolutely crucial to the wellbeing of D.C.’s 700,000 residents, because not only do they provide meals to people who desperately need them, but they also run several social initiatives to help combat the systemic, parasitic effects of food insecurity on low-income and minority communities. Examining food insecurity as an oppressive barrier imposed on marginalized communities allows us to better evaluate holistic, unconventional solutions that will contribute to a better quality of life for these communities.

For the sake of differentiating between words, the United States Department of Agriculture iterates the differences between food insecurity and hunger, affirming that food insecurity is a household-level economic and social condition where inadequate access to food exists, while hunger is the individual-level physiological implications resulting from the phenomenon[[1]](#footnote-0). In other words, food insecurity is the overview of a largely social and economic problem, while hunger is the individual result of food insecurity. Conventional wisdom has it that food insecurity primarily affects low-income families, highlighting an implication of economic oppression, but a number of scholars have recently started to build bridges between food insecurity and other oppressive barriers. Although food insecurity is an obstacle all on its own, the clear ties with a web of other burdensome forces suggest its relevance within the conversation surrounding racism and segregation. Many marginalized communities exist within our society, and I use this idea of marginalization to show that certain groups of people (most likely low income individuals or people of color) within our society are prevented from fully participating economically, socially, and politically. By examining food insecurity within the D.C. community, we are able to unearth the other oppressive barriers preventing certain members of the D.C. community from elevating their standards of living. By no means can I provide enough detail about each oppressive barrier that results from food insecurity, but rather, I aim to give a brief overview so that the connection to food insecurity will become clear. Understanding issues like education, healthcare, and economic stability require much history and in depth analysis that will not be fully provided within this research.

There is a plethora of data regarding minority accessibility to healthy food that is consistent with a message of oppression. D.C. nativist Christina Sturdivant, a freelance scribe for several local publications, focuses her research on racial injustice within the Washington D.C. community. Sturdivant published two overviews of the food disparities within two of D.C.’s most poverty-stricken wards: 7 and 8. She determined that due to a lack of access to quality grocery stores, citizens of these wards rely on corner stores to grocery shop, which carry less healthy food options, and is a contributing factor to high rates of health complications[[2]](#footnote-1). Residents of these wards are ultimately forced to spend their money on the cheaper, processed foods, because they can seemingly get more value this way. When learning about the disparity of grocery stores with nutritious food affecting these two specific wards, Sturdivant’s natural conclusion would be to promote incentives for more stores to move into the area. After all, only 3 out of 49 grocery stores in D.C. are located in wards 7 and 8, which are predominantly African American wards, to service around 150,000 people[[3]](#footnote-2). In comparison, ward 6 is home to around 80,000 people and contains at least 10 grocery stores[[4]](#footnote-3). D.C. Hunger solutions recently found that 1 out of 7 homes in the District are classified as food insecure[[5]](#footnote-4). Various local nonprofits and humanitarian organizations (e.g. Arcadia Center for Sustainable Food and Agriculture, D.C. Hunger Solutions, etc.) are attempting to get fresh produce to those in need[[6]](#footnote-5), while Councilman Warren William (of Ward 7) and Vincent Grey (of Ward 8) are working towards more legislative solutions, such as incentivizing construction of grocery stores and securing funding within fiscal budgets. While Sturdivant advocates for the construction of more grocery stores in these lower-income wards, Dr. Jerry Shannon of the University of Georgia, who conducts research on social ecology, views this solution through a different lense. Shannon affirms that this form of neighborhood redevelopment, which is intended to eliminate factors leading to obesity, is well intentioned, but the emphasis on recreating normative middle-class community spaces act as a pathway to gentrification[[7]](#footnote-6). In other words, features that are primarily associated with middle class suburbs (new retail, walkability, green spaces, etc.) contribute to the growth of an area’s value, which can prove difficult for low-income communities to absorb the impact on the economy. So while in theory an increase in grocery stores seems warranted, it can actually do more harm to the very community this initiative claims to help.

Sturdivant continues to stress the importance of access to nutrition, but overlooks the problems associated with more chain grocery stores popping up within wards 7 and 8, the way Shannon addresses it in his musings. In my opinion, by focusing on the economic implications of new retail in an urban area, Shannon overlooks the deeper problem: the health complications within these communities is primarily from the lack of access to fresh produce and other nutrients essential to a healthy lifestyle. Hosting local farmers markets or setting aside small plots of land designated for community gardens are ways to improve access to nutrition without another chain grocery store occupying space. If these farmers markets are organized and community gardens are planted, access to nutrition increases, while simultaneously avoiding the inevitable rise in market value of an area that’s associated with such conveniences as a grocery store. Naturally, complications also arise with this solution. The space for these gardens are often hard to come by, especially in an urban food desert. Additionally, eligible workers suffering from food insecurity would not have enough time, energy, or funds to devote to ensuring the garden’s success. This proves an important point: there is no end all be all solution to food insecurity and other barriers holding back low income people and communities of color. It’s vital to implement several holistic, community-based solutions that I will go into detail about shortly. To understand why these solutions are necessary, clear connections between food insecurity and other oppressive barriers must be made.

Unhealthy food habits caused by lack of access to nutrition presents many health complications, as well as a strain on the healthcare system. According to the National Heart, Lung, and Blood Institute, the many symptoms that accompany obesity include metabolic syndrome, type 2 diabetes, high cholesterol, heart disease, blood vessel disease, respiratory problems, back pain, urinary incontinence, non-alcoholic fatty liver disease, osteoarthritis, gallbladder disease, ten different types of cancers, and emotional health issues[[8]](#footnote-7). Clearly, obesity leads to a variety of illnesses, all warranting different levels of concern. Cancer and back pain don’t cause the same amount of panic, but both contribute to a lower quality of life and can affect things such as school attendance, job performance, and personal relationships. Although these potential illnesses and symptoms are all disheartening, what’s truly shocking can be found under the “risk factors” of obesity. Among a number of things such as amounts of physical activity and sleep, the NHLBI has listed race or ethnicity, stating that obesity is prevalent in racial and ethnic minority groups. They also add that rates of obesity in Americans are highest in African Americans, followed by Hispanics[[9]](#footnote-8). To phrase in a more concise way: obesity can be caused by a number of factors, including low amounts of physical activity, abnormal eating patterns, and belonging to a minority racial or ethnic group. The notion that just by being born into a minority racial group you are predisposed to major health complications is a huge indicator that these barriers are a form of racism that continues to hold back marginalized communities. This concept of racial injustice is furthered by Christa Hegenauer, who focuses on the racial disparities within the Affordable Care Act. Her research came to the ultimate conclusion that identifying as black was significantly associated with the likelihood to be uninsured under the Affordable Care Act[[10]](#footnote-9). Being African American puts you at a statistical likeliness to be uninsured with the national implementation of the Affordable Care Act, and this likeliness to be uninsured means even more for the people of color residing in wards 7 and 8 of Washington D.C., who, as previously established, are also predisposed to various health complications due to their race. Without medical attention, many of the symptoms that go hand-in-hand with obesity worsen and lead to more serious medical conditions. Suffering from poor health is not only frustrating on a physical level, but a mental one as well. These conditions prevent low income individuals and people of color from being able to fully participate in society economically, socially, and politically, and viewing health complications as an additional form of systemic injustice is crucial to completely comprehending food insecurity.

Beyond the physical effects of obesity, the way we view these illnesses are detrimental to marginalized communities. Dr. Melvin Delgado, a professor of Social Work and the Co-Director of the Center on Addictions Research and Services (CARS) within the Boston University School of Social Work, has devoted his career to scholarly writing on urban communities, specializing in the specific impacts on people of color. Delgado takes these claims involving health to the next level, arguing that the problem is actually that:

The prominence of a medical (disease-based) model complicates discussions of baby boomer health. The medical model emphasis on a patient’s health problems is not empowering in philosophy or approach. Viewing illness as an individual phenomenon (rather than casting it as a family or community need) is another limitation associated with [this][[11]](#footnote-10)

The disease-based model being used to treat illness is disempowering because it views illness as something that happens to an individual, which limits the model’s ability to address family or community needs. Although this research aims to convey disparities in the way we treat baby boomers medically, it also holds relevance for younger low income individuals and people of color. The important concept to grasp from this research is that using terms like obesity implies that it is the fault of the individual for suffering from these symptoms, rather than the societal reasons (such as restricted nutrition access) that are forcing these symptoms upon marginalized peoples. The limitations Delgado references are complicit in the systemic aspect of food injustices, because if illness was addressed as a community-wide phenomenon, there would be more striking evidence on how prevalent obesity is within these communities as a whole. This evidence would avoid doctors simply diagnosing individual patients as suffering from obesity or one of its comorbid counterparts, and would illuminate the patients as part of a larger public health issue that continues in a cyclical nature.

While I agree with these scholars to a certain extent, I don’t believe Hegenauer does this problem justice by simply stating that the health disparities exist. I feel that Delgado has the right idea by taking it further to prove the disease-based treatment model has complicity in a system of food injustice. The data speaks for itself, and every scholar seems to be in agreement about one thing: if you are a part of a marginalized community, you can’t afford to get sick. This clearly presents an even more urgent problem when paired with an obesity-causing lack of access to nutrition. If doctors and specialists were to start viewing these health problems as Delgado suggests they are, a part of a larger cycle of oppression, government agencies and other social safety nets would almost be forced to act to fight the injustice. The word obesity itself acts as a mechanism to prevent black and brown bodies from obtaining adequate healthcare, and it will not be until we comprehend illness as a social phenomenon that we can start to relieve marginalized bodies of the pressure that has been placed upon them.

It’s easy to overlook economic implications of food insecurity in the face of such extreme amounts of medical data, but the reality is that food insecurity is largely tied to economic failings in more ways than one. I see this as a three part problem: the lack of economic stimulation in D.C., the prevention of economic growth within low income families, and the actual system that elongates this prevention of the potential to grow. In Sturdivant’s specific assessment of Washington D.C., she asserts that people who utilize social safety nets (e.g. SNAP, or, food stamps) are very likely to do their shopping in Maryland or Virginia[[12]](#footnote-11). The close proximity of the two states as well as lower retail prices contribute to this striking blow to the D.C. economy. Her report also notes increased transit costs in order to reach affordable supermarkets that lie west of the Anacostia River as a reason for this vital business being taken outside the Washington D.C. city limits. The increased costs that would be necessary to allocate in order to navigate the city would take away from other funds in low income families already paper-thin budget. The point I’m essentially suggesting, is that the mishaps surrounding the economy actually go a step further. If people don’t have a basic need met (such as having an adequate amount of food) they are unable to prosper economically in the future. Experiencing long term hunger undoubtedly affects job performance and participation in education, both of which are essential to progressing economically in today’s society.

I’m convinced that without making the best of the public education system, breaking out of this failing economic bubble will be near impossible. There are many reasons why there is such a significant correlation behind absenteeism and food insecurity, including: being too hungry to focus in class, obesity leading to body-image and emotional issues, and a lack of structure at home that doesn’t foster a good environment to complete homework in[[13]](#footnote-12). Regardless of the reasoning, the statistics prove that food insecurity is deeply correlated with the problems faced by the education system. I argue that this contributes to economic oppression in ways far beyond surface-level consequences, because higher education is becoming more and more essential to succeed in today’s corporate-driven world. The time when families could prosper long-term on a 40 hour-a- week job that pays a minimum wage no longer exists. I’m not saying that it isn’t possible to live a high quality of life with two heads of households working full time at minimum wage, but in order to gain long term financial security, higher levels of education are fully necessary. The fact that more actions are not put in place to combat food insecurity in the D.C. community contributes to this prevention of economic growth, because until food insecurity is addressed, there will be minimal improvement within the school systems, and being successful in school is vital to economic prosperity.

In addition to farmers markets and community gardens, I also believe that schools in low income areas should be granted access to additional funds for community programming. As seen through D.C. Central Kitchen’s many social initiatives, these non governmental actions will be essential to relieving the pressure that food insecurity has built up against “the system”. With this money, schools could contribute to what Shannon coined the “elimination of obesity-generating factors” by doing things like working out discount programs with local gyms, finding a way to educate parents about nutrition and cost-effective ways to feed their family well, and focusing on re-writing the curriculum of the physical education and health programs to better equip students, especially students of color, to fight off childhood obesity. People that have chosen to work in education or the school-system want to see their children succeed, so they will be instrumental in voicing exactly what they need to agencies with the power to grant funding.

At this point I would like to raise some objections that have been inspired in the small-government advocate in me that presents itself once in a blue moon. I found myself asking questions like: whose responsibility should it be to fund the government agencies and social safety nets that help combat systemic issues like food insecurity? Should the American taxpayer bear the burden? Ultimately, I came to the simple conclusion that yes: the American taxpayer should not protest this fundamental use of revenue. Government agencies funding school programs and providing economic stimulation for low-income communities will be temporary. Members of these communities gaining access to nutrition and vital education will have an effect so transformative that this short-term funding will have long-term results. It remains essential that advocates of smaller government see funding as a way to begin to transform the system not designed for marginalized, low-income, non-white communities, such as wards 7 and 8 of Washington D.C. Our various levels of government are constitutionally bound to act as an agent of the people, and people that are voted into power must act on the needs and desires of their constituents. If the higher leadership in our government would formally recognize the struggles faced by minorities and low income families in this country, progressive policies could make their way to the forefront of national attention.

Generations of people of color have passed through this inadequate, unjust system; unfortunately for many, it’s too late. But, it doesn’t have to be too late for the other children that live in wards 7 and 8, who have done nothing but be born into a system that wasn’t designed to benefit them. Jeff Chang’s *We Gon’ Be Alright* quotes President Johnson’s June 4, 1965 speech delivered at Howard University’s graduation ceremony regarding the civil liberties movements and the fight for equality:

But freedom is not enough. You do not wipe away the scars of the century by saying: ‘Now you are free to go where you want, and do as you desire, and choose the leaders you please’.

You do not take a person who, for years, has been hobbled by chains and liberate him, bring him up to the starting line of a race and then say, ‘You are free to compete with all the others,’ and still justly believe that you have been completely fair.

Thus it is not enough just to open the gates of opportunity. All our citizens must have the ability to walk through those gates.

This is the next and more profound stage of the battle for civil rights. We seek not just freedom but opportunity. We seek not just legal equity but human ability, not just equality as a right and a theory but equality as a fact and equality as a result.

For the task is to give 20 million Negroes the same chance as every other American to learn and grow, to work and share in society, to develop their abilities--physical, mental, and spiritual--and to pursue their individual happiness[[14]](#footnote-13)

People who claim non complicity often cite that they didn’t personally inflict these wounds upon the community, and also believe everyone in this society is truly equal. Legally ending slavery does nothing for the people of color who worked to build this nation. America’s policy makers made a mistake when, after slavery ended, they did nothing to ensure the success of a community who had just obtained freedom, and forced generations of people to continue their fight for civil rights. Reparations were never paid to those who had been prohibited from succeeding, and now it is our job to provide true equity to our African American citizens, as well as other minority citizens who have faced disenfranchisement at the hands of this country. Those words were spoken by a powerful person and were uttered over 50 years ago, yet our system is still failing our brothers and sisters of color. I reference the prosperity of systemic racism in our country as a whole because it truly is alive and well throughout America. Just by looking at food insecurity as a systemic injustice connected to a myriad of other complications, it is easy to see the ways in which the system is still designed to keep people in chains. Our nation’s capital provides the perfect example for how decades of injustice and segregation can culminate tragically.

The members of the Washington D.C. community are not expected to end what centuries of injustice has inflicted upon marginalized communities. What we can do is make our voices heard and be adamant in our opposition to these unfair standards of living. We must take it upon ourselves to ensure that all people of color are given an equal opportunity at acquiring the means to walk through those gates of opportunity, not just the freedom to do so. Equity beyond equality. These words from President Johnson deserve to be looked at in history books for historical context, and should not contain any trace of relevance to the present day situation. It is *impossible* to fix a system which was not created with the intent of protecting you, and food insecurity is an issue that presents many problems that perpetuate systemic racism in Washington D.C. Don’t fix the system, change it.

References

Chang, J. (2016). *We Gon’ Be Alright: Notes on race and resegregation*. New York, NY: Picador.

D.C. Hunger Solutions (2018). *Closing the Grocery Store Gap*. Washington, D.C. Retrieved January 7, 2019.

Delgado, M. (2015). *Baby boomers of color: implications for social work policy and practice*. New York: Columbia University Press.

Hegenauer, C. L. (2016). Are We Covered? Health Insurance Disparities in the Affordable Care Act Era. *Michigan Sociological Review, 30*, 93-108,135.

Jyoti, D. F., Frongillo, E. A., & Jones, S. J. (2005, September 9). *Food Insecurity Affects School Children's Performance, Weight Gain, and Social Skills*. Retrieved November 14, 2017.

Milloy, C. (2017, September 19). Even in a prosperous city like D.C., many still go hungry, report finds. Retrieved from <https://www.washingtonpost.com/local/even-in-a-prosperous-city-like-dc-many-still-go-hungry-report-finds/2017/09/19/6601d938-9d55-11e7-9083-fbfddf6804c2_story.html?noredirect=on&utm_term=.8d3ed89ff182>

National Heart, Lung, and Blood Institute. (2017, March 01). Retrieved November 18, 2017, from <https://www.nhlbi.nih.gov/health/health-topics/topics/obe/risks>

Shannon, J. (2014). *Food deserts: Governing obesity in the neoliberal city*.Retrieved from <http://dx.doi.org/10.1177/0309132513484378>

Sturdivant, Christina. “Report: More Than 11% of DC is a Food Desert.” *dcist.com,*  <http://dcist.com/2017/03/food_desserts_latest.php> . Accessed 20 September 2017.

Sturdivant, Christina. “Report: Wards 7 and 8 Have Three Grocery Stores For 149,750 People” *dcist.com,* <http://dcist.com/2017/06/report_wards_7_and_8.php>. Accessed 23 September 2017.

United States Department of Agriculture Economic Research Service. (2017). *Definitions of food security.* Retrieved from [https://www.ers.usda.gov/topics/food-nutrition-assistance/food- security-in-the-us/definitions-of-food-security/#characteristics](https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/#characteristics)

1. United States Department of Agriculture Economic Research Service, *Definitions of Food Security*, (2017) [↑](#footnote-ref-0)
2. Christina Sturdivant, *Report: Wards 7 and 8*, (Washington D.C., 2017) [↑](#footnote-ref-1)
3. Courtland Milloy, *Even in a Prosperous City like D.C., (Washington, D.C. 2017)* [↑](#footnote-ref-2)
4. Milloy, *Even in a Prosperous City* [↑](#footnote-ref-3)
5. D.C. Hunger Solutions, *Closing the Grocery Store Gap in Our Nation’s Capital*, (Washington, D.C., 2016) [↑](#footnote-ref-4)
6. Christina Sturdivant, *More Than 11% of D.C. is a Food Desert*, (Washington, D.C., 2017) [↑](#footnote-ref-5)
7. Dr. Jerry Shannon, *Food deserts: Governing obesity in the neoliberal city* (2014) [↑](#footnote-ref-6)
8. National Heart, Lung, and Blood Institute, *Overweight and Obesity*, (March 2017) [↑](#footnote-ref-7)
9. NHLBI, *Overweight* [↑](#footnote-ref-8)
10. Christina Hegenauer, *Are We Covered? Health Insurance Disparities in the Affordable Care Act Era*, (Michigan, 2016) 30, 93-108, 135 [↑](#footnote-ref-9)
11. Melvin Delgado, *Baby boomers of color: implications for social work policy and practice*, (New York, Columbia University Press, 2015) [↑](#footnote-ref-10)
12. Christina Sturdivant, *More Than 11%*, (Washington, D.C., 2017) [↑](#footnote-ref-11)
13. Diana F. Jyoti, *Food Insecurity Affects School Children’s Academic Performance*, (New York 2005) [↑](#footnote-ref-12)
14. Jeff Chang, *We Gon’ Be Alright*, (California, 2016) 21 [↑](#footnote-ref-13)