

*The Color of Fat: Racial Biopolitics of Obesity*

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Abstract

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This dissertation employs the analytics of biopolitics, critical race theory, and feminist theory to explore the racial and gender dynamics of the political and medical construction of the American 'obesity epidemic.' Its two-part structure enables me to critique 'obesity' both as a legitimate public health concern whose higher prevalence among minorities is an embodiment of racial injustice and as a problematic construct that serves biopower, gender retrenchment and colorblind white dominance. Chapters 1 and 2 use the Foucauldian optic of biopower in tandem with Agamben's concept of 'spaces of exception' and the work of urban sociologists to analyze segregated urban enclaves as the racially delineated spaces in which biopower, despite its signature commitment to supporting life, represses black life chances. Drawing on epidemiological theories of embodiment and public health research, I argue that higher rates of obesity among American minorities are an embodied outcome of structural racism and should be apprehended as a form of 'structural violence' to prompt recognition that the outcomes of structural racism, if not its implements, are physically harmful. Staking a critical distance from the pathologization of fat, Chapter 3 analyzes how the construction of America's 'obesity epidemic' fortifies both biopower and status quo gender arrangements. This construction authorizes a vast 'assemblage' of both institutionally bound and individually administered health and lifestyle surveillance programs. I argue that the medical and political promotion of 'fat panic' re-enlists women in new self-disciplinary 'body projects' that complement regimens already prescribed by what some feminists call the 'fashion-beauty complex.' Thus framing obesity as a public health problem not only serves benevolent public health goals but also extends the knowledge-gathering capacity of biopower and aids gender retrenchment. Chapter 4 analyzes political, public health, and cultural discourses that recursively emphasize the higher prevalence of obesity among minorities in general, and among African American and Latina women in particular, as a contemporary 'racial project.' I argue that because they play out in a political context marked by the convergence of neoliberalism and 'the politics of disgust,' these discourses are constructing a new-but-old 'controlling image' of American obesity that harnesses the most deplored traits of the welfare queen. This repurposed stereotype of the insatiable, undisciplined, and freeloading fat black woman serves as a receptacle for white anxiety over the vulnerability of white privilege as obesity rates rise among all racial groups and national anxiety over the 'tribal stigma' of fatness as it engulfs the country at large. In its entirety, this project contributes to and builds new connections between multiple disciplines and interdisciplinary fields, namely political theories of biopower, social scientific scholarship on racial inequality, critical race and gender studies, epidemiology and public health, and fat studies.

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## PREFACE

I see this project as belonging to a lineage of critical theories that analyze the different ways in which power targets bodies and in which power relations are embodied. It is a reflection of my own interest in the relationship between political and popular cultural discourses and power arrangements, persistent racial and gender disparities in a purportedly post-racial and post-feminist era, a resurgent food politics movement with both progressive and problematic facets, and applications of critical theories to contemporary political problems. My favorite theoretical traditions have engaged me in an ongoing introspection of the ways in which my own body is invested with, complicit in, and literally shaped by power. I navigate life in a highly normativized and self-disciplined body that accrues the benefits of coding as thin, white, and compliant with normative standards of femininity. My first encounters with Nietzsche and Foucault made me fundamentally rethink how my lifelong rigorous exercise and eating regimens render me more docile and compliant with power than independent of it. My sustained engagement with feminist theory reminds me that my aspiration to body and beauty ideals not only hampers me but implicates me in the subjection of other women to the same impossible project and the alienation of those who cannot or refuse to pursue it. My readings of race studies have made me critical of my unearned psychic and material privileges and committed to both symbolic and structural racial justice. My position within multiple social hierarchies and these particular concerns, encounters and reflections all inform this project, and I mean here to put them out front.

I am grateful to my dissertation committee members Michael McCann, Christine Di Stefano, and Naomi Murakawa, my GSR Ralina Joseph, and especially to my committee chair Jack Turner, for the time, insight, and guidance each has lent to this project in particular and to my scholarly development in general. Little may they know how deeply I admire their individual work and their commitment to their students. Since our simultaneous arrival at the University of Washington Department of Political Science in Autumn 2007, Jack Turner has been my number one advisor and advocate both within the department and the field at large. He has more than generously offered me personal support, intellectual rapport, and professional opportunities to an extent I cannot possibly reciprocate.

Many political theory and Washington Institute for the Study of Ethnicity and Race doctoral students and faculty members at UW have contributed empathetic and constructive criticism to various iterations of these chapters. In particular Kirstine Taylor, Sarah Dreier, and Annie Menzel have provided invaluable intellectual and extracurricular companionship. I am grateful for two sources of financial support that have enabled my dissertation research and writing at crucial junctures: the Peter J. May Graduate Research Grant in Political Science and the Joff Hanauer Graduate Fellowship for Excellence in Western Civilization. I feel fortunate to have been part of the six-member Hanauer fellowship group during one of the years it was led by John Toews, a gifted scholar and genial discussion facilitator. The Western Political Science Association and the Law and Society Association have provided constructive forums, critics and interlocutors for each chapter in various stages of development. To the UW undergraduates who filled my office hours, endured my verbosity, and contributed the insights that animated my lesson plans, I am thankful.

The Sound Mind & Body Gym and I Love Hot Yoga communities have been my third places in Seattle, with their wonderful instructors, trainers, staffers, and members lending every day of my graduate school years physical and figurative balance, levity, and adventure. Being able to zone out and seek growth in those realms has enabled me to zone in and grow academically.

I am grateful to the Sanders/McMillan/Limoges/Tarr family, especially Gail McMillan, Kathy McMillan, Mark Sanders, and Nicole Sanders Tarr, for their emotional and financial support during my less than lucrative graduate career. Thanks to the extended Baker family for warmly welcoming and including me. Finally, I am grateful to Ryan Baker for his patience, humor, and love and for making with me the life and leisure that have sustained this project.

INTRODUCTION  
THE POLITICAL REALITY OF OBESITY

American critical race theorists at least from James Baldwin forward have demonstrated repeatedly that ‘color is not a human or a personal reality; it is a political reality.’<sup>1</sup> In Lawrie Balfour’s words, ‘race is both meaningless, that is, a fiction, and meaningful, or real in its effects.’<sup>2</sup> This project explores how the same could be said for the contemporary political and social phenomenon that is ‘obesity.’ It engages obesity as something both real and unreal. On one hand, insofar as it names a sign and cause of poor health and premature death, obesity is a real health condition whose higher prevalence among African Americans and Latinos can be read as an expression of an unjust racial order. On the other hand, insofar as it is a medical construct whose boundaries have fluctuated and whose link to morbidity and mortality is largely unsubstantiated, obesity must be interrogated as a fiction whose invention nonetheless has real material effects. Of course, in either case, obesity is certainly a ‘political reality’ that demands critical attention: as an embodied testament to unjust power arrangements, and as a social construct that serves various interests of power – biopower as well as continued male dominance and white dominance. This project, in short, explores obesity as an outcome, sign, target, and vehicle of power. Insofar as it is all of these things, obesity is real.

This dissertation employs an ‘analytics of biopolitics’<sup>3</sup> to explore the racial and gender dynamics of the contemporary American ‘obesity epidemic.’ It arises out of recent

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<sup>1</sup> James Baldwin, ‘Down at the Cross: Letter from a Region in My Mind,’ in *The Fire Next Time* (Vintage [1963] 1993), 104.

<sup>2</sup> Lawrie Balfour, *The Evidence of Things Not Said: James Baldwin and the Promise of American Democracy* (Cornell University Press 2001), 7.

<sup>3</sup> Thomas Lemke, *Biopolitics: An Advanced Introduction*, trans. Eric Frederick Trump (New York University Press 2011), 117-123.

popular, political, and medical attention to obesity, which is both a matter of national importance and one that affects blacks and Latinos disproportionately. Aiming to build upon work in both critical theory and social science, it analyzes the higher prevalence rates of obesity among African Americans as a sign of structural racism; at the same time, it remains critical of the implications for racial and gender justice of mobilizing widespread 'fat panic'<sup>4</sup> and framing obesity as a racial issue. It analyzes obesity as an eminently biopolitical matter and attends to the relationship between structural inequalities and the signifying practices that underlie them.

### *Project outline*

The dissertation is comprised of two parts, the second of which is prefaced by an interlude, each of which combines a sustained engagement with Foucauldian thought with an application to different problematics of obesity. Laying the theoretical groundwork for the following chapters, Chapter 1 proceeds from a broader concern with the racial patterning of life chances in America today. Persistent and stark racial disparities in health and longevity as well as in economic security and prosperity – not only in the chance to stay alive but also in life chances – testify that to be black in the early twenty-first century United States is to live a life less worthy of political attention. Chapter 1 offers a new way to see these disparities: the optic of biopolitical racism. Here I reconstruct Foucault's theories of biopower and racism and argue for their utility to social scientists and critical theorists whose work focuses on racial inequality. In his genealogy of three successive technologies

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<sup>4</sup> Anna Kirkland, 'The Environmental Account of Obesity: A Case for Feminist Skepticism,' *Signs* 36, no. 2 (2011): 463-485; Kathleen LeBesco, 'Fat Panic and the New Morality,' in *Against Health: How Health Became the New Morality*, eds. Jonathan M. Metzl and Anna Kirkland (New York University Press 2010).

of power, each responsive to the demographic and economic conditions of their times, Foucault theorizes biopower as the modality of power definitive of modern western nations such as the United States. Biopower takes as its principal concern the physiological and economic security of 'the population' conceived as a biological entity whose organic processes can be optimized through macro-level oversight, management, and manipulation.<sup>5</sup> Foucault phrases this defining prerogative of biopower as the right 'to 'make' live or 'let' die,'<sup>6</sup> 'to *foster* life or *disallow* it to the point of death.'<sup>7</sup> This expression indicates that inherent to biopower is the principle that the welfare of its proper constituency is contingent upon the elimination of unworthy, unsalvageable, unproductive, or dangerous internal elements of the population as well as external threats to it. In short, biopolitical states retain the right to kill on a mass scale.

Crucially, in Foucault's analysis, the murderous capacity of biopower encompasses all forms of indirect killing, including differentially exposing certain groups to death or the risk thereof.<sup>8</sup> Foucault theorizes racism as the discourse deployed by the biopolitical state to justify its practice of letting die and to demarcate the break between those whom the state equips to flourish and those whom it deprives, neglects, or subjects to violence. Racism rationalizes the selective reach of the life-supportive apparatuses of biopower.<sup>9</sup> I argue that this racially delineated break between the nourishing and neglectful functions of biopower takes concrete topographical form in America's racially segregated urban areas. I

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<sup>5</sup> Michel Foucault, 'Governmentality,' in *The Essential Works of Foucault, Volume 3: Power*, ed. Paul Rabinow (The New Press [1978] 2000), 217.

<sup>6</sup> Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-76*, ed. Mauro Bertani and Alessandro Fontana, trans. David Macey (Picador [1997] 2003), 241.

<sup>7</sup> Foucault, *The History of Sexuality Volume I: An Introduction*, trans. Robert Hurley (Vintage [1976] 1990), 139.

<sup>8</sup> Foucault, *Society Must Be Defended* 156.

<sup>9</sup> Foucault, *Society Must Be Defended* 254-257.

base my application of Foucault's theory of biopolitical racism to contemporary urban conditions on Giorgio Agamben's enjoiner to identify contemporary incarnations of the concentration camp.<sup>10</sup> I build an analogy of the ghetto to the camp, positing the ghetto as a racially delineated 'space of exception' whose inhabitants are subjected to the lethal functions, and excluded from the positive incitements, of biopower.

Chapter 2 takes up the matter of the higher prevalence of obesity among African Americans and Latinos as a newly salient dimension of the racial disparities in health that characterize biopolitical racism, or the biopolitical prerogative to deny life chances to minorities. If we take seriously New York City Mayor Michael Bloomberg's emphatic declaration that 'Obesity kills,'<sup>11</sup> First Lady Michelle Obama's diagnosis of rising obesity rates as 'nothing short of a public health crisis that is threatening our children, our families, and our future,'<sup>12</sup> and other official political proclamations of an obesity epidemic, obesity is a consummately biopolitical problematic not only because it constitutes a threat to the vitality of the population but also because it exhibits the racial patterning of life chances.

Chapter 2 focuses on the mechanisms by which the contemporary United States excludes African Americans from its incitement to flourish. I argue that the paradigmatic mode of biopolitical violence in America is structural. Structural racism, the racially biased administration of what John Rawls aptly calls the 'basic structure,' can be understood as the primary mechanism by which American biopower neglects black life and constrains black

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<sup>10</sup> Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford University Press [1995] 1998), 122-123.

<sup>11</sup> Michael M. Grynbaum, 'Judge Blocks New York City's Limits on Big Sugary Drinks,' *New York Times* 11 March 2013: <http://www.nytimes.com/2013/03/12/nyregion/judge-invalidates-bloombergs-soda-ban.html?pagewanted=all>.

<sup>12</sup> U.S. Department of Health and Human Services, 'HHS Secretary and Surgeon General Join First Lady to Announce Plans to Combat Overweight and Obesity and Support Healthy Choices,' 28 January 2010: <http://www.hhs.gov/news/press/2010pres/01/20100128c.html>.

life chances.

I then argue that the prevalence of obesity is an embodied outcome of this structural racial inequality. Using public health research I depict a color-coded economic geography of food, in which minorities dwelling in disadvantaged areas lack access to vendors of healthy foods that are both more affordable and more abundant in predominantly white and more affluent areas.<sup>13</sup> This racial geography of food retail negatively affects dietary choice and is a significant contributing factor in racial disparities in obesity prevalence.

I then propose that the overrepresentation of Americans of color among the obese should be read as a manifestation of structural violence. While the implements of structural violence may not be material, its outcomes certainly are; and while this violence is not always lethal, it is profoundly constraining. The coupling of theories of structural violence with theories of structural racism permits articulation of the ways in which the structural implements of biopower produce relations of racial inequality that are literally embodied.

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<sup>13</sup> Members of the public health research community are currently debating and investigating the most constructive and credible methods of measuring the relationship between features of local food environments – such as the relative density and proximity to residents of stores vending healthy and unhealthy foods, affordability of available foods, and levels of walkability and recreational safety – and patterns of body weight and body mass index among local residents. Between 2010 and 2012 at least three research teams have pointed out that the dozens of existing studies of the relationship of local food environments to obesity rates have adopted a wide variety of measurement methods and conceptual approaches and that this heterogeneity of measures and approaches ‘preclude[s] meta-analyses’ and ‘limits what can be learned’ (Vicki Shier, Ruopeng An, and Roland Sturm, ‘Is There a Robust Relationship between Neighborhood Food Environment and Childhood Obesity in the USA?’, *Public Health* 126 [2012]: 723-730; Jing Feng et al, ‘The Built Environment and Obesity: A Systematic Review of the Epidemiologic Evidence,’ *Health and Place* 16 [2010]: 175-190). While one of these review teams found ‘moderate evidence’ to support the prevailing hypothesis that neighborhoods with a high density of unhealthy food retailers and a low density of supermarkets constitute obesogenic environments, it also asserted that overall reproducibility of those findings is limited by the absence of an ‘industry standard’ for measuring local food access (Caitlin E. Caspi et al, ‘The Local Food Environment and Diet: A Systematic Review,’ *Health and Place* 18 [2012]: 1172-1187). Two of these teams offer recommendations for designing future food environment studies that can contribute to a more homogenous body of evidence supporting the obesogenic environment thesis – for instance, by developing a better understanding of place (Feng et al 187), standardizing and validating measures for assessing the food environment and constructing a more multi-dimensional index of accessibility (Caspi et al 1184-1185). I hope and expect that this current period of meta-critique will clarify and legitimate disciplinary standards for measuring correlations between food environments and obesity and vindicate the prior and future studies that adhere to these standards.

If racially segregated and resource-disadvantaged urban areas are a built environmental outcome of biopolitical racism, the racial demography of obesity is a physiological outcome of this same privative prerogative.

In sum, Part I posits the higher prevalence of obesity among American minorities as an expression of structural racial inequality, the mechanism through which biopower exercises its racially delineated right to let die. In order to call attention to the embodiment of racial disparity, it operates on the assumption that obesity is a legitimate problem that demands medical and political intervention on behalf of both racial justice and public health.

Part II abandons this assumption and stakes a critical distance from the framing of obesity as an individual and collective pathology because, from an alternative angle, the public health crisis framing of obesity has deeply problematic implications for broad American constituencies, including those who are not obese. From the interlude prefacing Chapter 3 forward, I often put ‘obesity’ and the ‘obesity epidemic’ in scare quotes to signal that the terms are medical and social constructs and to imply critical distance from them. I opt for ‘fat’ and ‘fatness’ as neutral or non-medical terms that have also been assigned positive valences by some scholars and activists.

The interlude grounds this new line of inquiry into the problematic implications of the prevailing frames of the ‘obesity epidemic’ in the insights of fat studies, a new and robust interdisciplinary field of scholarship that has advanced rigorous and wide-ranging critiques of the negative stigmas and significations of fat and discriminatory practices against fat bodies. Fat scholars strive to challenge obesity’s status as a *prima facie* public health peril and instead to illuminate it as a political issue – a matter bound up with the

interests of power and one that functions to (re)produce social hierarchies. I outline three strategies developed by critical fat scholars for problematizing dominant discourses about 'obesity': contesting the scientific research that premises the pathologization of fat, situating negative valences of fat in international and historical contexts, and resignifying fat as embodied resistance to oppressive norms and policies. I also elaborate the relation of the field of public health to biopower. Public health is a prized institutional pillar of biopower because it houses a network of individuals and organizations imbued with medical expertise who help construct and promote the medical norms that regulate population behavior, implement a vast machinery of surveillance technologies on the pretense of monitoring and maximizing population wellbeing, and shape notions of health and healthy bodies that affect how individuals and groups are perceived and treated.

Part II focuses particularly on the impact of the deployment of fat panic and the racialization of obesity on women: in Chapter 3, on women as they are interpellated by anti-obesity discourses and subjectivated by new health-oriented surveillance mechanisms, and in Chapter 4, on primarily women of color as they stand to incur the most severe stigmatic injuries from discourses that racialize and feminize obesity. It does so because American women still endure more intense societal pressures surrounding physical appearance and because, as Chapter 4 will elaborate, the stigma of fatness shares both historical and current linkages to stigmas attached to gender and race.

Chapter 3 follows fat studies scholars in adopting a critical stance toward the pathologization of fat and the motives and effects of anti-obesity discourses. However, I shift the focus to the effects of the medical and political construction of the 'obesity epidemic' as a public health crisis on the wider swath of the American population that is

not singled out by anti-obesity discourses but is, I argue, one of their primary targets. I am interested here in how the mobilization of fat panic targets and transforms the subjectivities of individuals who adhere, or appear to adhere, to normative prescriptions of body size and healthy lifestyles. I begin by illustrating obesity as an eminently biopolitical phenomenon: elevated to the status of a public health threat, it allows the disciplinary and regulatory mechanisms of biopower to achieve new depths and ranges of visibility and influence. To do so, I draw an analogy between the development of biopower in relation to sexuality from the late sixteenth century forward, as Foucault describes it in his *History of Sexuality*, and the further augmentation of biopower in relation to 'obesity' from the late twentieth century to the present.

I elaborate four striking parallels between the emergence, functions, and effects of what Foucault terms *the deployment of sexuality*<sup>14</sup> and what I will call *the deployment of obesity*. First, both sexuality and fatness have been constructed as both an individual medical problem and a public health concern. Second, the construction of the 'obesity epidemic' by medical and political authorities has detonated what Foucault calls 'a veritable discursive explosion' vis-à-vis fatness. In the wake of its medical problematization, fat and fat people have become objects of proliferate study, conversation, public policy, and media and cultural fixation, mirroring incitements to exhaustively discuss and analyze sex in the early modern era Foucault deems far from repressive. Third, like the diagnosis of bodies as imbued with sexuality, the designation of bodies as obese or at risk of becoming obese has made them the contact points of the individually oriented disciplinary technologies and the macro-level regulatory technologies that comprise the

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<sup>14</sup> Foucault, *The History of Sexuality Volume I* 140.

two 'poles' of biopower.<sup>15</sup> Fourth, its medicalization has thus effectively made fat, like sex before it, 'a police matter.'<sup>16</sup> Fat panic compels citizens to place themselves under surveillance and warrants the redeployment of preexisting, and the innovation of new, forms of biometric and lifestyle monitoring that make the 'eye of power' ever more omniscient. Under the Foucauldian analytic of power/knowledge, the construction of fatness as a medical problem generates the imperative to gather more knowledge about the movements, development, and lifestyles of all potentially obese individuals, or 'risky bodies,'<sup>17</sup> in the name of improving the health of the population but also to the effect of better enabling power to influence and regulate individual conduct.

I argue that this *assemblage*<sup>18</sup> of both institutionally bound and individually administered surveillant mechanisms reaches far beyond the fat people it claims to target; indeed, they exist to transform the subjectivity of every body. Drawing on the work of Foucauldian feminist theorists of the effects of the 'fashion/beauty complex' on women's subjectivities, especially Nancy Fraser, Sandra Bartky, and Angela McRobbie, I argue that one of the most significant effects of the pervasiveness of anti-obesity discourses and surveillance technologies is to transform nearly every individual's sense of self in accordance with medical norms of healthy physicality and to renew our commitment to the self-monitoring and self-disciplinary practices that serve the aims of biopower. Pervasive anti-obesity discourses can be couched in terms of preventative public policy and healthcare but their effects are to (re)produce societal norms of body size and healthy

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<sup>15</sup> Foucault, *The History of Sexuality Volume I* 139.

<sup>16</sup> Foucault, *The History of Sexuality Volume I* 24.

<sup>17</sup> Alan Petersen and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (Sage 1996), 50.

<sup>18</sup> Kevin D. Haggerty and Richard V. Ericson, 'The Surveillant Assemblage,' *British Journal of Sociology* 51, no. 4 (2000), 608-609; Emma Rich, John Evans and Laura De Pian, 'Children's Bodies, Surveillance and the Obesity Crisis,' in *Debating Obesity: Critical Perspectives*, eds. Emma Rich, Lee F. Monaghan, and Lucy Aphramor (Palgrave Macmillan 2011).

behavior, to authorize the unprecedented access of surveillance and data collection technologies to a wider range of 'risky bodies,' and to cultivate self-policing individual subjectivities. In this sense, they should be seen as an extension of the disciplinary incitements of the fashion/beauty complex that functions to sustain status quo gender arrangements. We should be wary, then, of the deployment of 'obesity,' or fat panic, not only for the deep stigmatic harm it does to those for whom professes concern, but for the deep subjective effects it has on every body deemed 'normal' but nevertheless 'risky.'

Obesity has been framed not only as a public health crisis threatening national medical, financial and military wellbeing but also as one with vivid racial dimensions. Chapter 4 explores the negative implications for racial justice, both symbolic and structural, of what I call the racialization of obesity: the reiteration of the higher prevalence of obesity among American racial and ethnic minorities. This final substantive chapter argues that, and elaborates how, the racialization of obesity is a *racial project* as Michael Omi and Howard Winant define it: a set of racial signifying practices that reinforce an unequal structural racial order.<sup>19</sup> This argument is rooted in the notion that the political construction of public health dangers is a boundary-setting enterprise: a 'symbolic practice[] tacitly directed toward the preservation of sociocultural boundaries. *Controlling a danger and policing a boundary are often one and the same.*'<sup>20</sup>

I elaborate three ways in which the racialization of obesity subverts the goal of racial justice. First, discourses that foreground the racial contours of the 'obesity epidemic' participate in the refortification of white normativity, or the revaluation of norms of body size and lifestyle that are constructed and adhered to by whites to their own material and

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<sup>19</sup> Michael Omi and Howard Winant, *Racial Formation in the United States, 2<sup>nd</sup> Edition* (Routledge 1994).

<sup>20</sup> Robert Crawford, 'Health as a Meaningful Social Practice,' *Health* 10, no. 4 (2006), 403. Emphasis added.

psychic advantage. By implying that obesity is primarily a minority issue and that minorities stand to be educated by whites about healthy lifestyle practices, these apparently benevolent discourses promote the implicitly racist notion underpinning white normativity: that blackness is a deficit that must be effaced or surpassed in order to arrive at a state of health, success, and normalcy. They thereby reassert and maintain the moral superiority and normative status of whiteness.

Second, the racialization of obesity re-ascribes the resurgent stigma of fatness to the black female body. The stigma of fatness historically has operated in complex ways to reinforce race- and gender-based systems of hierarchical body typing, which are also premised on the assumption that the body bears signs of moral character, rational capacity, and social worth.<sup>21</sup> Discourses that depict black and Latina women as overrepresented among the obese brand them with this stigma and effectively cement their status at the bottom of the intersecting orders of race, gender, and body size.

Third, and relatedly, I speculate that the racialization of obesity will facilitate the creation of the obese American as the new 'controlling image'<sup>22</sup> of black womanhood. This is because the racialization of obesity plays out in a political context defined by two convergent discursive currents: neoliberalism, with its championship of health as an embodiment of personal responsibility and the *sine qua non* of good citizenship, and what Ange-Marie Hancock calls the 'politics of disgust,' which has constructed the public identity of the welfare queen out of three antecedent stereotypes of African American women.<sup>23</sup>

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<sup>21</sup> Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (New York University Press 2011).

<sup>22</sup> Patricia Hill Collins, *Black Feminist Thought* (Routledge 2009), 7, 76-77..

<sup>23</sup> Ange-Marie Hancock, *The Politics of Disgust: The Public Identity of the Welfare Queen* (New York University Press 2004).

This new-but-old controlling image serves as a receptacle for the ‘moral panic’<sup>24</sup> behind the obesity epidemic, white anxiety over the vulnerability of white privilege in a rapidly diversifying populace, and national anxiety over the ‘tribal stigma’ of fatness as it engulfs the country at large. I argue that the obese American will succeed the welfare queen as the source and symbol of a declining American state and way of life.

By providing a factual basis, albeit distorted, for the stigmatization of African Americans, the racialization of obesity ultimately motivates and legitimates the political disregard for black life that, as I discuss in Chapter 1, defines contemporary American biopower. Insofar as it feeds off of the deployment of ‘fat panic,’ discussed in Chapter 3, in order to do racial representational work that compromises the life chances of African Americans and reinforces an unequal structural racial order, the racialization of obesity demands critical scrutiny as a mode of racial formation in the contemporary era of ‘colorblind white dominance.’<sup>25</sup>

Part II is fundamentally and purposefully at odds with Part I – not with its understanding of biopower, which directly informs Chapter 3, and its race-based devaluation of some lives, which reappears in Chapter 4, but with its premise that obesity constitutes a national medical, moral, military, and economic crisis. My acceptance of this premise is provisional and qualified. Part I stems from a strategic decision to temporarily suspend disbelief in the veracity, impartiality, and utility of the ‘obesity epidemic’ in order to explore the racial demography of obesity as a real effect of this country’s hierarchical

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<sup>24</sup> Paul Campos, Abigail C. Saguy, Paul Ernsberger, Eric Oliver and Glen Gaesser, ‘The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?’, *International Journal of Epidemiology* 35, no. 1 (2006): 55-60.

<sup>25</sup> Ian Haney López, *White By Law: The Legal Construction of Race* (New York University Press, 2006), 147-148.

racial order. Chapter 2 is important because to dismiss obesity offhand as a medical construct would be to preclude attention to the racial disparities in health, which constitute a significant facet of contemporary American racial inequality, and to how the racist logic of biopower works today. To avoid discussing the racial dimensions of obesity would be to endorse a sort of colorblindness that would leave intact the structural forces behind racial health disparities. Of course, Chapters 3 and 4 are important because they question how the deployment of obesity and its racialization function ideologically to augment biopower and to (re)produce condemnatory and stereotypical images of African Americans that substantiate biopower's racist logic.

Thus each set of arguments presented in Part I and Part II merits attention and consideration. Yet neither will ultimately prevail in this project. My aim, which is to extend critical inquiry into obesity as a contemporary political phenomenon, does not depend on submitting one perspective to another. I think the goal of critical consideration of the forces behind and the implications for power relations of 'obesity,' both as a legitimate public health concern and as a problematic construct, is better served by presenting two nuanced and valid perspectives and allowing them to enhance one another by contrast. My strategy is inspired by Wendy Brown's reflection on counterpoint as a valuable technique for illuminating the subjects of political theory. Counterpoint is a model for holding together two or more arguments that facilitates their enhancement through juxtaposition rather than the opposition or submission of one thesis to another. In its support for complexity and for 'the proliferation of truth,' 'counterpoint emanates from and promotes an antihegemonic sensibility'; 'indeed, it can even highlight and thus contest dominance

through its work of juxtaposition.’<sup>26</sup> By developing new and different perspectives of obesity, each valid in its own right, this project strives to be a critical, multidimensional, and counterhegemonic inquiry into a contemporary biopolitical phenomenon that can be useful to a broad range of scholars committed to a more just society rather than a prescriptive endeavor.

Thus the two chief connective threads of this project are its explicit commitment to racial and gender justice and its adoption of what Thomas Lemke has referred to as an ‘analytics of biopolitics.’ While Chapter 1 will define biopolitics in detail, it will be helpful here to frame the project in terms of this research perspective as Lemke, as well as Paul Rabinow and Nikolas Rose, have derived it from Foucault. An analytics of biopolitics consists of three dimensions. First, it attends to the mutually constitutive relationship between power and knowledge by investigating which truth discourse(s) ‘constitute the background of biopolitical governing practices.’ It asks questions such as: What scientific experts and disciplines are endowed with the authority to construct the truth about the processes of life and health of a given population? What vocabulary do they use to measure and evaluate these ‘vital’ processes? What intellectual instruments and technologies do they use to produce truth? What proposals and definitions of problems and what goals regarding processes of life are given recognition?<sup>27</sup>

Second, this approach pursues questions of how strategies of power generate, mobilize and disseminate knowledge, what types of political interventions upon collective existence are made in the name of life and health, and to which population segments these

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<sup>26</sup> Wendy Brown, *Edgework: Critical Essays on Knowledge and Politics* (Princeton University Press 2005), 73-74.

<sup>27</sup> Lemke 119; Paul Rabinow and Nikolas Rose, ‘Biopower Today,’ *BioSocieties* 1 (2006), 197.

interventions are addressed: Which forms of life (or segments of the population) are regarded as socially valuable, and which are considered unworthy of support? What forms of material, physical, and psychic suffering attract political, medical, scientific and social attention and are regarded as intolerable and as a priority for research and redress, and which are neglected and ignored? 'How are forms of domination, mechanisms of exclusion, and the experiences of racism and sexism inscribed into the body, and how do they alter it in terms of its physical appearance, state of health, and life expectancy? Who profits, and how – for instance, in terms of financial gain, political influence, academic reputation, or social prestige – from the regulation and improvement of life processes? 'Who bears the costs and suffers such burdens as poverty, illness, and premature death because of these processes? This dimension of the analytics enables consideration of 'structures of inequality, hierarchies of value, and asymmetries that are (re)produced by biopolitical practices.'<sup>28</sup>

Third, an analytics of biopower accounts for 'forms of subjectivation, that is, the manner in which subjects are brought to work on themselves,' guided by scientific, moral, political, and other authorities and according to 'socially accepted arrangements of bodies and sexes.' Here it asks: How are people called on, in the name of (individual and collective) life and health and in relation to prevailing truth discourses, to act in certain ways and engage in particular practices of self-care? 'How are they brought to experience their life as 'worthy' or 'not worthy' of being lived?' How are they interpellated as members of

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<sup>28</sup> Lemke 119-120; Rabinow and Rose 197.

normative and superior or degenerate and inferior groups?<sup>29</sup> Each of these three sets of questions is taken up throughout the project in various ways.

### *Conceptual premises*

I think it is necessary to clarify at the outset how I am conceptualizing certain abstractions that are invoked incessantly in political and critical theory but that can be invested with a variety of meanings: first, the state, and second, power and discourse and their relation. When I refer to ‘the state’ throughout this project, I do not mean to invoke a monolithic, centralized, unified system of government. Chapter 2 maintains ‘a disaggregated view of the state’ as a multifaceted, multileveled overarching organization of the institutions that comprise the basic structure. The state is ‘a congeries of institutions, agencies, and agendas at different levels that are not necessarily well connected with each other.’<sup>30</sup> Yet this project is properly concerned not with the state but with biopolitics as it is carried out by, but which also exceeds, the state. As I read it, Foucault’s theory of biopolitics emphasizes ‘the convergence of diverse institutions in different settings around a particular way of conceptualizing a problem’ – that of managing and optimizing the vital processes of a population – and suggests that the management of the population is widely dispersed across institutions,<sup>31</sup> some but not all of which fall under the aegis of the state. That is, biopolitics is partly enacted and organized by the state, but the institutions that carry out biopolitics vastly exceed the state. By ‘biopolitics’ I mean not only the form of life-managing practices practiced by the state but also a broader ‘regime of practices’ or

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<sup>29</sup> Lemke 120; Rabinow and Rose 197-198.

<sup>30</sup> Akhil Gupta, *Red Tape: Bureaucracy, Structural Violence, and Poverty in India* (Duke University Press 2012), 55.

<sup>31</sup> Gupta 42.

'regime of government' that is not limited to or solely executed by the state. This complicated view of the relationship between biopolitics and the state, or this distinction between the domains of jurisdiction of each, will hopefully allay some of the confusion that would otherwise arise from my focus in Chapters 1 and 2 on biopolitics as organized by the state (where the various institutions of the basic structure are loosely coordinated by the state and carry out the biopolitical prerogative to passively deny black life) and my consideration in Chapter 3 of mechanisms of surveillance developed by state institutions (such as public schools) as well as by private corporations (such as biometric technology producers from BodyMedia to Apple and Nike).

Here it is helpful to keep in mind that while Foucault initially linked biopolitics to the regulatory endeavors of developing states and understood biopolitics as the form of politics practiced by a state whose primary technology of power was biopower, he also recognized that 'the great overall regulations that proliferated throughout the nineteenth century... are also found at the sub-State level, in a whole series of sub-State institutes' such as medical institutions, insurance companies, and so on. It is precisely at the point that Foucault acknowledges that biopolitical practices exceed the state that he developed his concept of 'governmentality,' a concept that could 'grasp the birth and characteristics of a whole variety of ways of problematizing and acting on individual and collective conduct in the name of certain objectives which do not have the State as their origin or point of reference.'<sup>32</sup> The proper concern of this project is not 'the state' but government: 'the organized practices through which we are governed and through which we govern

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<sup>32</sup> Rabinow and Rose 199-200.

ourselves.’<sup>33</sup> The assemblage of governmental practices is constantly changing as new practices are invented; there is no ‘single configuration of biopower’<sup>34</sup> as references to ‘the state’ imply. My broader focus on government rather than on ‘the state’ (even though I do invoke the latter) can account for the fact that modern states aspire to liberalism at the same time that they have come to be defined by biopower. Insofar as liberalism prevails, and states are limited by (and must govern through<sup>35</sup>) the social and economic processes and spheres that lie outside it, non-state bodies will play a key role in biopolitics.<sup>36</sup>

Moreover, a focus on the state as the locus of governmental power may become increasingly outmoded as corporations – which are indeed constituted by the state, receiving their form, property and authority from it, which are ‘government-like’ in their operation, and which are thus not properly private or public but ‘amphibian’ – have become ‘the world’s dominant institution, with the largest ones eclipsing most national governments in revenues, employment, logistical capabilities, and global presence.’ It is increasingly difficult to for theories of governmental power to disentangle the state from corporations: because they compose ‘not merely a parallel universe of private governments’ but rather ‘a messy public/private offshoot of public government,’ corporations ‘cannot be separated from [the state] historically, analytically, or normatively.’<sup>37</sup> Indeed in the contemporary neoliberal era, corporations exist not apart from but rather in governmental partnership with the state to enable ‘less government’ but

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<sup>33</sup> Mitchell Dean, *Governmentality: Power and Rule in Modern Society*, 2<sup>nd</sup> Edition (Sage 2010), 28.

<sup>34</sup> Rabinow and Rose 203.

<sup>35</sup> Dean, *Governmentality*, 134.

<sup>36</sup> Rabinow and Rose 203.

<sup>37</sup> David Ciepley, ‘Beyond Public and Private: Toward a Political Theory of the Corporation,’ *American Political Science Review* 107, no. 1 (2013), 139-141, 156.

'more governance.'<sup>38</sup> This project proceeds from the premise that the state's empowerment of corporations and its outsourcing to them of many core public services, addressed in Chapter 4, occasions the need for a focus on biopower broadly rather than on the state narrowly.

Two other concepts whose use in this project demands clarification are power and discourse and their relation to one another. Foucault's works have invited the reimagining of power as diffuse rather than unitary, as productive rather than deductive, as elegant rather than brute. In my analysis, Foucault's critique of the inadequacies of inquiries that are predicated on the model of a ruling sovereign or class mark his effort to controvert Marx's understanding of the nature and operation of power. Thus Foucault favors an analytics of discourse rather than one of ideology, for the latter term is implicated in the Marxist critical tradition and seems to Foucault to promote an understanding of power as a unitary possession of a single 'ruling class' or dominant group.

Not only am I unwilling to forgo access to the insights that a Marxist conception of power can yield, but I find considerably more affinities between Foucauldian and Marxist theories of power and discourse than Foucault would be willing or pleased to admit. Although the overarching analytical framework of this project is Foucauldian, it will complement the Foucauldian analytic of more diffuse and decentered operations of power and discourse with a more materialist account of power as possessed by dominant groups, relations of group-based domination and oppression, and the ideologies that support status quo relations and resource distributions. A primary focus of this project is how discourses operate in the service of power: how racism functions to justify biopower's right to deny

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<sup>38</sup> Simone Chambers and Jeffrey Kopstein, 'Civil Society and the State,' in *The Oxford Handbook of Political Theory*, eds. John S. Dryzek, Bonnie Honig, and Anne Phillips (Oxford University Press 2009).

life chances; how 'obesity' has been deployed to expand biopower's monitoring and regulating capacities and to re-subject women to the self-disciplinary practices that sustain status quo gender arrangements; how the racialization of obesity refortifies normative whiteness and colorblind white dominance. Insofar as these discourses circulate ideas in the service of power, I will not refrain from identifying them as ideologies. I show in Chapter 1 that Foucault's own rejection of an ideological understanding of racism is largely semantic, and I think the critical purchase of the terminology of ideology is too great to give up. Moreover, many preeminent scholars – among them Wendy Brown, Nancy Fraser, Stuart Hall, Ian Haney López and Loïc Waquant – exemplify the possibility and utility of combining Foucauldian and Marxist analytical techniques.

#### *Methodology, contributions and context*

This project is a work of critical theory that is conversant with many disciplines. My primary methods are textual analysis, engagement with social science and public health research, and critical discourse analysis of political, medical, popular cultural, and news media discourses. As a critical theorist my goal is to use philosophical concepts to offer new ways of thinking about a current political problem. I engage deeply with the writings of canonical theorists like Foucault and Agamben and contemporary theorists in critical race studies and feminist studies. I also draw heavily on empirical research from the fields of political science, geography, and epidemiology in order to connect structural forces to racial health disparities. I also conduct critical discourse analyses, exploring how news media, popular culture sources, political speeches and policy proposals, and medical debates have constructed obesity and obese minorities.

I hope this project is multidisciplinary in its contributions as well as in its sources and methods. Just as my work builds on the insights developed by scholars in a range of disciplines, I intend for it to be relevant to other scholars across these fields, especially to political theorists and social scientists who focus on racial inequality. Broadly, it aims to contribute to political theory, feminist, critical race, and fat studies scholarship. It also seeks to bridge several fields that are currently in high demand but not sufficiently in conversation with one another. Chapters 1 and 2 respond to new demands for theoretical work on biopower and for social scientific work on racial health disparities. They also demonstrate the relevance of theories of biopower to social science research on racial inequality, which frequently employs political theory to frame its empirical investigations but has not yet deeply engaged Foucault or Agamben. Chapter 3 intends to intervene in in conversations within sociolegal studies and critical fat studies by deepening our understanding of obesity as a biopolitical phenomenon and extending critical analysis to the implications of anti-obesity discourses for people whose bodies have *not* been pathologized as obese. In its consideration of the subjective and self-disciplinary effects of anti-obesity discourses, Chapter 3 also explores currently uncharted affinities between feminist theories and fat studies. Chapter 4 seeks to strengthen the bridge between critical race studies and fat studies. Many seminal fat studies scholars have raised, but not extensively pursued, the questions of how constructions of obesity mirror and intersect with constructions of race, how medical and political discourses on obesity are affected by conceptions of race (and class and gender), and what political alliances might be forged between antiracist and fat (and queer and feminist) movements.<sup>39</sup> Chapter 4 begins to

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<sup>39</sup> Kathleen LeBesco and Jana Evens Braziel, 'Editors' Introduction,' in *Bodies Out of Bounds: Fatness and*

explore the implications for racial justice of anti-obesity discourses, which are currently undertreated.

Notwithstanding some references to Latinos and other American minorities, this project focuses largely on the black/white racial divide, not because I believe this binary exhaustively defines the American racial landscape of the twenty-first century, but because a focus on black structural disadvantage and cultural misrepresentation ‘reveals particular dynamics that have been central to the general construction of [racial inequality] for everyone.’ As George Lipsitz points out, because racial projects are relational, constructions of anti-black controlling images are relevant to all communities of color.<sup>40</sup>

This project is more about the social structuring of obesity and the discursive life of obesity – how ‘obesity’ is constructed, deployed, racialized and feminized and how the discourses that do this signifying work serve the interests of various formations of power – than about the ‘politics’ per se of obesity. It will not analyze or propose specific legislative, judicial, or executive approaches to obesity. This is both because federal political officials have devoted considerable rhetorical energy but little deliberative and legislative attention to the ‘obesity epidemic’ – there have been no significant obesity-related policy projects under congressional debate – and because I believe discourses about obesity have had and will have significant effects on power relations and are a matter of social justice in their own right.

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*Transgression*, eds. Braziel and LeBesco (University of California Press 2001), 13; Paul Campos, *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health* (Gotham 2004), 81-83; Eric Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (Oxford University Press 2006), 72-77.

<sup>40</sup> George Lipsitz, *How Racism Takes Place* (Temple University Press 2011), 12-13.

PART I

BIOPOWER AND THE RACIAL CONTOURS OF THE OBESITY EPIDEMIC

CHAPTER 1  
TO MAKE LIVE OR LET DIE: AMERICAN BIOPOLITICS OF RACIAL DISPARITY



Figure 1.1. *National Geographic's* multiple May 2013 cover versions.<sup>41</sup>

The May 2013 issue of *National Geographic* magazine carried the auspicious headline ‘This Baby Will Live To Be 120’ and an equally sanguine subheading: ‘It’s not all hype. New science could lead to very long lives.’<sup>42</sup> The feature article follows the quest of geneticists to uncover genetic clues to longevity using ‘powerful genomic technologies.’<sup>43</sup> Borrowing from the playbook of fashion magazines struggling to captivate an increasingly aloof print audience by producing multiple cover versions of their monthly editions, *National Geographic* published four variants of its May cover, all with identical layouts but each featuring a unique infant cover model. Each baby wears a cherubic expression and a birthday suit; what distinguishes these potential centenarians is their racial encoding. The first cover version features a fair-skinned girl with hazel eyes and pale blond hair, the

<sup>41</sup> ‘Behind the Cover: May 2013,’ *National Geographic*: <http://news.nationalgeographic.com/news/behind-the-cover-babies/>.

<sup>42</sup> ‘Behind the Cover: May 2013,’ *National Geographic*.

<sup>43</sup> Stephen S. Hall, ‘On Beyond 100,’ *National Geographic* May 2013: <http://ngm.nationalgeographic.com/2013/05/longevity/hall-text>.

second an African-American boy with deep brown eyes and a mop of curls, the third a baby whose olive skin and green eyes encode her as mixed-race, the fourth an Asian-American boy sporting almond-shaped eyes and a miniature fauxhawk. While the multiple covers likely mark a publisher's effort to give a diverse range of readers (or newsstand passersby) a more personal connection to its lead story, which in fact only tangentially addresses current life expectancy data in the United States, it implies an equivalency of life chances across American children of different racial and ethnic backgrounds. Notwithstanding the potential for scientific discoveries to 'ultimately help everyone reach an advanced age in good, even vibrant, health,'<sup>44</sup> current demography does not support this suggestion.

This recently chronicled quest to uncover the genetic secrets to longevity substantiates Michel Foucault's 1976 observation that the advent of a 'technology of life' has made modern states both remarkably 'good at keeping people alive'<sup>45</sup> and reverent of the 'right to life.'<sup>46</sup> Defined by their deployment of what Foucault terms biopower, modern states' principal objective has become 'the welfare of the population': 'the increase of its wealth, longevity, [and] health.'<sup>47</sup> To this end, the United States spends a larger share of its GDP on health care than any other developed country.<sup>48</sup> No country has devoted more capital – or, arguably, discursive energy – to promoting the sanctity of life. Despite such titanic monetary and rhetorical expenditures, on two common measures of health – infant mortality and life expectancy – the United States population has worse health status than

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<sup>44</sup> Hall, 'On Beyond 100.'

<sup>45</sup> Michel Foucault, *'Society Must Be Defended': Lectures at the Collège de France, 1975-76*, ed. Mauro Bertani and Allesandro Fontana, trans. David Macey (Picador [1997] 2003), 248.

<sup>46</sup> Foucault, *The History of Sexuality Volume I: An Introduction*, trans. Robert Hurley (Vintage [1976] 1990).

<sup>47</sup> Foucault, 'Governmentality,' in *The Essential Works of Foucault, Volume 3: Power*, ed. Paul Rabinow (The New Press 2000), 217.

<sup>48</sup> Donald Barr, *Health Disparities in the U.S.: Social Class, Race, Ethnicity, and Health* (Johns Hopkins University Press 2008), 2.

that of any other developed nation. This is due to the depression of the overall health status of the American population by deep racial health disparities.<sup>49</sup>

Indeed, patterns of racial disparity mark all of the three dimensions of human development – longevity, health and wealth – that preoccupy biopolitics. These patterns are on bald display in American cities, most remarkably in the nation’s capital. A black baby born in Washington, DC today can expect to live twelve years fewer than a white baby born in the same city. African American infant mortality in DC is triple the white rate. Here, while black residents die earlier from all major causes of death, they die from homicide at more than forty times the rate of whites. Blacks are over three times more likely to be unemployed; the average income of those who do have jobs is half that of whites’. Blacks are nearly four times as likely to live in poverty and four times less likely to have a college degree. These figures exhibit stark racial disparities not only in the chance to stay alive but also in life chances: black Americans live, on average, not only significantly shorter lives but also lives of limited opportunity.<sup>50</sup> They endure ‘the added burden of living in America as a racial minority expressed in terms of life and death.’<sup>51</sup>

Racial disparities in health and prosperity do not merely compromise the United States’ pretension of global preeminence and the accuracy of *National Geographic’s* alluring prediction. They reveal a deep, racially demarcated divide in the orientation of state power that undermines the analytical acuity of any general assessment of the population as a unified entity. The incongruity of unrivaled investment in life-supportive infrastructure

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<sup>49</sup> Barr 2-3.

<sup>50</sup> Kristin Lewis and Sarah Burd-Sharps, *The Measure of America 2010-2011: Mapping Risks and Resilience* (New York University Press 2010), 79.

<sup>51</sup> Barr 137. A notable exception is Deepa Bhandaru, ‘Is White Normativity Racist? Michel Foucault and Post-Civil Rights Racism,’ *Polity* 45, no. 2 (2013): 223-244.

and racially differential outcomes discloses a sobering reality: to be black in the early twenty-first-century United States is to live a life less worthy of political attention.

This chapter reconstructs Foucault's theories of biopower and racism to demonstrate how they might illuminate the racial disparities in health outcomes and life chances that afflict the contemporary United States. I begin by reconstructing the salient dimensions of Foucault's theory of biopower. As the modern counterpoint to the ancient power to 'make die and let live', biopower marshals an arsenal of technologies to 'make live and let die' – that is, to cultivate the health, wealth, and wellbeing of its populace. Yet modern states retain the right and capacity to kill on a mass scale. Crucially, in Foucault's analysis, the murderous capacity of biopower encompasses all forms of indirect killing, including differentially exposing certain groups to death or the risk thereof. I then reconstruct Foucault's conception of racism as an indispensable discourse deployed by biopower to justify its practice of letting die. According to Foucault, racism demarcates the break between those groups whom biopower will equip to flourish and those whom it will neglect or subject to violence. Racism rationalizes the selective reach of an otherwise life-optimizing, wellness-inducing, safety-securing power.

I argue that this racially delineated break between the nourishing and neglectful functions of biopower takes concrete topographical form in America's racially segregated central cities. I base my application of Foucault's theories of biopower and racism to contemporary urban conditions on Giorgio Agamben's enjoinder to identify contemporary incarnations of the concentration camp. I build an analogy of the ghetto to the camp, positing the ghetto as a racially delineated 'space of exception' whose inhabitants are subjected to the lethal functions, and excluded from the positive incitements, of biopower. I

argue that biopower supplies a valuable framework for comprehending and redressing color-coded disparities in life chances in urban America.

### *1. Foucault's genealogy of biopower*

In his late writings and lectures, Foucault theorized biopower as the distinctively modern counterpoint to the two technologies of power that precede it. The pre-modern juridical state exercised what Foucault calls sovereign power.<sup>52</sup> The defining privilege of sovereign power is 'the right to decide life and death' or 'the right to *take* life or *let* live' – that is, to exercise the prerogative to kill or to refrain from killing. Sovereign power is essentially 'a right to appropriate' the wealth, labor, and ultimately life of its subjects. It is decidedly negative, taking the form of 'seizure' or 'deduction.'<sup>53</sup>

By contrast, the positive aim of disciplinary power – that second modality of power developed by fifteenth- and sixteenth-century states – is to facilitate the compliance of individual bodies as productive (both procreative and profitable) forces.<sup>54</sup> This 'new technology of power' 'center[s] on the body as a machine' and oversees 'its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, [and] its integration into systems of efficient and economic controls...'<sup>55</sup> Techniques of discipline are synchronized across the institutions of labor, law, education, medicine, the military, and the like. They aim to constitute less the 'juridical

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<sup>52</sup> Foucault, 'Governmentality' 221.

<sup>53</sup> Foucault, *The History of Sexuality Volume I* 136.

<sup>54</sup> Foucault, 'Governmentality' 11-212.

<sup>55</sup> Foucault, *The History of Sexuality Volume I* 139.

subject' than the 'obedient subject', the individual subjected to the 'habits, rules, orders' and rhythms that govern the efficient functioning of capitalist society.<sup>56</sup>

Disciplinary power is followed by a third modality of power: one that seeks to take account and take care of its population through the lens of a macro-level political economy. Foucault so names 'biopower' for its concern with the phenomenon of human life in the aggregate and in its bare biological functioning. Whereas the 'micro-physical' disciplinary power addresses 'man-as-body',<sup>57</sup> the macroscientific biopower addresses 'man-as-species', or humans affected by increasingly measurable biological processes: birth, development, reproduction, illness, degeneration and death.<sup>58</sup>

Biopower 'does not simply do away with' disciplinary technology but rather incorporates preexisting disciplinary techniques and apparatuses.<sup>59</sup> In the late eighteenth century, disciplinary power and biopower come to constitute the two poles, 'anatomic and biological', of a 'great bipolar technology' whose 'highest function' is 'no longer to kill, but to invest life through and through' at both the micro and macro levels.<sup>60</sup> By integrating disciplinary and regulatory technologies, the modern state has 'succeeded in covering the whole surface that lies between the organic and the biological, between body and population.'<sup>61</sup>

Whereas sovereign power is essentially 'the right to kill' or 'the right to take life or let live', biopower is 'precisely the opposite right... to 'make' live or 'let' die,'<sup>62</sup> 'to *foster* life

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<sup>56</sup> Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (Vintage [1975] 1995), 129.

<sup>57</sup> Foucault, *Discipline and Punish* 136-137.

<sup>58</sup> Foucault, 'Society Must Be Defended' 242-243.

<sup>59</sup> Foucault, 'Society Must Be Defended' 249.

<sup>60</sup> Foucault, *The History of Sexuality Volume I* 139.

<sup>61</sup> Foucault, 'Society Must Be Defended' 253.

<sup>62</sup> Foucault, 'Society Must Be Defended' 241.

or *disallow* it to the point of death.<sup>63</sup> The defining purpose of the biopolitical state is to cultivate an unprecedentedly large, healthy, and productive populace.<sup>64</sup> Its 'ultimate end' becomes 'not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, and so on.'<sup>65</sup> The state achieves this end by employing social and medical scientific methods to predict and manipulate macro-level biological processes: 'The mortality rate has to be modified or lowered; life expectancy has to be increased; the birth rate has to be stimulated.'<sup>66</sup> From 'all these new procedures of power' flow a newfound appreciation of '[t]he right to life, to one's body, to health, to happiness, to the satisfactions of one's needs', and above all, 'the 'right' to discover what one is and all that one can be'. Biopower must incite and facilitate the realization of humanity's potential; it must expand the scope of human possibility.<sup>67</sup> If the deductive logic of sovereign power is to take life, the generative logic of biopower is to incite life, to foster the conditions under which it can thrive, to secure it from impediments to its productivity as well as threats to its survival.

Thus Foucault advances an original theory of a distinctively late modern modality of power whose logic is positive and whose scope is exhaustive. Crucially, however, biopower does not so much replace as supplement the sovereign and disciplinary modalities of power. Each successive technology of power figures as a counterpoint to the other two to form 'a triangle, sovereignty-discipline-government.'<sup>68</sup> It is the co-articulation of bio- and disciplinary power that defines the sweeping purview of the contemporary state and its

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<sup>63</sup> Foucault, *The History of Sexuality Volume I* 138.

<sup>64</sup> Foucault, *The History of Sexuality Volume I* 144-145.

<sup>65</sup> Foucault, 'Governmentality' 217.

<sup>66</sup> Foucault, 'Society Must Be Defended' 243-247.

<sup>67</sup> Foucault, *The History of Sexuality Volume I* 144-145.

<sup>68</sup> Foucault, 'Governmentality' 219.

social institutions. And as we will see, if biopower succeeds sovereign power, it does not totally outmode it.

## 2. *Biopolitics' thanatopolitics*

Provocative and paradigm-shifting though it may be, such a theory of power as productive rather than destructive of life seems not to square with the historical realities of the past two-plus centuries of its reign. The era of biopower as Foucault periodizes it from the late eighteenth century to present has been no stranger to violence in its various forms of slavery and apartheid, civil and global warfare, atomic devastation, imperial conquest and colonial domination, mass genocide and holocaust, and indeed terrorism predicated on so-called weapons of mass destruction. Foucault presents this conundrum in stark terms:

If it is true that the power of sovereignty is increasingly on the retreat and that disciplinary or regulatory power is on the advance, how will the power to kill and the function of murder operate in this technology of power, which takes life both as its object and its objective? How can a power such as this kill, if it is true that its basic function is to improve life, to prolong its duration, to improve its chances, to avoid accidents, and to compensate for failings?... How can the power of death, the function of death, be exercised in a political system centered on biopower?<sup>69</sup>

At first glance the persistence of life-negating violence as a prominent if not defining feature of late modern western civilization appears contradictory. Yet, Foucault explains, biopower manages to rationalize its retention of mass killing capability.

Far from relinquishing the 'right of death,'<sup>70</sup> biopower has reframed that right 'as the counterpart of a power that exerts a positive influence on life'. In the biopolitical era, the right to kill is now compelled to 'align itself with the exigencies of a life-administering power and to define itself accordingly'. It is now construed 'as simply the reverse of the

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<sup>69</sup> Foucault, *Society Must Be Defended* 154.

<sup>70</sup> Foucault, *The History of Sexuality Volume I* 133.

right of the social body to ensure, maintain, or develop its life'. War and mass murder 'are no longer waged in the name of a sovereign who must be defended'; they are now waged 'on behalf of the existence of everyone':<sup>71</sup>

[E]ntire populations are mobilized for the purpose of wholesale slaughter in the name of life necessity: massacres have become vital. It is as managers of life and survival, of bodies and the race, that so many regimes have been able to wage so many wars, causing so many men to be killed.<sup>72</sup>

Biopolitical states premise their murderous agendas not upon 'a recent return of the ancient right to kill' but upon their paramount task of protecting life from perceived threats. In the era of biopower the power to kill, and even to exterminate whole populations, is the imperative 'underside of the power to guarantee an individual's continued existence.'<sup>73</sup> Despite its name, then, biopolitics retains an ancillary underside that can properly be termed 'necropolitics'<sup>74</sup> or 'thanatopolitics.'<sup>75</sup>

Quite apart from Foucault's explanation of biopower's logic of categorical murder, my chief concern is with the implications of the undertreated corollary of the negative function of biopower. While the objective of this modern modality of power 'to make live' frequently calls for forthright killing in the interest of protecting its constituent population, biopower also entails a prerogative which has received less consideration by both Foucault and his interlocutors: the right 'to let die'. Foucault treats this facet of biopower less explicitly save for a few important passages. In his March 1976 lecture he briefly addresses the matter as part of the question considered above:

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<sup>71</sup> Foucault, *The History of Sexuality Volume I* 136-137.

<sup>72</sup> Foucault, *The History of Sexuality Volume I* 136-137.

<sup>73</sup> Foucault, *The History of Sexuality Volume I* 137.

<sup>74</sup> Achille Mbembe, trans. Libby Meintjes, 'Necropolitics,' *Public Culture* 15, no. 1 (2003): 1-40.

<sup>75</sup> Mitchell Dean, 'Four Theses on the Powers of Life and Death,' *Contretemps* 5 (2004): 16-17.

How... is it possible for a political power to kill, to call for deaths, to demand deaths, to give the order to kill, and *to expose not only its enemies but its own citizens to the risk of death*? Given that this power's objective is essentially to make live, *how can it let die?*<sup>76</sup>

Shortly thereafter, Foucault offers this crucial clarification:

When I say 'killing', I obviously do not mean simply murder as such, but also *every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people*, or, quite simply, political death, expulsion, rejection, and so on.<sup>77</sup>

Foucault, in short, underscores biopower's right to kill its own subjects not only actively and directly but also passively and indirectly, by exposure to dangerous, detrimental, or disadvantageous conditions. To 'let die' is to deprive, put at risk, or neglect life rather than directly to exterminate it.

### *3. Biopower's 'basic mechanism': Foucault's conception of racism*

It is precisely at the moment that Foucault expands his conception of the murderous function of biopower to encompass the passive gesture of 'letting die' in addition to active homicide that he posits racism as 'the precondition for exercising the right to kill.'<sup>78</sup> The remainder of this chapter concerns this prerogative of contemporary biopower to willfully fail to foster and protect the lives of select subsets of its constituency and Foucault's consideration of the role of racism in the exclusionary and exterminatory logic of biopower. I will reconstruct Foucault's definition of racism as 'the basic mechanism' of biopower's dual powers to make live and let die; consider the limits of Foucault's conception of racism; and posit that Foucault's theory of a racially differentiating biopower supplies a valuable

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<sup>76</sup> Foucault, *Society Must Be Defended* 154. Emphasis added.

<sup>77</sup> Foucault, *Society Must Be Defended* 156. Emphasis added.

<sup>78</sup> Foucault, *Society Must Be Defended* 156.

framework for comprehending and redressing color-coded disparities in health and life chances in urban America.

### *3.1. Racism as a biopolitical rationality*

Racism is not the invention of biopower – ‘It had already been in existence for a very long time’ – but it is at the moment of biopower’s emergence ‘that racism is inscribed as the basic mechanism of power, as it is exercised in modern States.’ Racism is so imbricated in biopower that ‘the modern State can scarcely function without’ it. According to Foucault, its indispensability to biopolitics lies in the fact that racism ‘is primarily a way of introducing a break into the domain of life that is under power’s control: the break between what must live and what must die.’<sup>79</sup>

The appearance within the biological continuum of the human race of races, the distinction among races, the hierarchy of races, the fact that certain races are described as good and that others, in contrast, are described as inferior: all this is a way of fragmenting the field of the biological that power controls. It is a way of separating out the groups that exist within a population. It is, in short, a way of establishing a biological-type caesura within a population that appears to be a biological domain.<sup>80</sup>

Thus ‘the first function of racism’ is ‘to fragment, to create caesuras within the biological continuum addressed by biopower.’<sup>81</sup> Racial discourse enables power to racially differentiate and divide into subgroups the population it controls.

The second function of racism is to rationalize and direct biopower’s otherwise contradictory exercise of the right to kill. Recall that in the era of biopower, the state’s practice of either actively killing or passively neglecting must be construed in light of its interest in securing and supporting the life of its proper citizenry. Racism is crucial to the

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<sup>79</sup> Foucault, ‘*Society Must Be Defended*’ 254-255.

<sup>80</sup> Foucault, ‘*Society Must Be Defended*’ 255.

<sup>81</sup> Foucault, ‘*Society Must Be Defended*’ 255.

self-justifying logic of a selectively neglectful, if not intentionally homicidal, modality of power defined by its impulse to promote human flourishing. While the generic logic of preemptive and self-defensive murder ‘was not invented by either racism or the modern state’ – indeed, the claim that ‘If you want to live, the other must die’ is a recurrent rationale for war – racism makes this rationale ‘function in a way that is completely new and that is quite compatible with the exercise of biopower.’<sup>82</sup> Biopolitical states deploy a discursive amalgamation of racism and nineteenth-century evolutionary theory to ‘justify the need to kill people, to kill populations, and to kill civilizations.’<sup>83</sup> This discourse reasons that ‘the death of the other, the death of the bad race, the inferior race (or the degenerate, or the abnormal)’ is significant not merely because it guarantees the safety of the surviving race but because it will make the latter ‘in general healthier: healthier and purer.’<sup>84</sup> Racial discourse, then, allows biopower to justify killing by framing the life of one as contingent upon the death of the racialized other.

According to Foucault, ‘Once the State functions in the biopower mode, racism alone can justify [its] murderous function[.]’ If the biopolitical state ‘wishes to exercise the old sovereign right to kill, it must become racist.’<sup>85</sup> The modern state has not relinquished sovereign power upon its adoption of biopower as its primary technology. But when it does resort to this modality, it must deploy sovereign power to biopolitical ends. Thus ‘we can understand why racism broke out at... precisely the moments when the right to take life was imperative.’<sup>86</sup>

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<sup>82</sup> Foucault, *Society Must Be Defended* 255.

<sup>83</sup> Foucault, *Society Must Be Defended* 257.

<sup>84</sup> Foucault, *Society Must Be Defended* 254.

<sup>85</sup> Foucault, *Society Must Be Defended* 256.

<sup>86</sup> Foucault, *Society Must Be Defended* 257.

### 3.2. *The limits of Foucault's conception of racism*

It is important to note the idiosyncrasies of Foucault's theory of racism. First, it must be situated within his understanding of biopower as primarily concerned with normalization. A power charged with securing life and maximizing its productivity must vigilantly correct or eliminate those factors, including people themselves, that threaten the stability and potential of its population.<sup>87</sup> Foucault's conception of racism as a discursive means of vilifying the 'internal enemy' and the 'dangerous individual' and uniting both under a frame of 'social defense' is deeply impacted by his understanding of the centrality of life's security and regularity to biopower.<sup>88</sup> In his analysis, racial discourse is strategically deployed by 'the race that holds power and is entitled to define the norm... against those who deviate from that norm, against those who pose a threat to the biological heritage'. Likewise, biopower justifies its isolation or execution of criminals through recourse to 'racist terms' to portray criminality.<sup>89</sup> To a politics whose enemy is disruption, transgression and aberrance, racist discourse becomes central.

Second, Foucault is concerned with racism only as a rationality, a discursive tool of biopower.<sup>90</sup> He is 'certainly not trying for one moment to trace the history of racism in the general and traditional sense of the term.'<sup>91</sup> As Ann Laura Stoler explains, 'Foucault's focus is on the modern state and on the emergence of state racism as part of it. It is not racist *practice* that he tracks, but rather a new form of historical analysis... that comes to conceive of social relations in binary terms'. Foucault analyzes the historical emergence of the frame

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<sup>87</sup> Foucault, *The History of Sexuality Volume I* 144.

<sup>88</sup> Stoler 1995, 34.

<sup>89</sup> Foucault, '*Society Must Be Defended*' 61, 258.

<sup>90</sup> Cf. Bhandaru, who reads Foucault to describe racism as a form of biopolitical violence.

<sup>91</sup> Foucault, '*Society Must Be Defended*' 87-88.

of race war 'as a strategic weapon of power.'<sup>92</sup> He views 'the discourse of race struggle' as 'the discourse of power itself.'<sup>93</sup>

Third, for Foucault, racial discourse primarily emerges out of and applies to intra- rather than interstate tensions or imperial ventures.<sup>94</sup> In his analysis, racial discourse proliferated in fascist, socialist, and capitalist states to legitimate the violence they inflicted upon their own constituents: the 'State racism' that emerges in the early nineteenth century is 'a racism that society will direct against itself, against its own elements and its own products. This is the internal racism of permanent purification'. The central theme of this discourse is that 'We have to defend society against all the biological threats posed by the other race, the subrace, the counterrace that we are, despite ourselves, bringing into existence.'<sup>95</sup>

Fourth, Foucault narrowly defines racism in bio-logical terms in order to position himself to elaborate the advent of 'colonizing genocide' and ethnic cleansing as unique to the biopolitical state.<sup>96</sup> Thus he explicitly rejects denotations of racism as an ideology designed to secure group-based power and privilege or as entailing intergroup animosity. Foucault conceives of racism solely as a disqualifying device to which the modern state must resort. With this formulation, he explains,

we are far removed from the ordinary racism that takes the form of mutual contempt or hatred between races. We are also far removed from the racism that can be seen as a sort of ideological operation that allows States, or a class, to displace the hostility that is directed toward [them], or which is tormenting the

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<sup>92</sup> Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Duke University Press 1995), 56.

<sup>93</sup> Foucault, 'Society Must Be Defended' 61.

<sup>94</sup> Cf. Stoler.

<sup>95</sup> Foucault, 'Society Must Be Defended' 61-62.

<sup>96</sup> Foucault, 'Society Must Be Defended' 257.

social body, onto a mythical adversary. I think this is something much deeper than an old tradition, much deeper than a new ideology, that it is something else.<sup>97</sup>

Foucault continues:

The specificity of modern racism, or what gives it its specificity, is not bound up with mentalities, ideologies, or the lies of power. It is bound up with the technique of power, with the technology of power. [As] the mechanism that allows biopower to work[,] racism is bound up with the workings of a State that is obliged to use race, the elimination of races and the purification of the race, to exercise its sovereign power. The juxtaposition of – or the way biopower functions through – the old sovereign power of life and death implies the workings, the introduction and activation, of racism. And it is, I think, here that we find the actual roots of racism.<sup>98</sup>

Because they ‘must exercise the right to kill[,] the right to eliminate, or the right to disqualify’, modern states – capitalist and socialist alike – invoke ‘not a truly ethnic racism, but racism of the evolutionist kind, biological racism.’<sup>99</sup>

In sum, Foucault’s unique conception of modern racism arises out of his unique formulation of modern power as essentially biologically oriented. The life-affirming state is compelled to innovate a lexicon of racial hierarchy to justify its otherwise contradictory practice of mass killing and mass neglect. The modern iteration of racism emerges contingently as a necessary discursive tool of biopower.

Foucault’s peculiar formulation of racism has severe – but not, I will argue, invalidating – limitations. We should briefly but seriously consider these. First, Foucault denies that racism in its biopolitical iteration is motivated by prejudice of any kind other than scientific appraisal of the relative superiority of classifiable ‘races’. Second, Foucault recognizes only the evolutionary function of racism – race-based extermination will purify and fortify the population – while refusing its material function of consolidating group-

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<sup>97</sup> Foucault, *Society Must Be Defended* 258.

<sup>98</sup> Foucault, *Society Must Be Defended* 258.

<sup>99</sup> Foucault, *Society Must Be Defended* 260-261.

based privilege and disadvantage along racial lines. Third, in turn, Foucault defines racism as a discourse but not as an ideology. A racial discourse is a lexicon that enables the articulation of notions of racial difference, racial hierarchy, and racial survival. By contrast, a racist ideology is a system of ideas that functions to justify the institution and reproduction of unjust social relations.<sup>100</sup> Thus, just as his conception of power deliberately diverges from a conception of power as possessed by a person or group, exerted repressively in a top-down direction, and veiled by group privilege-protecting ideology, Foucault's conception of racism attributes to it a positive and biological, rather than antipathetic and ideological, purpose and rationality. As if absorbed by the obsessive biological concern he has attributed to modern state power, Foucault denies racism alternate interests and functions than resolving the contradiction of biopolitical murder.

Insisting upon a positive, biological conception of modern state racism as a mechanism of a power whose ends are life-affirmative although its means are not, Foucault may seem to defy prevailing theories of racism. Though they are wide-ranging and mindful that racism (like race) is historically transformative, preeminent theories of racism generally agree that it contains both ideological and structural dimensions. Indeed, they recognize that racism mobilizes essentialist categories of race in order to produce or reproduce structures of oppression and domination.<sup>101</sup> Theoretical accounts of racism as the ideological basis of an unjust social order remain indispensable. And to be sure, critical theory and social science cannot do without an account of racism as a structural phenomenon perpetrated by economic and political institutions that co-operate to

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<sup>100</sup> Iris Marion Young, *Justice and the Politics of Difference* (Princeton University Press 1990), 112.

<sup>101</sup> George M. Fredrickson, *Racism: A Short History* (Princeton University Press 2002), 9, 168-169; Michael Omi and Howard Winant, *Racial Formation in the United States, 2<sup>nd</sup> Edition* (Routledge 1994), 71-75.

constrain the life chances of people of color, especially in the wake of shifting social norms that discourage explicit racial animus.<sup>102</sup>

However – and contra Foucault himself – we should reconsider the extent to which Foucault truly disavows the ideological nature of racism. In an early 1976 lecture, Foucault explicitly notes the ‘great aptitude for metamorphosis’ and ‘strategic polyvalence’ of the notion of race. While he rejects any ‘stable biological meaning’ of the word, he also insists that the notion of two ‘races’ has consistently roughly connoted the fraught coexistence of ‘two groups which... have not become mixed because of the differences, dissymmetries, and barriers created by privileges, customs and rights, the distribution of wealth, or the way in which power is exercised.’<sup>103</sup> Furthermore, Foucault notes that the discourse of race has been appropriated from oppressed groups by ‘the State’ itself. He writes that the theme of state responsibility ‘for the biological protection of the race’ first adopted by early nineteenth-century biopolitical states was ‘re-worked’ and ‘utilized’ by twentieth-century governments, prototypically Nazi Germany.<sup>104</sup> Foucault may reject an ideological understanding of racism, but insofar as he posits that race has organized social hierarchies and that the biopolitical state mobilizes racial discourse to differentiate subpopulations unworthy of its positive incitements, he does indeed describe how (racial) ideas work in the service of (racial) power – the very definition of (racist) ideology.<sup>105</sup>

### 3.3. *The critical purchase of Foucault’s conception of racism*

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<sup>102</sup> Eduardo Bonilla-Silva, ‘Rethinking Racism: Toward a Structural Interpretation,’ *American Sociological Review* 62 (1996): 465-480; John A. Powell, ‘Structural Racism: Building upon the Insights of John Calmore,’ *North Carolina Law Review* 86 (2007-2008): 791-816.

<sup>103</sup> Foucault, ‘*Society Must Be Defended*’ 76-77.

<sup>104</sup> Foucault, ‘*Society Must Be Defended*’ 81-82.

<sup>105</sup> Eduardo Bonilla-Silva, *Racism without Racists: Color-Blind Racism and the Persistence of Inequality in the United States* (Rowman and Littlefield 2010), 9, 26.

While I would not assert that a Foucauldian understanding of racism can fully account for its ideological, antipathetic, and power-laden dimensions, I do think his unique characterization of racism as a discourse invoked by the modern state to distinguish those groups that are and are not worthy targets of its life-cultivating technologies can do critical work for theorists of racial disparity. I propose that the eccentric Foucauldian formulation of racism is important for at least two reasons. First, it reveals the indispensability of racism to biopolitical states. Second, it emphasizes that disqualification from biopower's injunction to flourish can take the form of group-based neglect or deprivation. Foucault's conception of racism may illuminate something significant about race-based material disadvantage and mortal vulnerability at the very heart of the modern state and thus could be considered to indicate the necessity of theories of the structural mechanisms by which the biopolitical state effects the neglect and deprivation of racialized groups. That is, Foucault's theory of racism is valuable for its elucidation of 'letting die' as an indispensable function of the modern state and for its identification of racial discourse as the means by which the state rationalizes its denial of life chances to particular subgroups.

#### *4. Accepting Agamben's invitation: the American ghetto as biopolitical paradigm*

Foucault's suggestion that racism functions both to divide the population addressed by the modern state and to justify the exercise of biopower's otherwise contradictory right to kill invites consideration of precisely where biopower's impulse to foster and protect life ceases and its lethal impulse to kill, or simply to let die, begins. I propose we consider how this racially delineated break between the nourishing and neglectful functions of biopower takes concrete topographical form in segregated American cities. Given that Agamben

deems the concentration camp the paradigmatic biopolitical space and urges consideration of its contemporary manifestations, I would like to explore the ghetto as analogous to the camp in significant ways and thus perhaps as the paradigmatic space of American biopolitics. I will draw an analogy between the camp and the ghetto, positing the latter as a racially delimited 'space of exception' whose inhabitants are subjected to the lethal functions, and excluded from the positive incitements, of biopower.

For Agamben, the camp is 'the most absolute biopolitical space ever to have been realized' because 'its inhabitants were stripped of every political status', divested of their humanity and 'wholly reduced to bare life.'<sup>106</sup> The camp, in Agamben's analysis, is the topographical manifestation of 'the decision on the value (or nonvalue) of life as such' (1998, pp. 181, 137). It is a sign of the emergence, in the age of biopower, of 'the new juridical category' of 'life unworthy of being lived' and it marks the 'threshold beyond which life ceases to have any value and can, therefore, be killed without the commission of a homicide.'<sup>107</sup> Another way of putting this is that the emergence and the parameters of the camp, respectively, mark the temporal and spatial points 'at which biopolitics necessarily turns into thanatopolitics.'<sup>108</sup> Because within its bounds 'power confronts nothing but pure life' and exercises the prerogative to kill, the camp is 'the very paradigm of political space' in the era of biopower.<sup>109</sup>

Agamben affirms that while the camp 'will appear as the hidden paradigm of the political space of modernity', *it is its 'metamorphoses and disguises [that] we will have to*

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<sup>106</sup> Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford University Press [1995] 1998), 171.

<sup>107</sup> Agamben 139.

<sup>108</sup> Agamben 142.

<sup>109</sup> Agamben 171.

*learn to recognize.*<sup>110</sup> This seems to invite examination of the striking affinities the camp, as Agamben describes it, shares with the racially segregated and economically isolated inner cities of America's contemporary landscape. Perhaps the inner city is the biopolitical space par excellence of the contemporary United States. In what follows I consider the ways in which Agamben's description of the camp applies to the ghetto to illuminate the latter as a 'space of exception' whose racially devalued occupants are subjected to the neglectful impulses of biopower. I draw on contemporary social science research to furnish concrete evidence of an ancillary state policy of selective neglect.

I am operating on the sociological definition of the American ghetto as an urban neighborhood with high (40 percent or higher) concentrations of poverty whose residents are predominantly black. The ghetto is distinct from other forms of high-poverty neighborhoods that are predominantly Latino (barrios) or that are predominantly white or mixed-race (slums) in that it is the most common type of high-poverty neighborhood, was formed by active practices and policies of residential segregation, and is an enduring feature of the metropolitan landscape.<sup>111</sup>

If the analogy of ghetto to concentration camp seems to be a stretch, it merits elaboration on three counts. First, the extreme comparison holds the heuristic value of throwing the spaces' significant similarities into sharp relief. It can enrich our understanding of spatially organized and state-instituted racial disparity as a biopolitical phenomenon. Second, the direct ghetto-camp analogy is not without precedent. The seminal theorists of Black Power likened the ghetto to the colony as a space under political

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<sup>110</sup> Agamben 122-123. Emphasis added.

<sup>111</sup> Paul A. Jargowsky, *Poverty and Place: Ghettos, Barrios, and the American City* (Russell Sage Foundation 1997, 12-17; Tommie Shelby, 'Justice, Deviance, and the Dark Ghetto,' *Philosophy & Public Affairs* 35, no. 2 (2007), 134.

and economic exploitation and constitutive of white self-worth.<sup>112</sup> More explicitly, in his testimony before the National Advisory Committee on Civil Disorders (known as the Kerner Commission) convened by President Lyndon Johnson in 1967, renowned social psychologist Kenneth Clark contended that the ghetto was ‘planned’ to ‘confine the Negro’ just as Nazi concentration camps were intentionally designed to confine European Jews.<sup>113</sup> Likewise, in his pioneering study of the *Dark Ghetto*, Clark not only noted the historical prototype of the ‘ghetto’ – quarters to which Jews were forcibly confined in sixteenth-century Venice and later Europe at large<sup>114</sup> – but also drew an analogy between the ghetto as ‘the prison’ that blacks cannot ever ‘fully escape’ and ‘the horror and the barbarity of the German concentration camps.’<sup>115</sup>

Finally, Agamben himself appears to support if not urge its consideration. Agamben asserts that if the paramount feature of the camp is its isolation of individuals to be excepted from the biopolitical incitement to live and instead subjected to the sovereign power to kill, ‘then *we must admit that we find ourselves virtually in the presence of the camp every time a structure is created, independent of the kinds of crime that are committed there and whatever its denomination and specific topography.*’<sup>116</sup> Agamben’s contemporaries have taken up his call to identify recent incarnations of the camp. Joshua Foa Dienstag,<sup>117</sup> Judith Butler,<sup>118</sup> Nicholas Mirzoeff,<sup>119</sup> and Zygmunt Bauman<sup>120</sup> have conceded the eerie

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<sup>112</sup> Kwame Ture (Stokely Carmichael) and Charles V. Hamilton, *Black Power: The Politics of Liberation* (Vintage [1967] 1992), 5-32.

<sup>113</sup> (Mumford 2009, pp. 210-211; Herman 1995, pp. 220-221).

<sup>114</sup> Kenneth Clark, *Dark Ghetto: Dilemmas of Social Power*, Second Edition (Wesleyan University Press [1965] 1989), 11.

<sup>115</sup> Clark xxxi.

<sup>116</sup> Agamben 174. Emphasis added.

<sup>117</sup> Joshua Foa Dienstag, ‘Book Review: *The Open: Man and Animal*,’ *Political Theory* 34, no. 148 (2006), 151.

<sup>118</sup> Judith Butler, *Prekarious Life: The Powers of Mourning and Violence* (Verso 2004), 50-51.

<sup>119</sup> Nicholas Mirzoeff, *Watching Babylon: The War in Iraq and Global Visual Culture* (Routledge 2005), 145.

prescience and astute timeliness of Agamben's concerns, citing analogous spaces of exception whose inhabitants are stripped of political status and kept outside the protection of the law and outside the mainstream's scope of vision, including the Guantanamo Bay detention camps, immigrant detention zones, and refugee camps. Collectively comprising what Mirzoeff calls an 'empire of camps,' all are lost in the 'anti-spectacle' of contemporary biopower.<sup>121</sup> The absence of the ghetto among recently interrogated biopolitical paradigms is somewhat conspicuous. My focus on racially segregated and disadvantaged urban areas both follows these examples and takes seriously Agamben's enjoinder to 'regard the camp not as a historical fact and an anomaly belonging to the past... but in some way as the hidden matrix and *nomos* of the political space in which we are still living.'<sup>122</sup>

#### 4.1. *The ghetto as space of 'racial enclosure'*

Perhaps the most significant parallel is that the ghetto, like the camp, is a concrete manifestation of racism – of the biopolitical state's will to disqualify a racialized subgroup from its vitalizing resources – and a mechanism of racial confinement. For Wacquant, Douglass Massey and Nancy Denton<sup>123</sup> and other sociologists of race and urban poverty, the contemporary ghetto is both a manifestation and an instrument of enduring if evolving strategies of racial subordination and containment. In the postwar era, the poorest black Americans were concentrated and confined in central cities by a potent combination of private practices of race-based residential segregation, national economic restructuring,

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<sup>120</sup> Zygmunt Bauman, *Wasted Lives* (Polity 2004), 31-33.

<sup>121</sup> Mirzoeff 145, 16.

<sup>122</sup> Agamben 166.

<sup>123</sup> Douglas Massey and Nancy Denton, *American Apartheid: Segregation and the Making of the Underclass* (Harvard University Press 1993), 18-19.

state support of discriminatory housing policies, and state strategies of building subpar public housing in poor and predominantly black urban areas.<sup>124</sup>

Wacquant situates the ghetto within an institutional genealogy of ‘peculiar institutions’ that ‘have successively operated to define, confine, and control’ African Americans throughout US history. The ghetto is functionally analogous to the institutions of chattel slavery, Jim Crow, and the emergent carceral complex as a system of labor extraction, social alienation and stigmatization, and ‘racial enclosure.’<sup>125</sup> The ghetto essentially operates as an ‘ethnoracial prison’ that confines a racially stigmatized group both spatially – restricting its inhabitants’ movement and residence outside its bounds – and socially – constraining their socioeconomic mobility – in support of the consolidation of wealth and privilege by those dwelling beyond its confines.<sup>126</sup> Inner city public institutions, like schools, thus assume ‘custodial’ rather than educational purposes, serving ‘to warehouse’ the poor rather than equip them with the skills that might permit them upward and outward mobility.<sup>127</sup> An expanding national carceral infrastructure absorbs those ghetto residents insubordinate to an increasingly punitive legal system.<sup>128</sup> The urban and carceral ‘internment’ of blacks coincides with the construction of what Thomas Dumm calls ‘the new enclosures’: gated communities that insulate largely white and affluent populations from racially constructed deviants and dangers.<sup>129</sup>

What Wacquant calls the ‘advanced marginality’ of urban minorities results from concurrent state programs of ‘urban abandonment’ and ‘punitive containment of the black

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<sup>124</sup> Loïc Wacquant, *Urban Outcasts: A Comparative Sociology of Advanced Marginality* (Polity 2010), 69-70.

<sup>125</sup> Wacquant, ‘From Slavery to Mass Incarceration: Rethinking the ‘Race Question’ in the US,’ *New Left Review* 13 (2002), 41-42, 47.

<sup>126</sup> Wacquant, ‘From Slavery to Mass Incarceration’ 51.

<sup>127</sup> Wacquant, *Urban Outcasts* 85.

<sup>128</sup> Wacquant, *Urban Outcasts* 69-70.

<sup>129</sup> Dumm (1993, pp. 179, 188-190).

(sub-)proletariat.<sup>130</sup> Poor blacks' concentration and confinement set the stage for a multi-level governmental program of 'malign neglect' entailing both the retrenchment of an already anemic welfare state and policies of 'planned shrinkage' of public services vital to disadvantaged urban districts. The welfare state has steadily retracted since 1980s through a combination of reduced welfare program outlays, eligibility restrictions, and the declining real dollar value of public assistance. Federal financial aid to cities steadily declined from the Reagan presidency forward, forcing (or freeing) metropolitan governments to drastically reduce expenditures on public services like education, transportation and health care aimed at disadvantaged citizens.<sup>131</sup>

Wacquant's documentation of stunted black life chances as the outcome of state policies of willful abandonment and increasing punitivity supports both Foucault's theory of biopower's racially structured practice of neglect and Foucault's analysis of biopolitics as based upon a model of war against an internal (and racialized) enemy. In light of a multilevel political program of race-based enclosure, deprivation, and punishment, Leerom Medovoi's affirmation that under biopolitics '[c]ivil order and social peace become understood as a military outcome of the successful practice of a campaign vis-à-vis the population'<sup>132</sup> might describe the orientation of the US government toward black urban denizens as aptly as it does that of the Third Reich toward German Jews.

#### 4.2. *The ghetto as 'space of exception'*

Let us now consider how the segregated inner city may share with the camp the designation 'space of exception'. Agamben applies this term to a 'paradoxical' piece of land

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<sup>130</sup> Wacquant, *Urbqan Outcasts* 304.

<sup>131</sup> Wacquant, *Urbqan Outcasts* 80-83.

<sup>132</sup> Leerom Medovoi, 'Global Society Must Be Defended: Biopolitics without Boundaries,' *Social Text* 91, Vol. 25, No. 2 (2007), 53-55, 58.

that appears to be ‘outside the normal juridical order’ but is ‘nevertheless not simply an external space.’<sup>133</sup> The externality of the ghetto and its residents is paradoxical in several ways.

First, this space cannot be construed as properly external because it is ‘included through its own exclusion:’<sup>134</sup> its expulsion from the normal juridical order is constitutive of, and thus fundamental to, that interior. The space of exception marks the bounds of, and defines by negation, the space from which it is excluded. Wacquant’s affirmation that the separation of the ghetto from American society ‘is only apparent’ – it is ‘firmly anchor[ed]’ to the larger metropolis precisely in an ‘exclusionary’ and ‘constitutive’ fashion<sup>135</sup> – illustrates this paradox.

Second, the exceptionality of the segregated inner city is paradoxical in that in its relative permanence, it is not so exceptional. The ghetto is in fact a paradigmatic fixture of the normal political order.<sup>136</sup> In an explicit nod to Foucault, Wacquant writes that the ghetto ‘is so deeply ingrained in the makeup of the urban and mental landscape of the United States that it has become part of the *order of things*’. Its physical existence and social ignominy are ‘totally taken for granted by a properly socialized American’. The demand by progressive leaders of all races ‘to ‘rebuild the inner city’ – rather than *dissolve* it – ... reveals the extent to which the racial segmentation of the metropolis is taken as an inexorable given.’<sup>137</sup> The concentration and isolation of minorities in urban centers is an enduring feature of the American city.

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<sup>133</sup> Agamben 169-170.

<sup>134</sup> Agamben 169-170.

<sup>135</sup> Wacquant, *Urban Outcasts* 46, 179.

<sup>136</sup> Agamben 169-170.

<sup>137</sup> Wacquant, *Urban Outcasts* 179-180.

Likewise, the negative – neglectful or lethal – mode of biopower operative inside the inner city has been regular and long present. Its continued exercise within the space of exception sustains the appearance that biopower’s modus operandi is positive. If the ‘rule’ or primary mode of the contemporary biopolitical state, which is to protect and foster life, can only ‘maintain itself in relation to the exception,’<sup>138</sup> the practice of letting die at work in the ghetto is the exceptional function of the biopolitical state that proves the rule of its general benevolence.

Thus like the camp, the ghetto figures as a paradox for modern U.S. politics: the ghetto constitutes the normal order and lends that order its appearance of civility by largely confining the negative function of biopower to a racially demarcated region. In that space of exception, letting die and denying life chances becomes systematic rather than exceptional, and the isolation of poor minorities constitutes by negation the areas and individuals addressed by the supportive and protective aims of biopower. If the essence of the camp consists in the materialization of the state of exception in which the sovereign power to kill (or let die) is de facto operative, and if the seclusion of this space and the bodies within it enables, by contrast, the inclusive space whose residents are incited to thrive (or made to live), then the ghetto may bear more similarities to the camp than we would like to admit.

#### *4.3. The ghetto as residence of ‘bare life’*

Let us now consider how residents of the ghetto, like those of the camp, have been ‘wholly reduced to bare life’ and are confronted by power as such. Invoking ancient Roman law, Agamben defines the human reduced to bare life, or *homo sacer*, as a person whose

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<sup>138</sup> Agamben 18.

murder will not be assessed as homicide, and therefore will not be punishable: ‘he who kills [*homo sacer*] will not be condemned for homicide.’<sup>139</sup> According to multiple social scientists and critical theorists, the systematic commission of what Foucault referred to as ‘every form of indirect murder’, or ‘the fact of exposing someone to death, increasing the risk of death for some people’, against ghetto residents appears unpunishable. In the contemporary United States, the systematic denial to urban minorities of life chances – in the forms of education and employment opportunities, safe community environments, and resources for physical and emotional health and wellbeing, to name a few – has gone unpunished, if not widely disavowed.

Wacquant’s assertion that the tasks of socioeconomic and spatial confinement assumed by the ghetto effectively negate its residents to ‘social death’<sup>140</sup> and his account of ‘the organized dumping of poor blacks’ into ‘the urban purgatory that is the United States hyperghetto’<sup>141</sup> reaffirm Agamben’s understanding of camp residents as stripped of political status and reduced to bare life. Wacquant is among several theorists who have mobilized the concept of social death, Orlando Patterson’s term for the ‘desocialized and depersonalized’ existential status of the slave,<sup>142</sup> to criticize the ‘social denudement’<sup>143</sup> of targets of contemporary biopolitics-cum-thanatopolitics. Patterson’s articulation of the paradox of recognizing the slave as a nonbeing<sup>144</sup> underpins Wacquant’s account of the ‘civic death’ of poor blacks denied access to cultural capital, economic opportunity, public

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<sup>139</sup> Agamben 71.

<sup>140</sup> Wacquant, ‘From Slavery to Mass Incarceration’ 57.

<sup>141</sup> Wacquant, *Urbqan Outcasts* 91, 80.

<sup>142</sup> Orlando Patterson, *Slavery and Social Death: A Comparative Study* (Harvard University Press 1982), 38.

<sup>143</sup> Wacquant, *Urbqan Outcasts* 268.

<sup>144</sup> Patterson 38-41.

aid (with welfare state retraction), and even political participation (through criminal disenfranchisement).<sup>145</sup>

Bauman<sup>146</sup> and Achille Mbembe<sup>147</sup> also have invoked the notion of social death to characterize the simultaneous spatial marginalization and existential devaluation of certain lives. Several critical theorists have more explicitly examined how both human and legal status are structured by racial hierarchy. Nikhil Singh notes that the ‘potentially limitless’ police powers claimed by the state on the pretense of national security and protection are ‘precisely correlated’ to the relative rightlessness and worthlessness of the racialized citizens they violate.<sup>148</sup> Lisa Marie Cacho argues that racial hierarchies deem certain bodies both existentially ‘illegible’ and legally ‘ineligible’: U.S. residents of color have, for different reasons and in different ways, been reduced to ‘rightless, living nonbeings.’<sup>149</sup> Both claims invoke Judith Butler’s contention that ‘culturally viable notions of the human’ are structured by a ‘racial differential’ that first results in, and then desensitizes us to, racially disparate exposure to death and violence.<sup>150</sup> This racial differential, that is, conditions a racial ‘hierarchy of grief’ that licenses disregard of the deaths of racialized persons.<sup>151</sup>

In the same vein, Henry Giroux contends that today’s United States practices a ‘new biopolitics of disposability’ that selectively renders poor people of color invisible, ‘utterly

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<sup>145</sup> Wacquant, ‘From Slavery to Mass Incarceration’ 57.

<sup>146</sup> Bauman 13.

<sup>147</sup> Mbembe 40.

<sup>148</sup> Nikhil Singh, ‘Racial Formation in an Age of Permanent War,’ in *Racial Formation in the Twenty-First Century*, eds. Daniel Martinez HoSang, Oneka LaBennett, and Laura Pulido (University of California Press 2012), 295.

<sup>149</sup> Lisa Marie Cacho, *Social Death: Racialized Rightlessness and the Criminalization of the Unprotected* (New York University Press 2012), 6.

<sup>150</sup> Butler 32-33.

<sup>151</sup> Butler 20.

disposable', and socially dead.<sup>152</sup> That America's willfully weakened welfare state has 'largely denied the sanctity of human life' of disadvantaged minorities, Giroux argues, was on tragic spectacular display in the wake of the federal government's response to Hurricane Katrina's devastation and displacement of poor black residents of New Orleans in 2005. While Catherine Mills<sup>153</sup> has rightly noted that biopower reduces all residents of an increasingly militarized state to bare life and mortal vulnerability, Giroux asserts that it works also 'to privilege *some* lives over others': the 'politics of death' are structured by race and class. Giroux's reading of Katrina lends itself to a reading of the segregated inner city as the paradigmatic space of biopower's 'logic of disposability':<sup>154</sup>

Biopower in its current shape has produced a new form of politics marked by a cleansed visual and social landscape in which the poor, the elderly, the infirm, and criminalized populations all share a common fate of disappearing from public view. Rendered invisible in deindustrialized communities far removed from the suburbs, barred from the tourist-laden sections of major cities, locked into understaffed nursing homes, interned in bulging prisons built in remote farm communities, hidden in decaying schools in rundown neighborhoods that bear the look of Third World slums, populations of poor black and brown citizens exist outside the view of most Americans. They have become the waste-products of the American Dream, if not modernity itself.<sup>155</sup>

In light of Agamben's invitation to identify current incarnations of the camp and contemporary critical accounts of the disposability of poor Americans of color, we are left to wonder how resonant with urban black existence is Agamben's description of *homo sacer* as he whose 'entire existence is reduced to a bare life stripped of every right by virtue of the fact that anyone can kill him without committing homicide' and lives perpetually

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<sup>152</sup> Henry Giroux, 'Reading Hurricane Katrina: Race, Class, and the Biopolitics of Disposability,' *College Literature* 33, no. 3 (2006), 175.

<sup>153</sup> Catherine Mills, 'Agamben's Messianic Biopolitics: Biopolitics, Abandonment and Happy Life,' *Contretemps* 5 (2004), 47.

<sup>154</sup> Giroux 181-182.

<sup>155</sup> Giroux 186.

exposed to the threat of death.<sup>156</sup> The ghetto might very well be read as the contemporary incarnation of the camp – that space in which denial of life chances no longer registers as genocide nor warrants sanction.

The graphic accounts registered by Wacquant, Giroux, and others of black life systematically exposed to violence and danger, denied life chances, and contained in spaces rarely visible to the mainstream collectively support a critique of the ghetto as the contemporary American metamorphosis of the camp. This analogy reveals striking parallels between the lethal function of the concentration camp and the concentration and resource deprivation of segregated city dwellers. The ghetto is both the manifestation and the location of biopower's exercise of a racially discriminatory right to let die.

##### *5. Conclusion: racial disparity under the lens of biopower*

'The correct question to pose concerning' the phenomenon of the camp, Agamben writes, is not one of moral reproach. Rather: 'It would be more honest and, above all, more useful to investigate carefully the juridical procedures and deployments of power by which human beings could be so completely deprived of their rights and prerogatives that no act committed against them could appear any longer as a crime'<sup>157</sup> Agamben not only suggests that sanctimony is a weaker critical weapon than attention to the contemporary topography that zones of killing and deprivation, and the discourses that enable them, may assume. He also implies that the optic of biopower can illuminate interdisciplinary exploration of a racial hierarchy of life chances, or the way in which racism functions 'to

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<sup>156</sup> Agamben 183-184.

<sup>157</sup> Agamben 171.

regulate the distribution of death [and] disease'<sup>158</sup> in the contemporary United States. Attention to biopower's racially patterned practices of neglect and repression further elucidates structural accounts of the racial disparities in life chances and health outcomes that challenge the United States' standing as a life-supportive state. Agamben's avowal that 'no life... is more 'political'" than that of the target of the lethal functions of biopower<sup>159</sup> invites if not requires further critical inquiry into the racist logic of the American state prerogative to let some perish while equipping others to flourish.

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<sup>158</sup> Monica J. Casper and Lisa Jean Moore, *Missing Bodies: The Politics of Visibility* (New York University Press 2009), 14.

<sup>159</sup> Agamben 183-184.

CHAPTER 2  
EMBODYING DISPARITY: STRUCTURAL VIOLENCE AND THE RACIAL DEMOGRAPHY OF OBESITY

In March 2013, New York City mayor Michael Bloomberg's dismayed reaction to a state supreme court judge's invalidation of his sugary drink size limit initiative on the eve of its implementation was to avow fervently that 'Obesity kills' and that the ruling obstructed his duty to 'do what's right to save lives.' In conjunction with the plethora of public health policies Bloomberg has pursued during his tenure, Bloomberg's insistence that he must 'defend [his] children, and yours'<sup>160</sup> from the public threat that supersize soft drinks present managed simultaneously to foreground the role of the state and its officers in promoting the welfare of the population and to frame obesity, rather than the structural forces that lead to it, as a killer of American children and hence public (health) enemy number one. Bloomberg's colleagues' testimony that his principal criterion for evaluating a policy proposal is their certainty that it will 'save lives,' and his view that the three-year increase of New Yorkers' life expectancy during his tenure is the cornerstone of his political legacy, affirm Foucault's argument that modern states have defined themselves by their commitment and capacity to increase the health, longevity, and vitality of the population.

In the past two decades obesity has garnered widespread medical, political, and media attention as both a national public health concern and a condition that affects American minorities disproportionately.<sup>161</sup> According to public health authorities, over the past three decades, adult obesity rates have nearly doubled and childhood obesity rates

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<sup>160</sup> Michael M. Grynbaum, 'Judge Blocks New York City's Limits on Big Sugary Drinks,' *New York Times* 11 March 2013: <http://www.nytimes.com/2013/03/12/nyregion/judge-invalidates-bloombergs-soda-ban.html?pagewanted=all>.

<sup>161</sup> Ali H. Mokdad et al, 'Prevalence of Obesity, Diabetes, and Obesity-Related Health Risk Factors, 2001,' *JAMA* 289, no. 1 (2003): 76-9.

have tripled such that today, one-third of American adults are obese and over two-thirds are overweight.<sup>162</sup> The increasing prevalence of overweight has led to a dramatic increase in the number of people suffering from Type 2 diabetes, which can lead to eye diseases, cardiovascular problems, kidney failure, and early death. One out of every eight deaths in America is caused by an illness directly related to overweight and obesity.<sup>163</sup> If the trend toward overweight continues, one-third of all children born after 2000 will suffer from diabetes at some point in their lives. Many others will confront chronic obesity-related health problems like cancer, heart disease, high blood pressure, and asthma. Thus public health officials have reported a rapid rise in Americans' body weights and, in addition to defining obesity as an adverse health outcome in its own right, have emphasized the correlation of obesity with other preventable forms of morbidity and premature mortality.

They have also demonstrated that the increasing prevalence of obesity is color-coded: it varies considerably by race and ethnicity. As of 2010 32.2 percent of white women (aged 20 and older) are technically obese, compared to 58.5 percent of black women, 41.4 percent of Latina women, and 44.9 percent of Mexican American women.<sup>164</sup> While obesity rates are similar for white, black, and Latino men (36.2, 38.8, and 37 percent respectively), the prevalence of Grade 2 and Grade 3 obesity is significantly higher among

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<sup>162</sup> Katherine Flegal, Margaret Carroll, Brian Kit, and Cynthia Ogden, 'Prevalence of Obesity and Trends in the Distribution of the Distribution of Body Mass Index Among US Adults, 1999-2010,' *JAMA* 307, no. 5 (2012): 491-497. The Centers for Disease Control and Prevention defines an adult who has a body mass index (a weight-to-height ratio) between 25 and 29.9 as overweight; an adult who has a BMI of 30 or higher is considered obese: <http://www.cdc.gov/obesity/defining.html>. BMI has been found to be highly correlated with percentage body fat (Flegal, Carroll, Kit, and Ogden 495).

<sup>163</sup> 'Learn the Facts,' *Let's Move!*, <http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity>.

<sup>164</sup> Flegal, Carroll, Kit, and Ogden 493. I use the descriptor 'Latino' to refer to the population subgroup labeled 'Hispanic' by Flegal, Carroll, Kit, and Ogden. The National Health and Nutrition Examination Survey (NHANES) on which Flegal, Carroll, Kit, and Ogden's research is based includes Mexican Americans in the 'Hispanic' category but also provides data on Mexican Americans as a distinct group.

black men.<sup>165</sup> The racial disparities in the prevalence of Grade 2 and Grade 3 obesity among women are even greater: 16.6 percent of white women and 30.7 percent of African American women are designated Grade 2 obese; 7.1 percent of white women and 17.8 percent of black women are designated Grade 3 obese.<sup>166</sup> Likewise, there are significant racial and ethnic disparities in obesity prevalence among American children and adolescents. While one-third of all American children are overweight or obese, nearly 40 percent of black and Latino children are overweight or obese.<sup>167</sup> The prevalence of obesity among Mexican American adolescent boys is 27 percent, compared to 17 percent of white adolescent boys. Black adolescent girls are twice as likely as white adolescent girls to be obese (29.2 percent versus 14.5 percent).<sup>168</sup> While 12 percent of children aged two to five (one in eight) are obese, 19 percent of black preschoolers (one in five) and 16 percent of Latino preschoolers (one in 6) are obese.<sup>169</sup> Additionally, the prevalence of obesity among Latino and black children has increased at a higher rate than it has among white children.<sup>170</sup>

Moreover, data suggests that the impact of proactive efforts to reverse the rising prevalence of obesity has been racially and socioeconomically disparate. Analysis of BMI measurement data collected by the New York City Department of Education from 2005 to

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<sup>165</sup> Grade 2 obesity is indicated by a BMI of 35-39.9; Grade 3 obesity is indicated by a BMI of 40 or higher. The prevalence of Grade 2 and Grade 3 obesity combined is 12.1 among white men and 20.0 among black men. Flegal, Carroll, Kit, and Ogden 494.

<sup>166</sup> Flegal, Carroll, Kit, and Ogden 494.

<sup>167</sup> 'Learn the Facts,' *Let's Move!*, <http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity>.

<sup>168</sup> Cynthia Ogden and Margaret Carroll, 'Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 through 2007-2008,' Centers for Disease Control and Prevention June 2010: [http://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_07\\_08/obesity\\_child\\_07\\_08.htm](http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm).

<sup>169</sup> Centers for Disease Control and Prevention, 'Progress on Childhood Obesity: Many States Show Declines,' *VitalSigns* August 2013: <http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>.

<sup>170</sup> Ogden and Carroll.

2011 indicates that obesity rates decreased by 12.5 percent among white children and 7.6 percent among Asian children versus by 1.9 percent among black children and 3.4 percent among Latino children. Likewise, children coming from low poverty neighborhoods experienced the greatest decrease in obesity rates (7.9 percent) compared with those coming from very high poverty neighborhoods (2.9 percent).<sup>171</sup>

This dual reality – the increasing prevalence of obesity and its color-coded distribution – stands to be illuminated by an analytics of biopolitics. Increasing rates of obesity constitute a threat to the health and longevity of the population whose vital processes biopower is charged with nourishing and optimizing. No wonder, then, that state officials have cast obesity as a quintessentially biopolitical concern. Bloomberg’s dramatic rhetoric and public health policy efforts are only a recent and highly publicized iteration of the state’s attention to obesity. In his 2003 testimony before Congress Richard Carmona, the surgeon general under President George W. Bush, deemed obesity an ‘epidemic’ of ‘crisis’ proportions.<sup>172</sup> In the current presidential administration, First Lady Michelle Obama has adopted childhood obesity as her signature nonpartisan issue. Obama launched a now well-known initiative, *Let’s Move!*, in 2010 to combat the rise of overweight and obesity among American children, enlisting both the federal government and grassroots organizations to help local communities develop programs to support healthy lifestyles. The first lady has deemed ‘the surge in obesity in this country’ ‘nothing short of a public health crisis that is threatening our children, our families, and our future’ and whose

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<sup>171</sup> Magdalena Berger et al, ‘Obesity in K-8 Students – New York City, 2006-07 to 2010-2011 School Years,’ *Morbidity and Mortality Weekly Report* 60, no. 49 (2011): 1673-1678.

<sup>172</sup> Richard H. Carmona, ‘The Obesity Crisis in America,’ Testimony Before the Subcommittee on Education Reform, Committee on Education and the Workforce, United States House of Representatives, 16 July 2003: <http://www.surgeongeneral.gov/news/testimony/obesity07162003.htm>.

'health consequences are so severe that medical experts have warned that our children could be on track to live shorter lives than their parents.'<sup>173</sup> Obesity, then, has been cast in contemporary American political discourse as a consummately biopolitical problematic that constitutes a threat to the vitality of the population and exhibits the racial patterning of life chances.

This chapter elaborates and concretizes the previous chapter's argument that urban African Americans are excepted from the life-supportive objective and capacities of contemporary American biopower in accordance with its racially organized thanatopolitical prerogative. I concentrate here on the racial demography of obesity as a newly salient dimension of the racial disparities in health that characterize biopolitical racism. Chapter 1 posited that Foucault's formulations of biopower and racism provide a framework for theorizing racial disparities in health and life chances. Although biopower, the defining technology of power of modern states, is so named for its concern with promoting the health and wellbeing of its constituency, it retains the capacity both actively to kill, and more passively to neglect or deprive, certain subgroups of that constituency. Biopower is, then, the dual power to make live and let die. The dividing line between those groups the biopolitical state equips with the means to flourish and those it excludes from its health- and wealth-cultivating incitements and opportunities, Foucault argues, is a racial delineation. Racism is the indispensable discourse deployed by biopolitical states to rationalize their practice of selective exclusion, deprivation, and repression.

This chapter focuses on the mechanisms by which the contemporary United States

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<sup>173</sup> U.S. Department of Health and Human Services, 'HHS Secretary and Surgeon General Join First Lady to Announce Plans to Combat Overweight and Obesity and Support Healthy Choices,' 28 January 2010: <http://www.hhs.gov/news/press/2010pres/01/20100128c.html>.

excludes African Americans from its incitement to flourish. I argue that the paradigmatic mode of biopolitical violence in America is not overtly homicidal, symbolized by the sword of the sovereign, but is rather structural. Drawing on the work of public health, social science, critical theory, and legal scholars, I argue that structural racism, the racially biased administration of what John Rawls aptly calls the 'basic structure,' can be understood as the primary mechanism by which American biopower neglects black life. I then argue that racial disparities in health status in general and in the prevalence of obesity in particular constitute embodied outcomes of this structural racial inequality. Using public health research I depict a color-coded economic geography of food, in which minorities dwelling in disadvantaged areas lack access to vendors of healthy foods that are both more affordable and more abundant in predominantly white and more affluent areas. This racial geography of food retail negatively affects dietary choice and is a significant contributing factor in racial disparities in obesity prevalence. I then propose that the overrepresentation of Americans of color among the obese should be read as a manifestation of structural violence. While the implements of structural violence may not be material, its outcomes certainly are; and while this violence is not always lethal, it is decidedly and profoundly constraining. The coupling of theories of structural violence with theories of structural racism permits articulation of the ways in which the structural implements of biopower produce relations of racial inequality that are literally embodied. Whereas racially segregated and resource disadvantaged urban areas are a built environmental outcome of the racially exclusive reach of biopower's life-promoting technologies, the racial demography of obesity is a physiological outcome of biopolitical racism.

*Structural racism as the means of thanatopolitics*

Through its reconstruction of Foucault's theories of biopower and racism, Chapter 1 argued that modern biopolitical state retains a thanatopolitical prerogative: the right to kill by 'expos[ing]... its own citizens to the risk of death,'<sup>174</sup> by disqualifying certain subpopulations from the resources and opportunities that would enable them to flourish. Rather than by forthrightly killing, American thanatopolitics primarily operates on racialized subgroups through practices of neglect and denial of life chances. Two Foucauldian insights into biopower and racism inform this particular inquiry and are also, I argue, valuable more generally to theorists of racial justice: first, its contention that racism is fundamental – both inherent and indispensable – to the biopolitical state; and second, its contention that disqualification from the state's life-supportive programs can take the form of group-based neglect, deprivation, or exposure to dangerous and disadvantageous conditions. Foucault thus offers a new way of thinking about structures of racial inequality in the contemporary United States as carrying out the thanatopolitical function of biopower. Foucault's theoretical framework accommodates the insight that the primary mechanism by which American biopolitics lets black Americans die – deprives them of opportunities for health, wealth, and wellbeing – is structural racism.

Structural racism refers to the racially discriminatory outcomes of the individual and interactive social institutions comprising what John Rawls aptly termed the 'basic structure.'<sup>175</sup> Racial disparities in life chances – uneven distributions of power, privilege, resources, and opportunities – result from the fact that 'the administration of the

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<sup>174</sup> Michel Foucault, *'Society Must Be Defended': Lectures at the Collège de France, 1975-76*, ed. Mauro Bertani and Allesandro Fontana, trans. David Macey (Picador [1997] 2003), 254.

<sup>175</sup> John Rawls, *A Theory of Justice* (Harvard University Press 2009).

institutions of the basic structure is distorted by racial prejudice or bias.<sup>176</sup> Theories of racism as a structural phenomenon account for the fact that every social institution, in its systematic provision of opportunities or imposition of constraints, not only can hinder or enable individual development, but interacts with other institutions to produce racially patterned outcomes on a larger scale.<sup>177</sup> The ways in which the racial biases of individual institutions co-operate to limit black Americans' opportunities for self-determination and self-development is captured in the metaphor of the birdcage, reprised from Marilyn Frye by Iris Marion Young:

The cage makes the bird entirely unfree to fly. If one studies the causes of this imprisonment by looking at one wire at a time, however, it appears puzzling... One wire at a time, we can neither describe nor explain the inhibition of the bird's flight. Only a large number of wires arranged in a specific way and connected to one another to enclose the bird and reinforce one another's rigidity can explain why the bird is unable to fly freely.<sup>178</sup>

The institutions of the basic structure 'fix a person's initial position within society,' and one's 'starting place' within the social order will profoundly shape her prospects over the entire life course.<sup>179</sup> Understanding the primary role of the basic structure in equipping citizens with the 'capabilities' to lead healthy, meaningful, and productive lives<sup>180</sup> is key to understanding Foucault's articulation of the biopolitical state as one that can dually 'make' its constituents flourish or 'let' them perish.

The wires of the figurative birdcage or the institutional components of structural racism include a public education system financed by local property tax revenues that

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<sup>176</sup> Tommie Shelby, 'Justice, Deviance, and the Dark Ghetto,' *Philosophy & Public Affairs* 35, no. 2 (2007), 131.

<sup>177</sup> John A. Powell, 'Structural Racism,' *North Carolina Law Review* 86 (2007-2008), 791; Eduardo Bonilla-Silva, 'Rethinking Racism: Toward a Structural Interpretation,' *American Sociological Review* 62 (1996): 465-480.

<sup>178</sup> Iris Marion Young, *Justice and the Politics of Difference* (Princeton University Press 1990), 92-93.

<sup>179</sup> Shelby 129-130.

<sup>180</sup> Amartya Sen, *The Idea of Justice* (Belknap Press of Harvard University Press, 2009).

thereby relegates children in segregated neighborhoods to poorly funded schools;<sup>181</sup> a post-industrial labor market offering few gainful employment opportunities to urban residents who have been marginalized both by their subpar education and their spatial dislocation from jobs and the social networks leading to them;<sup>182</sup> federal transportation, taxation, and housing and lending policies that excluded blacks from wealth-building through home ownership and whose enduring legacy is a vast racial wealth gap;<sup>183</sup> and *prima facie* racially neutral national crime and drug policies that disproportionately target, convict, sentence, and condemn to a 'closed circuit' of perpetual marginality<sup>184</sup> blacks and Latinos whose criminal status invites 'perfectly legal' discrimination against them in education, employment, and public and private housing and denies them the rights to participate in politics or receive public benefits. Although she refers specifically to the institutional racism of law enforcement, Michelle Alexander's observation that the combination of legal denials and social stigma attendant to convict status effectively traps blacks and Latinos at the bottom of a social hierarchy that she insists is a 'caste' rather than 'class' system because they are 'permanently barred by law and custom from mainstream society' and upward social mobility<sup>185</sup> encapsulates the powerful cumulative effect of structural racism.

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<sup>181</sup> David R. Williams and Chiquita Collins, 'Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health,' in Thomas LaVeist, ed., *Race, Ethnicity, and Health: A Public Health Reader* (Jossey-Bass 2002), 378; Hal F. Smith, 'The Questions Before Us: Opportunity, Education and Equity,' in *The State of Black America 2009: Message to the President*, ed. Stephanie Jones (National Urban League 2010), 45-47.

<sup>182</sup> William Julius Wilson, *More than Just Race: Being Black and Poor in the Inner City* (W.W. Norton & Company 2009), 6-10, 39-40.

<sup>183</sup> Melvin Oliver and Thomas Shapiro, *Black Wealth/White Wealth: A New Perspective on Racial Inequality*, 2<sup>nd</sup> Edition (Routledge 2006), 5-6.

<sup>184</sup> Loïc Wacquant, 'The New 'Peculiar Institution': On the Prison as Surrogate Ghetto,' *Theoretical Criminology* 4, no. 3 (2000), 384.

<sup>185</sup> Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (The New Press 2010), 12-13.

I follow Douglass Massey and Nancy Denton in conceiving of this complex of interactive institutions as underpinned by residential segregation, that ‘institutional apparatus that supports other racially discriminatory practices and binds them together in an uniquely effective system of racial subordination.’<sup>186</sup> Residential segregation continues to define the American metropolis<sup>187</sup> and thus to build racial disadvantage into other social institutions that profoundly affect black health, wellbeing, and socioeconomic mobility.<sup>188</sup>

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<sup>186</sup> Douglas Massey and Nancy Denton, *American Apartheid: Segregation and the Making of the Underclass* (Harvard University Press 1993), 8-9.

<sup>187</sup> I focus on residentially segregated cities for three reasons demonstrated by US Census data. First, Americans increasingly reside in cities: the urban population growth rate is higher than that of the nation at large; as of 2010, 80.7 percent of Americans live in urban areas (U.S. Census Bureau, ‘2010 Census Urban Area Facts,’ <http://www.census.gov/geo/www/ua/uafacts.html>). Second, poverty is both increasingly urbanized and increasingly concentrated in the urban core (Douglass Massey, ‘The Age of Extremes: Concentrated Affluence and Poverty in the Twenty-First Century,’ in *Urban Health: Readings in the Social, Built, and Physical Environments in U.S. Cities*, ed. Patricia Hynes and Russ Lopez (Jones and Bartlett 2009), 8). Third, despite gradual and uneven decline over the past several decades, racial residential segregation persists. While the average white American in a neighborhood that is 78 percent white and 7 percent black, a typical African American lives in a neighborhood that is 45 percent black and 36 percent white (Sam Roberts, ‘Segregation Curtailed in U.S. Cities, Census Finds,’ *New York Times* 30 January 2012. See also John R. Logan and Brian Stults. March 2011. “The Persistence of Segregation in the Metropolis: New Findings from the 2010 Census” Census Brief prepared for Project US2010. <http://www.s4.brown.edu/us2010>). Segregation levels are even higher for black and Latino children: the average black or Latino child lives in a neighborhood where whites make up 10 percent less of the population than in the neighborhood of the average black or Latino adult (Frey, ‘America’s Diverse Future: Initial Glimpses at the U.S. Child Population from the 2010 Census,’ *Brookings Institution* April 2011: [http://www.brookings.edu/~media/research/files/papers/2011/4/06%20census%20diversity%20frey/0406\\_census\\_diversity\\_frey.pdf](http://www.brookings.edu/~media/research/files/papers/2011/4/06%20census%20diversity%20frey/0406_census_diversity_frey.pdf), 1, 9-11). This ‘signal[s] the continued separation of black and white families across communities with different levels of resources available for schools and other services important for nurturing the next generation’ (Sam Roberts, ‘Segregation Curtailed in U.S. Cities, Census Finds,’ *New York Times* 30 January 2012; Frey, ‘America’s Diverse Future,’ 10).

<sup>188</sup> Massey and Denton, *American Apartheid* 147-150. I focus on structural disparities between black and white Americans despite the changing ethnoracial demographics of the United States and the rising share of metropolitan blacks who now reside in suburbs (51 percent in 2010) (William H. Frey, ‘The New Metro Minority Map: Regional Shifts in Hispanics, Asians, and Blacks from Census 2010,’ *Brookings Institution* August 2011: [http://www.brookings.edu/papers/2011/0831\\_census\\_race\\_frey.aspx](http://www.brookings.edu/papers/2011/0831_census_race_frey.aspx); Frey, ‘Melting Pot Cities and Suburbs: Racial and Ethnic Change in Metro America in the 2000s,’ *Brookings Institution* May 2011: [http://www.brookings.edu/papers/2011/0504\\_census\\_ethnicity\\_frey.aspx](http://www.brookings.edu/papers/2011/0504_census_ethnicity_frey.aspx)) because social science data still demonstrates that blacks remain considerably more segregated from whites than do Latino and Asian Americans (John Logan and Brian Stults, ‘The Persistence of Segregation in the Metropolis: New Findings from the 2010 Census’ (Census Brief prepared for Project US2010): <http://www.s4.brown.edu/us2010>; William H. Frey, ‘The New Metro Minority Map: Regional Shifts in Hispanics, Asians, and Blacks from Census 2010,’ *Brookings Institution* August 2011: [http://www.brookings.edu/papers/2011/0831\\_census\\_race\\_frey.aspx](http://www.brookings.edu/papers/2011/0831_census_race_frey.aspx)). As Massey and Denton explain, ‘The manner in which blacks [have been] residentially incorporated into American cities differ[s] fundamentally from the path of spatial assimilation followed by other ethnic groups.’ Blacks remain the only American ethnic

Thus we can refer to structural racism as the mechanism by which American thanatopolitics is carried out along a racial bias, systematically isolating and denying life chances to urban minorities. The systematic biases operative in various social institutions co-operate to expand or limit individuals' 'opportunities to realize their plans.'<sup>189</sup> The institutions of the basic structure interactively (re)produce a contemporary American 'racial order'<sup>190</sup> in which blacks' life chances remain 'significantly lower than those of whites.'<sup>191</sup> Despite the post-civil rights United States' 'ostensible commitment to equal rights,' racism 'has simply taken a new form.'<sup>192</sup> The paradigmatic form of American biopolitical racism is structural. Structural racism is the means by which American biopower carries out its racially selective thanatopolitical function.

*The racial demography of obesity as embodiment of structural racism*

Biopower's racially delineated practice of letting die is physically incarnated not only in the topography of the city but also in the bodies of its residents. Here I argue that the privative function of biopower, as it operates through structural racism, comes to be embodied by segregated minorities, as evidenced by racial health disparities in general and the higher prevalence of obesity among African Americans in particular.

My argument that the racial demography of obesity is a physiological manifestation of structural racism and its distinctive topography follows past public health research demonstrating that the structural racial order is reflected 'in the population distribution of

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or racial group that has experienced an institution of segregation so prolonged, intense and multi-dimensional as to warrant the term 'hypersegregation' (*American Apartheid* 10, 81).

<sup>189</sup> Young 95.

<sup>190</sup> Michael Dawson, 'After the Deluge: Publics and Publicity in Katrina's Wake,' *Du Bois Review* 3, no. 1 (2006), 241.

<sup>191</sup> Bonilla-Silva 470.

<sup>192</sup> Shelby 134; Bonilla-Silva; Powell.

health.<sup>193</sup> Epidemiology researcher Nancy Krieger's theory of embodiment provides a vocabulary for, and prompts examination of, the ways in which structural racism systematically imprints particular bodies with adverse health outcomes. Embodiment refers to the process by which individuals' bodily characteristics are transformed as 'we literally incorporate, biologically,' the social and ecological conditions of our habitats. This process of physical incorporation of social conditions manifests in both macroscopic (e.g., waist-to-hip ratio) and microscopic (e.g., gene expression) biological characteristics.<sup>194</sup>

Krieger holds that it is possible to discern 'from patterns of health, disease and wellbeing' 'the contours and distribution of power, property, and technology within and across nations, over time. Or, more pointedly, 'from the conditions of our bodies,' observers 'can gain deep insight into the workings of the body politic.'<sup>195</sup> Studies of biological expression of social conditions figure the body as a sign of social disparity that may substitute for or corroborate verbal testimony to racial inequality: 'bodies tell stories that people cannot or will not tell, either because they are unable, forbidden, or choose not to tell.'<sup>196</sup> Bodily evidence can powerfully put in perspective claims about the realization of racial equality in the post-civil rights United States:<sup>197</sup> amidst pervasive claims of a post-racial social order in which life chances and social mobility purportedly are no longer determined by race, disproportionately high rates of obesity among black Americans literally tell otherwise.

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<sup>193</sup> David H. Chae et al, 'Conceptualizing Racial Disparities in Health: Advancement of a Socio-Psychobiological Approach,' *Du Bois Review* 8, no. 1 (2011), 67-68.

<sup>194</sup> Nancy Krieger, 'Embodiment: A Conceptual Glossary for Epidemiology,' *Journal of Epidemiology and Community Health* 59 (2005), 351-352. See also Krieger and George Davey Smith, "'Bodies Count' and Body Counts: Social Epidemiology and Embodying Inequality," *Epidemiologic Reviews* 26 (2004): 92-103; and Krieger, *Epidemiology and the People's Health: Theory and Context* (Oxford University Press 2011).

<sup>195</sup> Krieger 350.

<sup>196</sup> Krieger 350.

<sup>197</sup> Krieger 353.

I argue that obesity is an embodiment of structural racism mediated through the built environment. The basic structure is physically incarnated in urban space, assuming what Sartre termed a 'practico-inert' dimension, which in turn gives rise to community-level conditions that enable or constrain its residents' choices and actions. In Iris Marion Young's analysis, structural forces produce distinctive features of a physical environment that in turn 'condition future actions in specific ways.'<sup>198</sup> Residential segregation, itself a manifestation of structural racism, not only socially positions many African Americans so as to impede their access to opportunities for socioeconomic advancement, it also spatially predisposes them to unhealthy consumption practices. Through its ordering of space, residential segregation structures life chances by race in a double material sense, both financially and physically. Segregation racially orders access not only to opportunities for upward socioeconomic mobility but also to literally vital resources and health-conducive environmental conditions. The economic and infrastructural features of the ghetto landscape are highly salient to black life quality and life chances: they condition what products, services, and public goods residents are at liberty to utilize and consume. Both blacks' spatial isolation and the relative availability and affordability of resources and services that support health in the areas in which they reside matter for the racial demography of obesity.

A growing body of public health research supports the contention that a local built environment, itself shaped by larger institutional forces, gives rise to community-level conditions that in turn structure its residents' individual options and behaviors. Built environmental features salient to racial health disparities include the quality of housing,

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<sup>198</sup> Young 96-97.

availability of recreational facilities, and the presence of litter and environmental toxins; characteristics of the service environment and the relative availability of amenities, including the presence of supermarkets, liquor stores, fast food stores, clinics, and hospitals; and the social environment, such as the presence of crime.<sup>199</sup> Residential segregation engenders individual health outcomes that exceed explanation by individual-level variables:<sup>200</sup> even after controlling for individual characteristics, segregated city dwellers 'fare worse' than their suburban counterparts<sup>201</sup> on a range of health outcomes, including 'mortality, disability, birth outcomes, chronic conditions and disease, reproductive behaviors, and mental health problems.' The 'direct impact' of 'a community's social, economic and physical environment' on individual health outcomes has led two researchers to quip that 'health is where the home is.'<sup>202</sup> More specifically, the experience of residing in a resource-deprived urban environment has been found to take form in physiological indicators of obesity. Residents of resource-deprived neighborhoods have been found to be shorter in height and to have 'higher body mass indexes, larger waist circumferences, and higher waist-hip ratios than their peers in more economically advantaged residential areas.'<sup>203</sup>

In the remainder of this section I offer evidence collected by epidemiology and public health scholars to support my argument that the rise of obesity and overweight among disadvantaged Americans of color reflects what I call a color-coded economic geography of food and health. Minorities segregated into disadvantaged neighborhoods

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<sup>199</sup> Chae et al 69.

<sup>200</sup> Chae et al 67-68.

<sup>201</sup> Chae et al 69.

<sup>202</sup> Ebony Morris and Lisa Bland Malone, 'Health is Where the Home Is: The Relationship between Housing, Neighborhoods and Health Status,' in *The State of Black America 2009*, 87.

<sup>203</sup> Williams and Collins 380.

face, in addition to structural barriers to socioeconomic mobility, barriers to resources requisite to healthy and active lifestyles. These barriers create not so much a 'food desert' as conditions of 'food insecurity' that incline minority urbanites toward dietary choices that lead to higher body mass and thus to the racial disparities in obesity.

Residents of segregated inner cities face barriers to accessing fresh, unprocessed, nutritious food. While food retail outlets carrying unhealthy food, such as cornerstores and fast-food restaurants, are relatively ubiquitous across the urban environment, the spatial distribution of vendors of what some researchers call 'BMI-healthy' food tends to vary by race, ethnicity, and class. In 2009 researchers found that across New York City, 'BMI-unhealthy' food stores are far more abundant than healthy food retailers: the average density of BMI-unhealthy and 'intermediate' food outlets such as fast-food restaurants and convenience stores is 31 outlets per square kilometer, such that nearly all New Yorkers live within a half-mile of an unhealthy food outlet. Conversely, the density of BMI-healthy food outlets such as supermarkets and fruit and vegetable markets is much lower – on average, four outlets per square kilometer, such that only 82 percent of New Yorkers live within a half-mile of a healthy-food outlet. While the study found that the spatial density of unhealthy food outlets is *not* significantly associated with BMI or obesity, proximity to a healthy food retailer *is* positively associated with lower BMI and inversely associated with obesity.<sup>204</sup>

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<sup>204</sup> Andrew Rundle et al, 'Neighborhood Food Environment and Walkability Predict Obesity in New York City,' *Environmental Health Perspectives* 117, no. 3 (2009): 442-447. A smaller study of the inner city minority community of East Harlem found the presence of convenience stores on the block in which a child resides to be associated with increased body mass: Maida P. Galvez et al, 'Childhood Obesity and Neighborhood Food-Store Availability in an Inner-City Community,' *Academic Pediatrics* 9 (2009): 339-343.

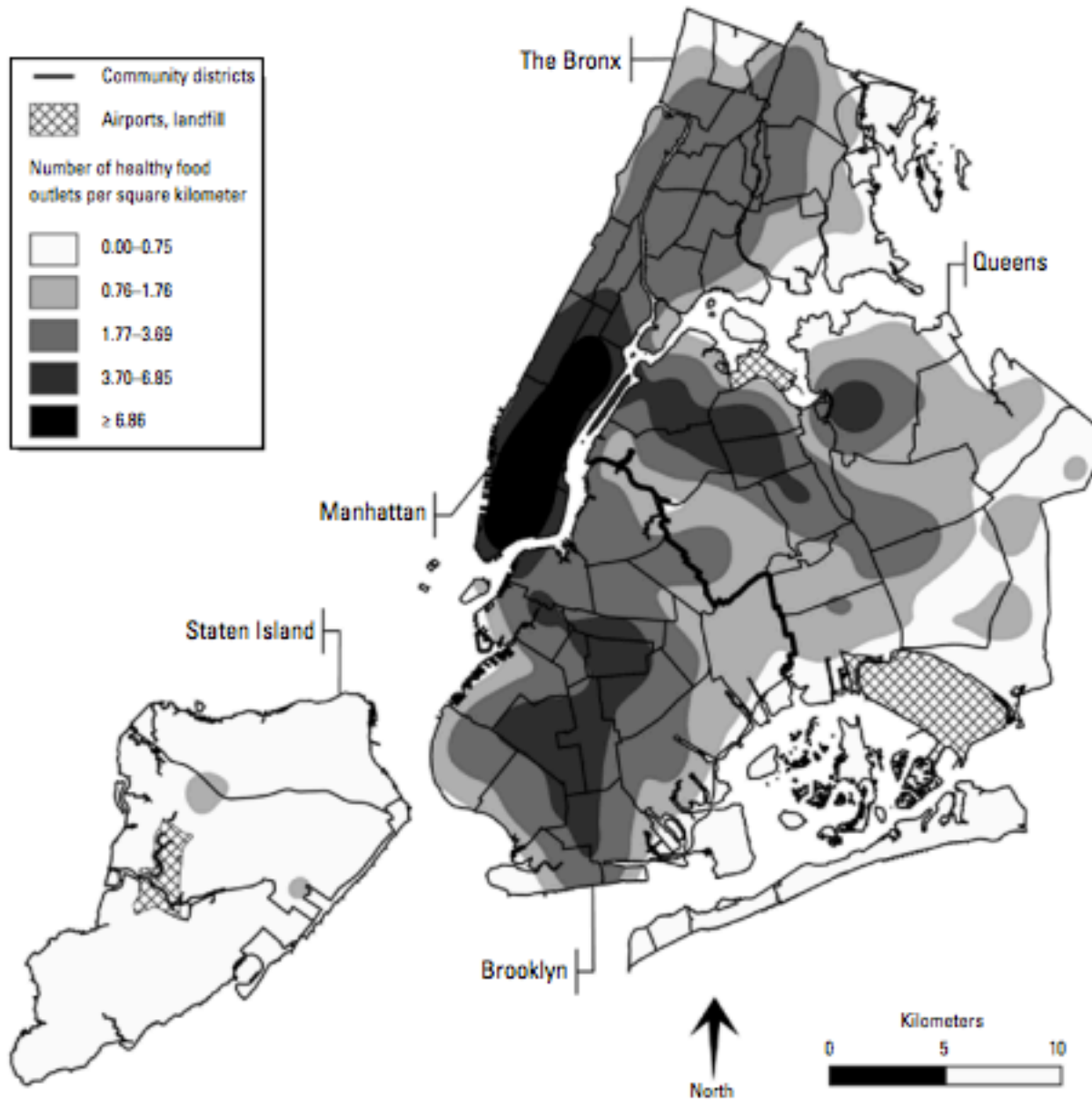
Moreover, healthy outlet density varies in New York by neighborhood income and racial and ethnic composition, 'with higher densities in affluent and predominantly white neighborhoods in the southern half of Manhattan and lower densities in the poor and predominantly black and Latino neighborhoods in the northern half of Manhattan and in the Southern Bronx' (see figure 2.1).<sup>205</sup> This echoes the conclusion of a 2006 study spanning North Carolina, Maryland, and New York that 'in general, the food environment appears to be less diverse in poor and minority neighborhoods than in wealthier and predominantly white neighborhoods.'<sup>206</sup> This color-coded geography of BMI-healthy vendors is especially problematic because fewer households in poor and black neighborhoods own cars or have access to private transportation, complicating or preventing commutes to more affordable grocery retailers.<sup>207</sup>

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<sup>205</sup> Rundle et al 444.

<sup>206</sup> Latetia V. Moore and Ana V. Diez Roux, 'Associations of Neighborhood Characteristics with the Location and Type of Food Stores,' *American Journal of Public Health* 96, no. 2 (2006), 329.

<sup>207</sup> Kimberly Morland, Steve Wing, Ana Diez Roux, and Charles Poole, 'Neighborhood Characteristics Associated with the Location of Food Stores and Food Service Places,' *American Journal of Preventative Medicine* 22, no. 1 (2002), 28; Moore and Diez Roux 327.



**Figure 2.1.** Density of BMI-healthy food outlets, expressed in outlets per square kilometer, across New York City. BMI-healthy outlet density varies by neighborhood income and racial and ethnic composition, 'with higher densities in affluent and predominantly white neighborhoods in the southern half of Manhattan and lower densities in the poor and predominantly black and Latino neighborhoods in the northern half of Manhattan and in the Southern Bronx.'<sup>208</sup>

The store format of vendors of healthy foods also varies according to the racial, ethnic, and socioeconomic composition of urban neighborhoods. Fewer full-service

<sup>208</sup> Rundle et al 444.

supermarkets – which offer the greatest food variety at the lowest cost<sup>209</sup> – and more smaller grocery stores and corner stores are located in segregated and low-income neighborhoods, in contrast to predominantly white and higher- or mixed-income areas. The racial geography of supermarkets reflects what food justice scholar Mark Winne has referred to as profit-motivated redlining: supermarket corporations set up shop in areas where they can make the most money and thus tend to serve a predominantly white, higher-income consumer base.<sup>210</sup> A 2006 study of the association of food stores with racial and ethnic composition and income in selected census tracts in North Carolina, Maryland, and New York found that predominantly minority and racially mixed neighborhoods had more than twice as many grocery stores, half as many supermarkets, and fewer fruit and vegetable markets, specialty stores, and natural food stores as predominantly white neighborhoods. In general, poorer and predominantly minority areas tended to have fewer fruit and vegetable markets, bakeries, specialty stores, and natural food stores. Overall, 19 percent of food stores in predominantly black areas, compared with 42 percent of food stores in predominantly white areas, were 2500 square feet or larger.<sup>211</sup> The same study found that low-income neighborhoods had four times as many grocery stores as the wealthiest neighborhoods and half as many supermarkets.<sup>212</sup> These smaller grocery stores tend to carry more processed foods than fresh produce, dairy and meat.<sup>213</sup> This tri-state

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<sup>209</sup> Moore and Diez Roux. Likewise, an older study also authored by Wing and Diez Roux (2002) spanning Minnesota, Maryland, North Carolina, and Mississippi found the prevalence of supermarkets in white neighborhoods to be fourfold that of predominantly black neighborhoods: Morland, Wing, Diez Roux, and Poole 27.

<sup>210</sup> Mark Winne, *Closing the Food Gap: Resetting the Table in the Land of Plenty* (Beacon Press 2008), 87-88.

<sup>211</sup> Moore and Diez Roux.

<sup>212</sup> Moore and Diez Roux.

<sup>213</sup> Morland, Wing, Diez Roux, and Poole 28. It is important to note that these studies' categorizations of food store types are imperfect, albeit largely unavoidably so. The type of store may offer very different food choices in different types of neighborhoods: one study found that only 18 percent of bodegas (small grocery

study is consistent with a 2007 analysis of census data, which found that predominantly African American neighborhoods contain only 52 percent of the number of chain supermarkets available in their counterpart white neighborhoods.<sup>214</sup>

Other factors exacerbate the racial geography of food retail. First, due to differences in neighborhood population densities, fewer supermarkets serve a vastly larger population base in predominantly black and poor neighborhoods versus predominantly white and wealthier neighborhoods.<sup>215</sup> Second, food items from grocers that do serve central city residents are 14 to 37 percent more expensive than the same items located in suburban stores,<sup>216</sup> as economies of scale prevent smaller grocery providers from selling food at prices comparable to supermarket chains.<sup>217</sup> The effective regressive pricing of food forces the urban poor to devote a larger share of their income to food (or consigns them to buy and eat less). Segregation thus dilutes the purchasing power of low-income minorities.

The relative abundance of unhealthy food products and the relative scarcity and expense of healthful options in low-income neighborhoods combine to create a food retail environment that disinclines poor residents to make nutritionally rather than economically sensible food choices.<sup>218</sup> As obesity researcher Adam Drewnowski has demonstrated, the

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stores) in a minority neighborhood carried a selection of healthy foods compared with 58 percent of those stores in a predominantly white area. [Carol R. Horowitz, Kathryn A. Colson, Paul L. Hebert, and Kristie Lancaster, 'Barriers to Buying Healthy Foods for People with Diabetes: Evidence of Environmental Disparities,' *American Journal of Public Health* 94 (2004): 1549-1554.] At the same time, some corner stores in progressive areas such as Oakland, California maintain small produce sections or collaborate with community supported agriculture (CSA) organizations to bring fresh food to minority areas. [Twilight Greenaway, 'A New Kind of Cornerstore Makeover,' *GOOD.is* 23 January 2010: <http://www.good.is/post/a-new-kind-of-cornerstore-makeover/>.]

<sup>214</sup> Lisa M. Powell et al, 'Food Store Availability and Neighborhood Characteristics in the United States,' *American Journal of Preventative Medicine* 44 (2007): 189-95.

<sup>215</sup> Morland, Wing, Diez Roux, and Poole 28.

<sup>216</sup> Morland, Wing, Diez Roux, and Poole 24.

<sup>217</sup> Samina Raja, Changxing Ma, and Pavan Yadav, 'Beyond Food Deserts: Measuring and Mapping Racial Disparities in Neighborhood Food Environments,' *Journal of Planning Education and Research* 27 (2008), 470.

<sup>218</sup> Winne xvi-xvii, 89.

current structure of food pricing, both within the American food market at large and within segregated and poor neighborhoods, is such that energy-dense (sweet and high-fat) foods provide dietary energy at the lowest cost.<sup>219</sup> The refined grains, added sugars, and added fats that are linked to higher rates of obesity and diabetes<sup>220</sup> are far more affordable on a cost-per-calorie basis than are the recommended healthy diets rich in lean meats, whole grains, and fresh vegetables and fruit. Given that processed foods are both more calorically dense and cheaper than healthful food like fruits, vegetables, and lean meat, it is economically, if not nutritionally, sensible for the poor to spend their limited resources on processed food.<sup>221</sup> Thus the diets of poorer Americans consist mainly in cheap, concentrated energy from processed foods, fatty meats, and starches.<sup>222</sup> This implies that one reason for the racial gradient of rising obesity rates lies in the relative abundance of choices of inexpensive, calorically dense foods in segregated and low-income neighborhoods.<sup>223</sup> Thus both spatial and price differentials in access to healthier diets thus help explain why the highest rates of obesity and diabetes are found among minority and low-income Americans.<sup>224</sup>

Studies show that the diets of neighborhood residents grow healthier with each additional supermarket in a census tract<sup>225</sup> and when local supermarkets increase their

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<sup>219</sup> Adam Drewnowski, 'Obesity and the Food Environment: Dietary Energy Density and Diet Costs,' *American Journal of Preventative Medicine* 27 (2004): 154-162.

<sup>220</sup> Adam Drewnowski, 'The Real Contribution of Added Sugars and Fats to Obesity,' *Epidemiologic Reviews* 29 (2007): 160-171.

<sup>221</sup> Michael Pollan, 'You Are What You Grow,' *New York Times* 22 April 2007.

<sup>222</sup> Adam Drewnowski and Nicole Darmon, 'Food Choices and Diet Costs: An Economic Analysis,' *Journal of Nutrition* 135 (2005): 900-904.

<sup>223</sup> Drewnowski and Darmon 900.

<sup>224</sup> Drewnowski, 'The Real Contribution of Added Sugars and Fats to Obesity.'

<sup>225</sup> Latetia V. Moore, Ana V. Diez Roux, Joyce A. Nettleton, and D. R. Jacobs, 'Associations of the Local Food Environment with Diet Quality – A Comparison of Assessments based on Surveys and Geographic Information Systems: The Multi-Ethnic Study of Atherosclerosis,' *American Journal of Epidemiology* 167 (2008): 917-924; Kimberly B. Morland, Steve Wing, and Ana V. Diez Roux, 'The Contextual Effect of the Local Food Environment

supply of healthful products<sup>226</sup> and that access to BMI-healthy food outlets such as supermarkets, fruit and vegetable outlets, and natural food stores are positively associated with lower BMI and inversely associated with obesity.<sup>227</sup> Given these findings, the color-coded geography and pricing structure of food retail has severe implications for racial differentials in nutritional intake and health outcomes.

Thus America's central city landscape is less a 'food desert,' the term evolved by British geographers to denote areas characterized by poor food retail access and thereby nutritional deprivation, than a zone of 'food insecurity'<sup>228</sup> created by the economic decisions of the food industry in response to the structural characteristics of the ghetto. Food insecurity refers not to the dearth of food in general but to the condition of limited access to *nutritious* food. It can mean being unable to afford basic food supplies, unable to commute to the grocery store, or unable to find fresh produce among unhealthy fast and processed food options that abound in the urban retail environment. Thus food insecurity and obesity are entirely compatible:<sup>229</sup> they are both engendered by the paradoxical coincidence of abundant cheap unhealthy food and relatively scarce affordable nutritious food in segregated urban neighborhoods.

Data collected by the U.S. Department of Agriculture bear out the racial and spatial patterning of food insecurity. First, the prevalence of low food security varies geographically. In 2010, households located in principal cities of metropolitan areas were 34.9 percent more likely than suburban households and 15.6 percent more likely than non-

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on Residents' Diets,' *American Journal of Public Health* 92 (2002): 1761-1767.

<sup>226</sup> Allen Cheadle et al, 'Community-Level Comparisons Between the Grocery Store Environment and Individual Dietary Practices,' *American Journal of Preventative Medicine* 20 (1991): 250-61.

<sup>227</sup> Rundle et al. 446; Kimberly B. Morland and Kelly R. Evenson, 'Obesity Prevalence and the Local Food Environment,' *Health & Place* 15 (2009): 491-495.

<sup>228</sup> Raja, Ma, and Yadav 469.

<sup>229</sup> Sam Dolnick, 'The Obesity-Hunger Paradox,' *New York Times* 12 March 2010.

metropolitan households to endure low food security. Likewise, urban families were 16.6 percent more likely than families nationwide to experience very low food security. Second, the prevalence of food insecurity varies by race, ethnicity and income. Relative to the 14.5 percent of households nationwide, rates of low food security were 2.8 times higher among households with incomes below the poverty line, 1.7 times higher among black households, and 1.8 times higher among Latino households. Likewise, relative to the 5.4 percent of households nationwide, rates of very low food security were three times higher among households below the poverty line, 1.7 times higher among black households, and 1.6 times higher among Latino households.<sup>230</sup> Another study found residence in an impoverished neighborhood, lack of wealth, and minority status each to be ‘major’ predictors of obesity and type 2 diabetes.<sup>231</sup>

Finally, accompanying the relative dearth of affordable nutritious food suppliers is the relative absence of recreational amenities conducive to physical activity – including athletic tracks, playing fields, expansive parks, and swimming pools – in poor neighborhoods. Residents of resource-deprived minority communities are discouraged from leisure exercise by both the lack of these amenities and concerns about their personal safety.<sup>232</sup> For instance, in Los Angeles County, children of color are more likely to reside in

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<sup>230</sup> United States Department of Agriculture Economic Research Service, ‘Food Security in the United States: Key Statistics and Graphics,’ updated 7 September 2011: [http://www.ers.usda.gov/Briefing/FoodSecurity/stats\\_graphs.htm](http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm). ‘Low food security’ is the ability to avoid severe disruption of one’s eating patterns or reduction of food intake due to the use of coping strategies such as eating less varied diets, participation in federal food assistance programs, or access to emergency food from non-profit community food suppliers. ‘Very low food security’ is the inability to maintain normal eating patterns and regular food intake due to insufficient money or other resources for procuring food.

<sup>231</sup> J.M. Evans et al, ‘Socio-Economic Status, Obesity and Prevalence of Type 1 and Type 2 Diabetes Mellitus,’ *Diabetic Medicine* 17 (2000): 478–80.

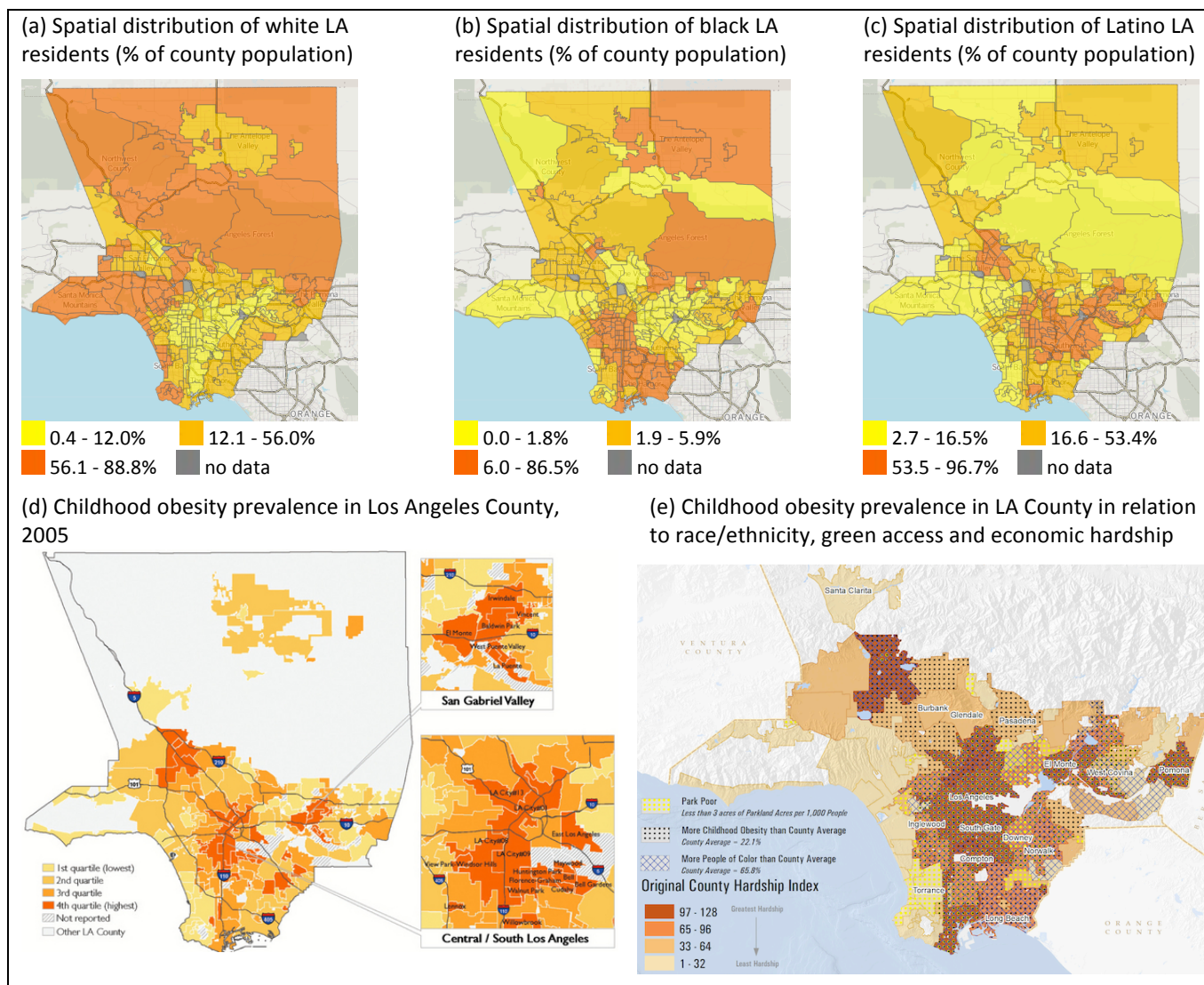
<sup>232</sup> Williams and Collins 379.

the central and southern urban areas that contain a dearth of green spaces (parks, fields, trails, and other public recreational spaces) and in which levels of economic hardship and rates of childhood obesity are highest (see Figure 2.2). The cities and communities of LA County that have the worst economic hardship index – a multidimensional measure of poverty, unemployment, and other indicators – are all above the county average for childhood obesity.<sup>233</sup>

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<sup>233</sup> Robert García and Ramya Sivasubramanian, 'Race and Place Do Matter: Economic Hardship, Obesity, and Equal Justice,' *KCET*, 18 April 2013: <http://www.kcet.org/socal/departures/landofsunshine/green-justice/race-and-place-do-matter-economic-hardship-obesity-and-equal-justice.html>.

**Figure 2.2.** The juxtaposition of these five graphics demonstrates the spatial distribution of childhood obesity in relation to the spatial distribution of race, ethnicity and economic hardship in Los Angeles County. The top row of this table features three maps displaying the spatial distribution of LA County's (a) white, (b) African American, and (c) Latino residents.<sup>234</sup> The map at bottom left displays the relative prevalence of obesity throughout LA County.<sup>235</sup> The map at bottom right was enhanced to depict obesity prevalence in LA County in relation to racial and ethnic composition, green access (density of parks, fields, trails, and other public recreational areas), and economic hardship. The Economic Hardship Index, devised by the LA County Department of Public Health, is comprised of six indicators: (1) prevalence of crowded housing; (2) percent of households living below the poverty level; (3) percent of persons over age 16 that are unemployed; (4) percent of persons over age 25 without a high school degree; (5) percent of dependent persons (under age 18 or over age 65); and (6) average income per capita.<sup>236</sup> Note that the central urban region of LA County in which the white population is lowest [figure (a)] roughly coincides with those areas in which childhood obesity rates are highest [figures (d) and (e)].



<sup>234</sup> I produced figures (a), (b) and (c) and their respective keys using the online map customization program provided by the *Los Angeles Times*: 'Mapping LA Neighborhoods,' <http://maps.latimes.com/neighborhoods/>.

<sup>235</sup> Jonathan E. Fielding et al, *Preventing Childhood Obesity: The Need to Create Healthy Places* (Los Angeles County Department of Public Health 2007): [http://publichealth.lacounty.gov/wwwfiles/ph/hae/epi/chr2-childhood\\_obesity.pdf](http://publichealth.lacounty.gov/wwwfiles/ph/hae/epi/chr2-childhood_obesity.pdf), 4.

<sup>236</sup> This map is enhanced by García and Sivasubramanian in conjunction with The City Project and GreenInfo Network using Census 2000 demographic data. The authors used the Economic Hardship Index devised by Fielding et al.

A growing public health and social science literature, then, has drawn the connection between the spatially organized economy of food and the prevalence of obesity among poor segregated communities in a way that highlights the social structuring of individual agency. Even after controlling for age, gender, and individual indicators of socioeconomic status, data shows that residents of disadvantaged neighborhoods are 'less likely to consume healthy foods (such as fruits, vegetables, and whole grain bread), more likely to consume unhealthy food (such as sweets, processed meats, and French fries) and less likely to exercise than their counterparts in wealthy neighborhoods.'<sup>237</sup> A systematic review of 45 studies published between 1995 and 2009 examining the effects of built environment characteristics on racial, ethnic, and socioeconomic disparities in obesity confirmed that blacks, Latinos, and poor Americans live in worse environments with respect to access to affordable nutritious food and places to exercise and 'found the strongest support' for the hypothesis that increasing supermarket access, places to exercise, and neighborhood safety for black and Latino Americans has potential to reduce obesity-related health disparities.<sup>238</sup>

While many researchers tend to focus on class differentials, asserting that 'the most reliable predictor of obesity in America today is a person's wealth,'<sup>239</sup> I argue that the racial demography of obesity – the disproportionate prevalence of overweight and obesity among African Americans and Latinos – cannot be reduced to socioeconomic status. This is because access to food is largely spatially organized, and in the United States, space is

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<sup>237</sup> Williams and Collins 380.

<sup>238</sup> Gina S. Lovasi, Malo A. Hutson, Monica Guerra, and Kathryn M. Neckerman, 'Built Environments and Obesity in Disadvantaged Populations,' *Epidemiologic Reviews* 31 (2009), 15.

<sup>239</sup> Pollan, 'You Are What You Grow.'

largely ‘raced’ or racially organized.<sup>240</sup> By enforcing the spatial concentration and isolation of poor blacks, residential segregation consigns blacks to dwell in communities lacking the resources and infrastructure that enable adequate nutrition and exercise. The fact that residential segregation concentrates citizens who are dually black and poor is key, because even relatively poor residents of more mixed-income suburban areas are spatially positioned to benefit from community services – especially high-quality public education, affordable and full-inventory grocery stores, and hospitals and health care facilities – funded by taxes levied upon local residents. Poor whites tend to be more spatially dispersed throughout residential communities and thus do not endure resource and service deprivation in the same ways that poor blacks do.<sup>241</sup>

*Structural violence as the primary mode of thanatopolitics*

That structural racism is literally inscribed not only on the urban landscape but on individual bodies should, I argue, be understood as an instance of violence. If the primary means by which biopolitics exercises its racially delineated right to let die is structural racism, then we can refer to the primary form of biopolitical violence as structural violence.

Widely attributed to Antonio Gramsci, structural violence was first explicitly theorized by Johan Galtung in 1969 and has been recently applied to health disparities by medical anthropologist Paul Farmer, who demands that uneven distributions of death and illnesses be analyzed within ‘the larger matrix’ of ‘social and economic forces that dictate

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<sup>240</sup> Charles W. Mills, *The Racial Contract* (Cornell University Press 1997), 41-51; George Lipsitz, *How Racism Takes Place* (Temple University Press 2011); Clarissa Rile Hayward, ‘Black Places,’ *Theory & Event* 12, no. 4 (2009).

<sup>241</sup> Robert J. Sampson and William Julius Wilson, ‘Toward a Theory of Race, Crime, and Urban Inequality,’ Chapter 2 in *Crime and Inequality*, eds. John Hagan and Ruth D. Peterson (Stanford University Press 1995).

life choices.<sup>242</sup> Galtung posited that violence occurs in any context in which some people are unable to fully realize their capacities or if they are unable to do so to the same extent as others.<sup>243</sup> The relative unattainability to segregated minorities of health-supportive goods and services thus constitutes a form of structural violence.<sup>244</sup> Like scholars of structural racism, scholars of structural violence determine when violence is operative by focusing on unequal outcomes of multiple institutional processes rather than on the individual perpetrators or malevolent intentions behind them. As Akhil Gupta explains, this violence is definitively structural because such agents or motivations are unidentifiable: ‘the violence is impersonal, built into the structure of power.’<sup>245</sup> What cultural critic Slavov Zizek similarly terms ‘objective’ or ‘systemic’ violence constitutes ‘the background’ against which ‘directly visible’ or conventionally recognizable forms of violence, such as police brutality or natural disasters, occur. Structural violence is inherent to the “normal’ state of things.’ It is invisible and it ‘sustains the very zero-level standard against which we perceive something as subjectively violent.’<sup>246</sup>

The normalized status of structural violence makes it entirely compatible with biopower’s primary aim of managing the population. When the biopolitical state takes the population as its target of intervention, it adopts the tools of statistical analysis to both discover and establish what is normal. Statistical regularity becomes the prime indicator of

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<sup>242</sup> Paul Farmer, ‘On Suffering and Structural Violence: A View from Below,’ *Daedalus* 115, no. 1 (1996), 272-273.

<sup>243</sup> Akhil Gupta, *Red Tape: Bureaucracy, Structural Violence, and Poverty in India* (Duke University Press 2012), 20.

<sup>244</sup> Gupta 34.

<sup>245</sup> Gupta 20.

<sup>246</sup> Slavov Zizek, *Violence* (Picador 2008), 1-2.

normality.<sup>247</sup> Insofar as they appear to be relatively permanent statistical facts, indicators of race-based material disparity – for instance, a black poverty rate that is consistently three times the white rate, a black unemployment rate that is consistently double the white rate,<sup>248</sup> a black-white median income ratio that has hovered for six decades at 60 cents to the dollar,<sup>249</sup> and a black infant mortality rate that is consistently double the white rate<sup>250</sup> – come to be established as the normal state of affairs. The statistical naturalization of racial inequality justifies governmental inaction against it and obscures the violent nature of the structural processes producing them. In this sense, inequalities borne of structural violence become unremarkable features of the populace. Precisely due to the normalization of structural violence, the obstruction of black Americans' life chances no longer registers as a violation of the norm and lies outside the realm of reproach and punishment – the very conundrum of Agamben's *homo sacer*.<sup>251</sup> Just as the space of exception is in fact an enduring and constitutive fixture of the normal political order, the unremarkability of the structural violence visited upon its inhabitants contributes to its unpunishability.

The notion of structural violence carries explanatory power and critical purchase for two main reasons. First, the rhetorical juxtaposition of 'structural' to 'violence' compels a more expansive and socially critical conception of violence than one of physical force committed by an identifiable agent. 'Structural violence' captures precisely the mode of violence employed by structural racism, which issues racially discriminatory effects in spite

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<sup>247</sup> Gupta 14; Foucault, 'Society Must Be Defended' 243-247; Foucault, 'Governmentality,' in *The Essential Works of Foucault, Volume 3: Power*, ed. Paul Rabinow (The New Press 2000), 217.

<sup>248</sup> Valerie Rawlston Wilson, 'Introduction to the 2009 Equality Index,' in *The State of Black America 2009*, 15; Andy Kroll, 'The Persistent Black-White Unemployment Gap,' *Salon.com* 05 July 2011: [http://www.salon.com/2011/07/05/unemployment\\_scandal/](http://www.salon.com/2011/07/05/unemployment_scandal/).

<sup>249</sup> Oliver and Shapiro 88.

<sup>250</sup> Thomas LaVeist, 'Segregation, Poverty, and Empowerment: Health Consequences for African Americans,' in *Race, Ethnicity, and Health: A Public Health Reader*, ed. LaVeist (Jossey-Bass 2002), 77-78.

<sup>251</sup> Gupta 17.

or regardless of the intentions of the individual administrators of the institutions comprising the basic structure.

Second, the term demands recognition of a modality of violence that is physical in its effects though non-physical in its implements. While structural racism operates through institutional policies and practices, its outcomes are physically distortive and detrimental. Structural violence results in premature and untimely health problems and deaths. Racial health disparities are ‘not the result of accident or *force majeure*’; they are outcomes of direct and indirect human agency<sup>252</sup> that nonetheless can ‘only be described as violent.’<sup>253</sup> Referring to the effects of structural processes as violent affirms the connection of structural racism to mortality and life chances.

A clearly and modestly defined notion of structural violence<sup>254</sup> crucially broadens our conception of violence, inviting consideration of other modalities of violence that are not readily recognized as such. Even more importantly, the notion of structural violence captures the ways in which social processes not presumed to take material expression do indeed manifest in physical, specifically physiological, form: structural inequalities perpetrated by no identifiable or directly accountable agent(s) literally become embodied. In sum, the primary means of violence employed by the biopolitical state to exercise its right to let die, or to disqualify racialized groups from its life-supportive resources, is structural. I propose that we think of structural racism, the primary mode of (re)producing material racial inequality in the contemporary United States, as deploying non-physical

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<sup>252</sup> Farmer, ‘On Suffering and Structural Violence’ 271.

<sup>253</sup> Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (University of California Press 2005), 8.

<sup>254</sup> Farmer’s contemporaries have noted the limits of the explanatory clarity and power of his conception of structural violence. See the comments of Phillipe Bourgois and Nancy Scheper-Hughes and Loïc Wacquant: ‘Comments,’ addendum to Farmer, ‘An Anthropology of Structural Violence,’ 318, 322.

implements to distortive bodily effects. This shift in perspective might challenge a normal order under which certain disadvantaged groups literally and figuratively bear the weight of injustice.

I want to emphasize that I do not conceive of minorities who endure structural violence as passive or powerless. To the contrary, they struggle to improve their prospects, they inventively develop strategies for coping economically and caring for their families and communities,<sup>255</sup> and their struggles equip them with unique situated knowledge of American political economics.<sup>256</sup> My aim is to emphasize that minority urbanites' choices, actions and agency are profoundly structured by institutional forces, and that surmounting these severe constraints demands exceptional creativity and resilience.

*Conclusion: shifting public health and racial justice debates to structural terrain*

Despite Bloomberg's fervent belief that his proposed supersized sugary drink ban would be nothing short of a lifesaver, and despite his deputies' contention that minority neighborhoods would be among the main beneficiaries of the rule, one of its most staunch and prominent adversaries was the New York state chapter of the NAACP. The civil rights organization, jointly with the Hispanic Federation, filed an *amicus curiae* brief against it. The brief faults the ban as both 'overly broad,' prohibiting businesses from offering large 'self-service' cups regardless of their contents, and 'dramatically under-inclusive,' exempting all alcoholic and dairy-based beverages (such as milkshakes and high-calorie coffee drinks) as well as certain retailers not technically typified as 'food service establishments,' including minority-owned bodegas in majority-minority neighborhoods,

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<sup>255</sup> Shelby 136.

<sup>256</sup> Patricia Hill Collins, *Black Feminist Thought* (Routledge 2008), 13-14.

which would ‘disproportionately affect[] freedom of choice in low-income communities.’<sup>257</sup>

Affirming higher-than-national-average obesity rates in both the black and Latino communities, the NAACP and Hispanic Federation argue that the city should pursue ‘an effective, comprehensive solution to the public health crisis facing [New York City’s black and Latino] communities’ through legislation that includes increased funding for and improvements to school-based health and physical education programs.<sup>258</sup>

The NAACP’s advocacy for increased health education funding to combat obesity in lieu of the beverage ban is somewhat undermined by its conflicting interest in maintaining a symbiotic partnership with Coca-Cola, which has generously funded NAACP initiatives as a way of cultivating African Americans, one of its prized market demographics.<sup>259</sup> Coca-Cola’s law firm wrote the brief filed by the NAACP and has donated tens of thousands of dollars to its health education program, Project HELP (Healthy Eating, Lifestyles, and Physical Activity).<sup>260</sup> Notwithstanding its ulterior motives, the NAACP’s stance against the beverage ban, at the same time that it avers racial and spatial disparities obesity prevalence, begins to point in the direction of deeper structural reforms that address not only the dietary behaviors that are related to obesity but also the built environmental and economic structuring of lifestyle choices that affect life chances. That is, while it does not

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<sup>257</sup> NAACP, ‘NAACP in Support of Soda Industry,’ *New York Times* 24 January 2013 (*amicus curiae* brief filed jointly by the NAACP and the Hispanic Federation):

<http://www.nytimes.com/interactive/2013/01/24/nyregion/naACP-supports-soda-industry.html?ref=nyregion>), 2.

<sup>258</sup> NAACP 3-4.

<sup>259</sup> Grace Elizabeth Hale, ‘When Jim Crow Drank Coke,’ *New York Times* 28 January 2013:

<http://www.nytimes.com/2013/01/29/opinion/when-jim-crow-drank-coke.html>.

<sup>260</sup> Michael M. Grynbaum, ‘In N.A.A.C.P., Industry Gets Ally Against Soda Ban,’ *New York Times* 23 January 2013: [http://www.nytimes.com/2013/01/24/nyregion/fight-over-bloombergs-soda-ban-reaches-courtroom.html?\\_r=0](http://www.nytimes.com/2013/01/24/nyregion/fight-over-bloombergs-soda-ban-reaches-courtroom.html?_r=0).

radically uncouple obesity from dietary behavior, it could be read as a first step toward contextualizing obesity within discussions of the need for thoroughgoing structural reform.

The disproportionate prevalence of obesity among African Americans is one embodied outcome of structural forces so naturalized that the violence they do appears unpunishable and obesity itself, rather than the structural forces behind it, becomes the target of moral wrath and state intervention. As a result of the cover that the normalized status of structural violence affords it, recent policy proposals designed to combat obesity frequently reference its higher prevalence among blacks but ignore the structural framework that generates this pattern. Bloomberg's sugary drink size limit proposal is the latest in a lineage of similar approaches that date back to mid-1980s 'Twinkie tax' schemes and that focus on the 'toxic environment' of food choice and aim to incentivize healthy dietary behavior.<sup>261</sup> Such policy proposals and the discourses surrounding them demonstrate that while 'it has become common in progressive circles to lament that poor people are fatter than affluent people because they do not have access to fresh fruits and vegetables or safe outdoor spaces for exercise,'<sup>262</sup> or because they are victims of a supersized and highly processed food economy,<sup>263</sup> it has not become any more politically palatable to discuss obesity as an embodied outcome of structural racism organized by residential segregation and as emblematic of a racially organized biopolitics.

Moreover, because they address individual behavior rather than the structural determinants of health, these initiatives may inadvertently make obese minorities targets

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<sup>261</sup> Kelly D. Brownell and Katherine Battle Horgen, *Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis and What We Can Do About It* (New York: McGraw-Hill, 2004).

<sup>262</sup> Kirkland, 'The Environmental Account of Obesity,' 463.

<sup>263</sup> See, e.g., Greg Critser, *Fat Land: Why Americans Became the Fattest People in the World* (Mariner 2004); Michael Pollan, *The Omnivore's Dilemma: A Natural History of Four Meals* (Penguin 2007); and Eric Schlosser, *Fast Food Nation: The Dark Side of the American Meal* (Mariner 2012).

of public moral contempt. Framing obesity as an outcome of personal consumption choices that product bans can preclude, without explicating the structural forces behind the health-adverse food retail environments of segregated neighborhoods, risks re-stigmatizing poor minorities as morally deficient. Thus even progressive approaches like Mayor Bloomberg's risk promoting derogatory images of African Americans as indulgent and undisciplined – images that in turn have harmful material effects. I explore the effects of discourses that reiterate the racial demography of obesity and that frame obesity in terms of personal responsibility for health in Chapter 4. For now, it suffices to say that the stigmatization of obese black Americans is underway and will persist as long as the structural forces that built the ghetto, and that limit black life chances both physically and socioeconomically, go unaddressed. A transformative approach to the racial health gap must analytically connect the racial demography of obesity to the other wires of the birdcage and must concurrently address each facet of structural racism. In short, transforming bodies requires transforming the basic structure.

INTERLUDE  
TOWARD A CRITICAL THEORY OF OBESITY

The previous chapters have posited the higher prevalence of obesity among American minorities as an expression of structural racial inequality, the mechanism through which biopower exercises its racially delineated right to let die. In order to call attention to the embodiment of racial disparity, I have operated thus far on the assumption that 'obesity' is a legitimate problem that demands medical and political intervention on behalf of both racial justice and public health. In the chapters that follow, I abandon this assumption and begin to stake a critical distance from the framing of obesity as an individual and collective pathology. I do so because, as I will demonstrate, the public health crisis framing of obesity has deeply problematic implications for broad American constituencies. Chapter 3 will elaborate obesity as an eminently biopolitical phenomenon, a medical construct that mobilizes 'fat panic'<sup>264</sup> in order to enable the expansion of biopower's disciplinary and regulatory technologies to new stages and domains of our lives, thereby creating ever more intently self-policing subjects. Chapter 4 will explore how what I call the racialization of obesity unfolds within a political context defined by neoliberalism and entrenched racial stereotypes and functions to refortify white normativity and refashion racial stereotypes that make the outcomes of structural racial inequality appear self-fulfilling and that justify political disregard for black life. In this light, their problematic implications severely complicate well-intentioned anti-obesity projects. Before pursuing this line of inquiry, though, I would like to ground it more firmly in the new theoretical tradition of fat studies.

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<sup>264</sup> Anna Kirkland, 'The Environmental Account of Obesity: A Case for Feminist Skepticism,' *Signs* 36, no. 2 (2011), 469.

In the past ten years a robust interdisciplinary field of scholarship has advanced incisive, rigorous, and wide-ranging critiques of the negative assumptions, stereotypes, and stigmas ascribed to fat and fat bodies.<sup>265</sup> Fat studies scholars strive to challenge obesity's status as a *prima facie* public health peril and instead to illuminate it as a political issue – a matter bound up with the interests of power and one that functions to create new and reinforce old social hierarchies. From a more critical vantage point, both medical/epidemiological/biological and social/structural/environmental understandings of obesity are essentialist discourses that identify causal factors of what 'is.' They both proceed from and reaffirm the assumption that being fat is a problem whose causes must be addressed. Conversely, critical fat scholars adopt 'an anti-essentialist position on fat identity' that 'focuses instead on the ability of human actors to participate in the creation of meaning (including the meaning of material bodies) through the discursive process of communications and politics.' This enables recognition of 'fat as a condition not simply aesthetic or medical, but *political*.'<sup>266</sup> Tackling the problematization of fat from a variety of disciplinary backgrounds, fat studies scholars have adopted many of the critical and genealogical strategies of critical legal theory, critical race studies, and feminist theory. In what follows I outline three strategies developed by critical fat scholars for problematizing dominant discourses about 'obesity': contesting the scientific research that premises the pathologization of fat, situating negative valences of fat in international and historical context, and resignifying fat as embodied resistance to oppressive norms and politics.

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<sup>265</sup> Sondra Solovay and Esther Rothblum, 'No Fear of Fat,' *Chronicle of Higher Education* 08 November 2009: <http://chronicle.com/article/No-Fear-of-Fat/49041/>.

<sup>266</sup> Kathleen LeBesco, 'Queering Fat Bodies/Politics,' in *Bodies Out of Bounds: Fatness and Transgression*, eds. Jana Evans Braziel and Kathleen LeBesco (University of California Press 2001), 84, 75.

*Contesting the pathologization of fat*

A growing number of researchers from a vast range of academic disciplines have compellingly contested the claim that obesity poses a drastic threat to public health. They have demonstrated that there is limited scientific evidence supporting the pathologization of fatness and have scrupulously documented the problematic assumptions, methodological flaws, and political and economic interests of the medical and political authorities who have advanced this idea. Specifically, these critics have debunked ‘four central claims made by those who are calling for intensifying the war on fat: that obesity is an epidemic; that overweight and obesity are major contributors to mortality; that higher than average adiposity [fatty tissue] is pathological and a primary direct cause of disease; and that significant weight-loss is both medically beneficial and a practical goal.’<sup>267</sup>

First, fat studies scholars have challenged the diagnosis of obesity as an ‘epidemic’ jeopardizing national public health. Far from indicating an exponential growth pattern typical of epidemics, available data show ‘a relatively modest rightward skewing of average weight on the distribution curve,’ with significant weight gain only among the heaviest individuals and little to no weight gain among people of lower weight. While the vast majority of people in the ‘overweight’ and ‘obese’ categories are now at weight levels only slightly higher than they or their predecessors were a generation ago,<sup>268</sup> the number of people classified as such has increased dramatically due to the National Institute of

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<sup>267</sup> Paul Campos, Abigail Saguy, Paul Ernsberger, Eric Oliver and Glenn Gaeser, ‘The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?’, *International Journal of Epidemiology* 35 (2006), 55.

<sup>268</sup> Campos et al 55.

Health's redefinition of these categories in 1998. That year, the NIH lowered the body mass index (BMI) threshold for entry into the 'overweight' category from 27.8 for men and 27.3 for women to 25 for both genders. As a result of the official redefinition of fatness, more than 37 Americans became 'overweight' overnight without gaining an ounce.<sup>269</sup> The movement of population cohorts from just below to just above the formal definitions of overweight and obesity that are cited by public health officials who assert an explosive rise in obesity rates over the past generation are thus due to modest weight gain and reclassification.<sup>270</sup> Moreover, obesity can be properly deemed an epidemic only if crossing the threshold to a BMI of 25 or 30 is tantamount to contracting a life-threatening disease, which it is decidedly not.

The second claim fat studies scholars have debunked is that being overweight or obese results in premature death. Against the World Health Organization's assertion that 'mortality rates increase with increasing degrees of overweight,' their data analysis indicates that, except among the severely obese, high body mass is a poor predictor of mortality and may actually be protective among the elderly. They point to numerous large-scale studies that have found little or no increase in mortality among the 'overweight' until subjects' BMI reaches the upper 30s or higher. In other words, 'the vast majority of people labeled 'overweight' and 'obese' according to current definitions do not in fact face any meaningful increased risk for early death.' On the other hand, low BMI was found to be associated with increased mortality rates. Yet findings of mere statistical correlations do not demonstrate a causal relationship between body mass and mortality because they do

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<sup>269</sup> Eric Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (Oxford University Press 2006), 22.

<sup>270</sup> Campos et al 55.

not involve consideration of potential confounding factors like fitness, diet quality, use of hazardous weight loss methods, economic status, and family history. Controlling for one or more confounding variables significantly diminishes the already weak correlation between higher weight and greater mortality.<sup>271</sup>

On the same point that correlation does not equal causation, the third claim debunked by critics of ‘the war on fat’ is that overweight and obesity are direct primary causes of adverse health outcomes.<sup>272</sup> The NIH has generated a long list of diseases ‘associated’ with higher BMIs, including hypertension, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, and some types of cancer. With the exceptions of osteoarthritis in weight-bearing joints and uterine cancer resulting from higher levels of estrogen in heavier women (which can be treated medically without weight loss), none of these conditions have been convincingly shown to be caused by excess body fat. Rather, these health conditions may arise from other underlying causes of which adiposity is merely a correlate or a symptom. For instance, the association between heart disease and obesity may be rooted in greater insulin resistance among the obese, a factor that can be alleviated through exercise even without weight loss.<sup>273</sup> To identify weight gain with an array of diseases is to conflate their real sources with ‘a relatively benign symptom.’<sup>274</sup> For the most part the causal links between body fat and disease remain speculative, based on ‘loose statistical conjecture’ at best.<sup>275</sup> Evidence also suggests that body build (namely, whether a person’s fat is stored in the waist or hips and thighs) rather

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<sup>271</sup> Campos et al 55-56.

<sup>272</sup> Campos et al 56.

<sup>273</sup> Oliver 25-27.

<sup>274</sup> Oliver 2, 5.

<sup>275</sup> Campos et al 57, Oliver 4.

than fatness *per se* may be a stronger indicator of disease risk. Furthermore, while surgical, pharmaceutical, and medical interventions that remove body fat have not been shown to improve health status, lifestyle modifications like dietary changes and aerobic exercise – which involve relatively little or no weight loss – have been shown to result in significant improvements in health status. These contrasting results suggest that independent of changes in body weight, lifestyle changes can powerfully influence health and mortality. Furthermore, against discourses that treat weight as a health behavior and an expression of personal (ir)responsibility, these critics emphasize that the relationship between behavior and weight is complex and mediated by ‘immutable factors such as genetics, body build and shape. The average individual’s control over his or her weight is limited at best.’<sup>276</sup>

This leads to the fourth claim undermined by critical fat scholars. The notion that significant long-term weight loss is a practical goal and will improve health is almost entirely unsupported by epidemiological research. Astoundingly, ‘the central premise of the current war on fat’ – that reducing obese and overweight people to ‘normal weight’ will improve their health – ‘remains an untested hypothesis.’ Not only is there an absence of safe and effective methods of drastic and sustained weight loss, but many of the means currently employed to that end – namely, ‘diet drugs, weight loss surgery, eating disordered behavior, fad diets, and the chronic weight cycling they induce – have serious detrimental side effects ‘up to and including death.’ Conversely, as noted above, many studies have demonstrated that striking health benefits can result from lifestyle changes involving little or no long-term weight loss.<sup>277</sup> Thus critical scholars have seriously

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<sup>276</sup> Campos et al 57.

<sup>277</sup> Campos et al 57-58.

undermined the pathologization of fat by ‘disentangling the presumed cause-effect relationship between body fat and ‘weight-related’ problems[.]’<sup>278</sup>

In addition to thoroughly undercutting the empirical bases of the pathologization of fat, critical fat studies scholars have illuminated the immense and overlapping economic and political interests behind the movement to portray obesity as a public health crisis. Many of the leading medical researchers who have devised the official definitions of ‘overweight’ and ‘obese’ have received funding from pharmaceutical companies who produce weight loss drugs. Both researchers who run weight-loss clinics and weight-loss industry workers stand to gain financially from overstating the health hazards of being fat. Academic scientists who research weight-related issues in the context of an ‘obesity epidemic’ stand to gain research grants, tenure, and professional prestige. Government health agencies who sound the ‘obesity epidemic’ alarm can bolster their authority and budget allocations. Medicalizing fat enables surgeons, weight-loss companies, and pharmaceutical companies that offer weight-loss procedures, programs and drugs to get their services covered by Medicare and health insurance providers.<sup>279</sup> In short, ‘The very same people who have proclaimed that obesity is a major health problem also stand the most to gain from it being classified as a disease. For America’s public health establishment, an obesity epidemic is worth billions.’<sup>280</sup> Moreover, the characterization of America’s weight gain as an epidemic is symptomatic of a larger trend toward pathologization.<sup>281</sup> The

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<sup>278</sup> Campos et al 57.

<sup>279</sup> Campos et al 58; Oliver 29-31, 45; Abigail Saguy, *What’s Wrong with Fat?* (Oxford University Press 2013), 31, 47.

<sup>280</sup> Oliver 6.

<sup>281</sup> Oliver 43, 45.

expansionary logic of capitalism – and the extension of biopower, as I will elaborate later – depend upon treating as diseases conditions previously not medicalized.

It is worth noting that most critics of the pathologization of fat challenge the notion that fat is inherently unhealthy rather than the championship of health itself. Indeed, they take care to emphasize the healthful potential of fat people, noting that diet and fitness have ‘powerful influences on health and mortality’ regardless of body size<sup>282</sup> and urging public health authorities to ‘encourag[e] Americans to be physically active [and] to eat well’ instead of ‘telling Americans that they will improve their health by trying to lose weight.’<sup>283</sup> Many embrace the mantra of ‘health at every size,’ which advocates enhancing health through pleasurable physical activity and eating experiences without focusing on a weight loss goal.<sup>284</sup> Yet this effort to debunk the equation of thinness with health perhaps inadvertently promotes a gospel of health that serves formidable ideological functions. Anna Kirkland and Jonathan Metzl have argued that the ideological work of ‘health’ is ‘often rendered invisible by the assumption that it is a monolithic, universal good’ (Metzl 9). While this discourse no doubt often works for the improvement of the life of the population, it also functions ideologically to justify derogation of and discrimination against individuals who do not or appear not to adhere to the norms it espouses, to reproduce social hierarchies, and to promote political interests ‘under the guise of passion or concern.’<sup>285</sup> Kirkland and Metzl point out that public and private policies, discourses and practices that claim health promotion as their intention have become ‘so unassailable that

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<sup>282</sup> Campos et al 56-57.

<sup>283</sup> Paul Campos, *The Obesity Myth: Why America's Obsession with Weight is Hazardous to your Health* (Gotham 2004), xxv.

<sup>284</sup> Deb Burgard, ‘What is ‘Health at Every Size’?’, in *The Fat Studies Reader*, ed. Esther Rothblum and Sondra Solovay (New York University Press 2009), 42-53.

<sup>285</sup> Jonathan Metzl, ‘Introduction: Why Against Health?’, in *Against Health: How Health Became the New Morality*, eds. Jonathan Metzl and Anna Kirkland (New York University Press 2010), 9.

we forget that there might be prejudice and irrational fear operating beneath those terms, keeping certain people in an unequal position.<sup>286</sup> Thus without condemning all pro-health discourses as ideological devices, we should remain attentive to ‘the disparate valences of ‘health’’<sup>287</sup> and strive to identify when and how they work in the service of power. In Chapters 3 and 4 I will begin to explore how public health discourses are deployed in the service of power, enabling the expansion of biopower, helping to fulfill its disciplinary and regulatory functions, and promoting norms and stigmas that sustain the national racial order.

#### *Situating the stigmatization of fat*

Another strategy for contesting fat panic has been to situate cultural perceptions of fat within historical and global contexts. In the past decade, sociocultural histories and anthropological surveys of the meaning of fat have abounded.<sup>288</sup> Comparative and ethnographic scholars have pointed out the positive valences ascribed to fat in countries and cultures resistant to westernization. Cultural studies scholars have scrutinized news and fashion media archives; medical and psychiatric literatures, fine art works, political cartoons; public policy discourses; diet, fitness and pharmaceutical industry advertisements; suffrage propaganda; historical ephemera; and other cultural texts to trace strategies of and shifts in the changing signification of fatness, especially the transition of fatness from a marker of affluence, privilege and stature to a stigma of sloth, lack of self-

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<sup>286</sup> Anna Kirkland, ‘Conclusion: What Next,’ in *Against Health*, eds. Metzl and Kirkland, 196.

<sup>287</sup> Metzl 9.

<sup>288</sup> See, e.g., Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (New York University Press 2011); Sander Gilman, *Fat: A Cultural History of Obesity* (Malden, MA: Polity 2008); Don Kulick and Anne Meneley, *Fat: The Anthropology of an Obsession* (Penguin 2005); Georges Vigarello, *The Metamorphoses of Fat: A History of Obesity*, trans. C. Jon Delogu (Columbia University Press 2013).

care and -control, and inferiority. Genealogies of the negative valences of fat in western countries emphasize not only the contingent nature of the contemporary idealization of thinness but also how it functions in conjunction with other normative discourses to legitimate and sustain social hierarchies. Alongside race, ethnicity, gender, and sexuality, body size has been established as a marker of individual merit of recognition, citizenship, and privilege. As Amy Erdman Farrell demonstrates and as I will elaborate in Chapter 4, denigration of fat is particularly bound up with the consolidation of the American racial order and the historical development of whiteness.<sup>289</sup>

*Resignifying fat bodies.*

Complementing these projects that reveal the social construction of fatness and the historical specificity of its current debasement are positive efforts to revalue fat bodies. Kathleen LeBesco has led a cadre of critical theorists in countering the marginalization of fat people by ‘transforming fatness from a spoiled, uninhabitable, invisible identity to a stronger subject position.’<sup>290</sup> She does so by rethinking fatness as an embodied political stance rather than a signal of passivity, irresponsibility, or failure. LeBesco turns the trope of the fat body as the ‘revolting’ body on its head, mobilizing the dual meaning of the term to posit fatness as ‘a subversive cultural practice’ that protests and rebels against dominant norms of health, beauty, and desire as well as a status typically invoking abhorrence and disgust.<sup>291</sup> LeBesco’s effort to ‘queer’ fat bodies and politics draws heavily on Judith Butler’s theory of the possibility of enacting material change through reiterative discursive

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<sup>289</sup> Farrell 5, 17.

<sup>290</sup> LeBesco 76.

<sup>291</sup> LeBesco 75.

practices. LeBesco suggests that fat people and fat allies may be able ‘to redeploy and destabilize the dominant categories of the body and fat identity’ in order to alter and multiply the significations of fatness and thereby recover the social and cultural intelligibility of fat bodies. Like Butler, she privileges languages as a means by which ‘to gain the upper hand in signification games,’ ‘a critical resource in the struggle to rearticulate the very terms of symbolic legitimacy.’ She also invokes Elizabeth Grosz’s insistence on using language to affirm the ideal of a multiplicity of body types, or ‘a field of differences,’ against the function of the norm to idealize a single type or model.<sup>292</sup>

Other scholars have pursued resignification projects that also explore the intersection of dominant discourses about body size with regimes of race and gender. In the contemporary United States, what feminist theorists have termed ‘the tyranny of slenderness’ maintained by patriarchy, beauty ideals sustaining white normativity in an era of what Ian Haney López has called ‘colorblind white dominance,’<sup>293</sup> and anti-fat prejudice legitimated by the pathologization of ‘overweight’ collaborate to ‘triply marginalize[]’<sup>294</sup> the large bodies of some women of color, rendering them unintelligible, undesirable, and undisciplined. Andrea Elizabeth Shaw has argued that ‘In the United States, fatness and blackness have come to share a remarkably similar and complex relationship with the female body: both characteristics require degrees of erasure in order to render women viable entities by Western aesthetic standards.’<sup>295</sup> Against these requirements for the shedding of racial difference and fat in order to achieve acceptance and aesthetic viability,

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<sup>292</sup> LeBesco 76-78.

<sup>293</sup> Ian Haney López, *White By Law: The Legal Construction of Race* (New York, NY: New York University Press, 2006).

<sup>294</sup> Andrea Elizabeth Shaw, *The Embodiment of Disobedience: Fat Black Women’s Unruly Political Bodies* (Lexington 2006), 72.

<sup>295</sup> Shaw 1.

Shaw has advanced the project of revaluing fat black women's bodies by putting their current stigmatic status into historical and international context and exploring their alternative significations. Shaw focuses on the African diaspora's historical 'resistance to the Western European and North American indulgence in 'fat anxiety'' and its 'clear opposition to the notion that slenderness and health are equivalent.'<sup>296</sup>

Drawing from the African diaspora's cultural and literary archives, she offers several divergent readings of fat black female bodies as 'transgressive signifiers.'<sup>297</sup> Like Lebesco, Shaw analyzes the fat black woman's body as 'a repository of latent energy,' an implicit sign of 'unruliness and rebellion.' Specifically, her fatness indicates not 'that she is not capable of complying' with cultural requirements but rather 'an *unwillingness* to comply, or an *indifference* to these norms;' hers is a 'chosen disobedience.'<sup>298</sup> The fat black female body dually resists imperatives of whiteness and thinness and 'insists that her presence be acknowledged' despite pervasive colonial efforts to efface black female presence. Alternatively, using Marx's theory of surplus value, Shaw reads the 'abundance' of the large black female body as a direct challenge to the attribution to black women of 'invisibility and the inability to manage and accumulate resources.'<sup>299</sup> Similarly, she posits the fat black woman's body as an illustration of 'sufficiency and therefore a lack of desire to ingest the alien ideologies' that have marginalized her.<sup>300</sup>

Thus critical fat scholars have challenged the dominant portrayal of fatness as a problem in and of itself and have developed alternative frames through which to consider

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<sup>296</sup> Shaw 2.

<sup>297</sup> Shaw 13.

<sup>298</sup> Shaw 9.

<sup>299</sup> Shaw 79.

<sup>300</sup> Shaw 9.

the multiple oppressive and ideological functions of the deployment of 'obesity' and the emphasis on its prevalence among minorities. In the following chapters I work from this critical perspective to probe more deeply some of the problematic implications of fat panic for both 'normal'-bodied individuals and American minorities.

*Biopower's privileged institutional pillar: the field of public health*

My examination in Chapters 3 and 4 of the 'obesity epidemic' as a vehicle for biopower and gender and racial retrenchment is premised upon a Foucauldian understanding of the relationship between biopower and the field of public health. By 'public health' I mean the congeries of professionals, political officials, and institutions responsible for measuring, monitoring, regulating and improving the health of the population.<sup>301</sup> In Foucault's analysis, the emergence of 'the problem of the health of all... as a general objective of policy'<sup>302</sup> occasioned the tremendous expansion of the field of public health. As the task of 'raising the level of health of the social body as a whole' became 'one of the essential objectives of political power,'<sup>303</sup> public health 'assumed an increasingly important place in the administrative system and the machinery of power, a role constantly widened and strengthened throughout the eighteenth century.' Foucault deems this era 'the historical threshold of modern medicine' because it was marked by the concurrent establishment of private and clinical medical practices and the 'organization of a politics of health,' a political apparatus that understood disease as a political and economic problem subject to policy and political action. Biopower sought to develop a 'medico-administrative'

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<sup>301</sup> Alan Petersen and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (Sage 1996), 3.

<sup>302</sup> Foucault, 'The Politics of Health in the Eighteenth Century,' in *Michel Foucault: Power*, ed. James D. Faubion (The New Press 2000), 92.

<sup>303</sup> Foucault, 'The Politics of Health' 94.

knowledge of 'society, its health and sickness;' the rise of the field of public health was coterminous with and elemental to this 'strategy.'<sup>304</sup>

Public health is both an example of and a vehicle for biopower's operation less through the exertion of violence, repression, direct coercion and overt control than through the creation of expert knowledges about individuals and societies that channel or constrain thinking and behavior. As a field of expertise, public health plays a crucial role through its creation of knowledge about 'normal' and 'healthy' human subjects, its dissemination of medical norms that invoke the agency of subjects to govern themselves voluntarily in line with these norms, and its legitimated collection of body data that allow it to understand the population and shape its behavior to ever finer degrees.<sup>305</sup> The field of public health holds a privileged position among the institutional pillars of biopower due to its primary role in extending biopower's knowledge-gathering and normalizing gaze.

In its contemporary interdisciplinary form, public health encompasses projects and strategies such as epidemiology, biostatistics, diagnostic screening, health-conducive public policy, health economics, health education, and health promotion.<sup>306</sup> Epidemiology is a key branch of public health that has been deployed to pursue biopower's objectives of surveillance, regulation, and differential valuation of population groups. Epidemiological knowledge plays a leading role in the construction of truth about disease, risk factors, and categories of 'at risk' subjects; aids the public health establishment in the effort to persuade individuals to make lifestyle changes that will improve health at the population level; and is

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<sup>304</sup> Foucault, 'The Politics of Health' 90-91.

<sup>305</sup> Petersen and Lupton xii-xiii.

<sup>306</sup> Petersen and Lupton 5.

closely aligned with political action and policy processes that address population health via legislation and allocate resources to disease prevention and health promotion.<sup>307</sup>

In order to detect and understand emergent public health threats, epidemiologists are responsible for the collection, storage, and analysis of massive amounts of intricately detailed body data from identifiable population segments. The collection, storage, analysis, and publication of vital statistics of populations is crucial to public health as a governmental apparatus – biopolitical government ‘depends upon the production, circulation, organization, and... authorization of truths that incarnate what is to be governed.’<sup>308</sup> Epidemiology also plays a leading role in ordering social groups in terms of the risks they pose to population health, prescribing political solutions and interventions to the public health problems it defines, and monitoring preventative health care delivery. But beyond producing knowledge, conducting surveillance, and influencing policy, epidemiological assessments, projections, frames and constructs have a significant and direct influence on laypersons in terms of how they understand their bodies and their health or illness states, the choices they make to protect themselves against perceived health risks, how they perceive and treat others, and upon the nature of medical treatment and health care they receive. The centrality of epidemiology to the construction of notions of ‘health’ and attendant moral judgments about the worth of individuals and social groups<sup>309</sup> is a key theme of Chapters 3 and 4.

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<sup>307</sup> Petersen and Lupton xiii.

<sup>308</sup> Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (Routledge 1990), 6.

<sup>309</sup> Petersen and Lupton 59-60.

*The political economy of public health and the 'obesity epidemic'*

While I am primarily concerned with the ways in which public health discourses about obesity serve biopower and status quo racial and gender power arrangements, a biopolitical analysis of the 'obesity epidemic' must be supplemented by a political economic account. Understanding the forces behind the mobilization of fat panic requires understanding public health as a vast and heterogeneous network of professionals, public officials, corporations, and organizations whose economic and political interests converge in intricate and potent ways. From a political economic perspective, the logic of expansion inherent to capitalism requires the creation of new markets for health, diet, and body improvement products and services such as weight-loss drugs and surgical procedures and thus the generation of new public health concerns, social stigmas, and personal bodily discontent that drive 'health'-centered consumption. In this profit-driven context, diet product manufacturers, pharmaceutical corporations, the advertising industry, and medical practitioners all have a stake in the diagnosis of the 'obesity epidemic' and the promotion of fat stigma.<sup>310</sup> This perspective illuminates how the national and global 'war on fat' has been instigated by a 'health-industrial complex' or 'diet-industrial complex' built upon the powerful interest convergences of health researchers, government bureaucrats, and drug companies. The goals of this complex, like those of the military-industrial complex, are self-perpetuation, capital gain and political influence rather than population health improvement resulting from lifestyle changes that may not be consumption-based.<sup>311</sup>

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<sup>310</sup> Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (New York University Press 2011), 13-14.

<sup>311</sup> J. Eric Oliver, *Fat Politics: The Real Story behind America's Obesity Epidemic* (Oxford University Press 2006), 31; Farrell 13-14.

The prominent obesity researchers and organizations behind the pathological definition of fat bodies and the public health crisis frame of obesity are each driven by formidable economic incentives. Many of the leading clinical researchers responsible for constructing official BMI thresholds for ‘overweight’ and ‘obese’ have received significant funding from the pharmaceutical and weight-loss industries. These researchers have a financial stake in defining unhealthy weight as broadly as possible. Overstating the health hazards of obesity furnishes justifications for regulatory approvals and governmental and insurance industry subsidization of weight-loss drugs and surgical procedures.<sup>312</sup>

Organizations such as the International Obesity Task Force (IOTF); the International Association for the Study of Obesity (IASO, which has subsumed the IOTF); the American Obesity Association (AOA); and the National American Association for the Study of Obesity (NAASO) have received generous funding from weight-loss corporations and pharmaceutical companies that produce weight-loss drugs.<sup>313</sup> The seminal World Health Organization report deeming obesity a ‘global epidemic’ and authorizing BMI as the official metric of obesity was written by the IOTF with generous funding from Hoffman-La Roche and Abbot Laboratories, two pharmaceutical giants who produce the weight-loss drugs Xenical and Meridia.<sup>314</sup> The AOA, which has led the campaign to officially designate obesity a ‘disease’ and to expand the government’s role in funding obesity research, receives almost all of its funding from Weight Watchers, Jenny Craig, Hoffman-La Roche, SlimFast, and a faction of weight-loss surgeons.<sup>315</sup> Likewise, federal and international health agencies

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<sup>312</sup> Paul Campos, Abigail C. Saguy, Paul Ernsberger, Eric Oliver and Glen Gaesser, ‘The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?,’ *International Journal of Epidemiology* 35, no. 1 (2006), 58.

<sup>313</sup> Campos et al 58; Abigail C. Saguy, *What’s Wrong with Fat?* (Oxford University Press 2013), 31.

<sup>314</sup> Saguy 31; Oliver 29.

<sup>315</sup> Oliver 47-48.

such as the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the National Institutes of Health (NIH) have harnessed their symbolic capital as government agencies to promote the urgency of the ‘obesity epidemic.’ These agencies’ authoritative proclamations of national and global health crises in turn fuel their bids for greater program-funding and policy-setting authority.<sup>316</sup>

The relationship between pharmaceutical companies, the IOTF, and the predominance of the global health crisis framing of fat illustrates a more general trend in which these companies are increasingly constructing diseases and dictating health policy and medical protocol for a broad variety of conditions. Bioethics scholars and journalists have documented pharmaceutical companies’ adoption of the practice of ‘selling a treatment by selling a disease’ and enlisting public health researchers and organizations in the latter. Operating on the logic that in order to market a new drug or surgical procedure they must compel medical researchers and practitioners to diagnose the illness their drug or procedure will address, drug manufacturers now underwrite the majority of clinical trials on new medication, the scientific conferences and events where this research is presented, and the medical societies and patient groups that cite this research while advocating for policy action related to the new medical condition.<sup>317</sup>

Even university health researchers who rely solely on public funding are often compelled to reiterate the health crisis framing of fat as they compete for public research funds allocated for studies of obesity that presume and conform to a pathological understanding of fat. Given that NIH funding for obesity research quadrupled between 1993 and 2004 from \$50 million to more than \$400 million, it is unsurprising that medical

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<sup>316</sup> Campos et al 58; Saguy 31.

<sup>317</sup> Saguy 48-49.

researchers adopted the fatness-as-pathology paradigm in their research proposals and projects.<sup>318</sup> Obesity research funding enables academics to accrue publication credits and tenure, hence professional prestige and financial security. Their findings, in turn, create a context of public health danger that prompts government health agencies to issue public health warnings, push for greater budget allocations, and expand their own programs and political influence. Medical practitioners, drug companies, and weight-loss service companies then capitalize on this context to produce and market new products and treatments to mitigate obesity via constant consumption.<sup>319</sup>

From a political economic perspective, then, the proclamation of an obesity epidemic inflates the stature of social and medical scientists researching weight-related issues, offers government health agencies such as the NIH and CDC a powerful rationale for increasing their budget allocations and political influence, allows weight-loss programs and surgeons to have their services covered by Medicare and health insurance providers, and boosts the sales of pharmaceutical companies' weight-loss drugs. The American and global public health establishments must be understood as networks of various individuals and institutions, many of whom share political and economic interests in the definition and promotion of an 'obesity epidemic.'

Against dominant views of the public health establishment as carrying out an unproblematically benevolent and liberating agenda, from this point forward this project adopts a critical perspective of public health as one among many 'regimes of power and knowledge that are oriented to the regulation and surveillance of individual bodies and the

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<sup>318</sup> Saguy 49.

<sup>319</sup> Oliver 45.

social body as a whole,<sup>320</sup> and whose construction of medical and bodily norms authorizes divisive social hierarchies and serves entrenched racial and gender power arrangements as well as immediate economic and political interests.

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<sup>320</sup> Petersen and Lutpon 3.

## PART II

### OBESITY UNDER CRITIQUE

CHAPTER 3  
INTERROGATING FAT PANIC: BIOPOWER AND THE 'OBESITY EPIDEMIC'

In the past ten years a robust interdisciplinary field of scholarship has advanced incisive, rigorous, and wide-ranging critiques of the negative assumptions, stereotypes, and stigmas ascribed to fat and fat bodies.<sup>321</sup> Contributors to fat studies have focused especially on debunking scientific claims that link obesity to disease or death or define obesity itself as a disease of epidemic proportions,<sup>322</sup> emphasizing the historical contingency of the idealization of thinness and the condemnation of fatness,<sup>323</sup> and offering fresh data and perspectives on fatness.<sup>324</sup> In short, fat studies has centered on the fat people who are pathologized, objectified, and discriminated against in the context of mainstream anti-obesity medical, political, and media discourses.

This chapter is deeply informed by the findings and arguments of critical fat scholars. I adopt a critical stance toward the pathologization of fat, the stigmatization of fat bodies, and the motives and effects of anti-fat discourses. However, I focus here on the effects of the medical and political construction of the 'obesity epidemic'<sup>325</sup> as a public health crisis on the wider swath of the American population that is not singled out by these

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<sup>321</sup> Sondra Solovay and Esther Rothblum, 'No Fear of Fat,' *Chronicle of Higher Education* 08 November 2009: <http://chronicle.com/article/No-Fear-of-Fat/49041/>.

<sup>322</sup> See, e.g., Paul Campos, *The Obesity Myth: Why America's Obsession with Weight is Hazardous to Your Health* (Penguin 2004); Paul Campos, Abigail Saguy, Paul Ernsberger, Eric Oliver and Glen Gaesser, 'The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?,' *International Journal of Epidemiology* 35, no. 1 (2006): 55-60; Michael Gard and Jan Wright, *The Obesity Epidemic: Science, Morality and Ideology* (Routledge 2005); and J. Eric Oliver, *Fat Politics* (Oxford University Press 2006).

<sup>323</sup> See, e.g., Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (New York University Press 2011); Sander L. Gilman, *Fat: A Cultural History of Obesity* (Polity 2008); and Abigail Saguy, *What's Wrong with Fat?* (Oxford University Press 2013).

<sup>324</sup> See, e.g., *The Fat Studies Reader*, eds. Esther Rothblum and Sandra Solovay (New York University Press 2009).

<sup>325</sup> I often put the 'obesity epidemic,' 'obesity,' and 'obese' in scare quotes in order to signal that the terms are medical constructs loaded with pathological connotations, but even when I do not, I still mean to imply critical distance from them. I use 'fat' and 'fatness' as neutral or pre-medical terms.

anti-obesity discourses but is, I will argue, their primary target. My concern is with how the mobilization of ‘fat panic’<sup>326</sup> targets and affects individuals who adhere, or appear to adhere, to normative prescriptions of body size and healthy lifestyles.

In this chapter I explore how the framing of obesity as a public health problem enables the expansion of biopower,<sup>327</sup> allowing its disciplinary and regulatory mechanisms to achieve new depths and ranges of visibility and influence. I do so by drawing an analogy between the development of biopower in relation to sexuality from the late sixteenth century forward and the further augmentation of biopower in relation to ‘obesity’ from the late twentieth century to the present. Foucault’s *History of Sexuality* uses the analytic of power/knowledge to explain how the medicalization of sex produced the sexualized bodies that would become the target and vehicle of biopower in an earlier era. Drawing on Foucault’s theory of biopower as it developed through the pathologization of sexuality can thus throw into sharp relief the ways in which the medical problematization of obesity newly enables biopower.

I elaborate four of the striking parallels between the emergence, functions, and effects of what Foucault terms *the deployment of sexuality* and what I will call *the deployment of obesity*. First, like sexuality in the late sixteenth century, fatness has been constructed as both an individual medical problem and a public health concern. The medicalization of fat, which entails the normalization of certain body sizes as healthy and ideal and the pathologization of deviant body sizes, is one of the ways in which biopower governs through norms articulated by expert knowledges. Second, the construction of the

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<sup>326</sup> Anna Kirkland, ‘The Environmental Account of Obesity: A Case for Feminist Skepticism,’ *Signs* 36, no. 2 (2011): 463-485; Kathleen LeBesco, ‘Fat Panic and the New Morality,’ in *Against Health: How Health Became the New Morality*, eds. Jonathan M. Metzl and Anna Kirkland (New York University Press 2010).

<sup>327</sup> Biopolitics is the name Foucault gives to the project of modern western states that adopt as their principal objective the improvement of the health and wellbeing of their populations, which they accomplish by innovating medical and social scientific fields of knowledge that can monitor and manipulate life processes at both the micro and macro levels.

'obesity epidemic' by medical and political authorities has detonated what Foucault calls 'a veritable discursive explosion' vis-à-vis fatness. In the wake of its medical problematization, fat and fat people have become objects of proliferate study, conversation, public policy, and media and cultural fixation, mirroring incitements to exhaustively discuss and analyze sex in the early modern era Foucault deems far from repressive. Third, like the diagnosis of bodies as imbued with sexuality, the designation of bodies as obese or at risk of becoming obese has made them the contact points of the individually oriented disciplinary technologies and the macro-level regulatory technologies that comprise the two 'poles' of biopower. Fourth, its medicalization has thus effectively made fat, like sex before it, 'a police matter.' Fat panic compels citizens to place themselves under surveillance and warrants the redeployment of preexisting, and the innovation of new, forms of biometric and lifestyle monitoring that make the 'eye of power' ever more omniscient.

This *assemblage* of both institutionally bound and individually administered surveillant mechanisms reaches far beyond the fat people it claims to target. Indeed, it seems that these new and old surveillance devices exist to transform the subjectivity of every body. In order to account for the soul-transforming effects of the pervasive presence of the obesity surveillant assemblage, I draw on the work of feminist theorists who have applied Foucauldian analytics to their critiques of the effects of the 'fashion/beauty complex' on women's subjectivities. I argue that one of the most significant effects of the pervasiveness of anti-obesity discourses and surveillance technologies is to transform nearly every individual's sense of self in accordance with medical norms of healthy physicality and to renew our commitment to the self-monitoring and self-disciplinary practices that serve the aims of biopower.

The Foucauldian analytic of power/knowledge illuminates this process by which ‘obesity’ has been deployed to the end of expanding the eye and influence of power over all bodies. ‘Obese’ and ‘risky’ bodies are constructed by expert knowledges. The construction of fatness as a medical problem generates the imperative to gather more knowledge about the movements, development, and lifestyles of potentially obese individuals in the name of improving the health of the population but also to the effect of better enabling power to influence and regulate individual conduct. ‘Obesity’ must, then, be understood as a discourse of (bio)power.

### 1. *Constructing pathologies: the medicalization of fat*

Like sexuality in early modernity, fatness has been medicalized. Medicalization is the process by which a phenomenon comes to be defined, diagnosed and treated as a medical problem (rather than, for instance, a bodily aesthetic, a sign of wealth and vitality, or a benign form of human diversity).<sup>328</sup> I refer to the construction of obesity as a public health and national security threat as *the deployment of obesity* because it mirrors in significant ways what Foucault terms ‘the deployment of sexuality,’ or the ‘production of sexuality’ as a medical problem demanding political intervention. Foucault emphasizes that sexuality was ‘not a furtive reality’ revealed by a new political focus on it but rather was produced by power for its own uses.<sup>329</sup> I will elaborate later how, like the deployment of sexuality, the construction of fatness as a medical problem has prompted a proliferation of obesity-oriented medical, political, news media, academic, and popular culture discourses

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<sup>328</sup> Anna Kirkland, *Fat Rights* (New York University Press 2008), 109.

<sup>329</sup> Foucault, *The History of Sexuality Volume I: An Introduction*, trans. Robert Hurley (Vintage [1976] 1990), 140.

and has justified and enabled the expansion of biopower's disciplinary and regulatory capacities.

The medicalization of sexuality was an instrument of public health, a field of medical and epidemiological expertise whose emergence was coterminous with and indispensable to biopower. The field of public health emerged as the population became a plausible unit of analysis and control and government reoriented itself toward regulating and improving the biological welfare of the population. Biopolitical states foregrounded 'the problem of the health of all as a priority of all, the state of health of a population as a general objective of policy.'<sup>330</sup> The eighteenth century was marked by the concurrent development of private medical enterprise and 'the organization of a politics of health' that framed diseases as collective political and economic problems.<sup>331</sup> Public health 'assume[d] an increasingly important place in the administrative system and the machinery of power' from this point forward because it furnished biopower with mechanisms for monitoring, gathering knowledge about, and modifying the biological process of the population.<sup>332</sup> Public health made the subjects of biopower more useful and 'governable,' by providing the detailed documentation, evaluations, and classificatory schemata that render social life in calculable, data-based form.<sup>333</sup> As a field of both knowledge collection and knowledge dissemination, public health was the means by which biopower could strengthen its 'politico-medical hold' on the population.<sup>334</sup>

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<sup>330</sup> Foucault, 'The Politics of Health in the Eighteenth Century,' in *Michel Foucault: Power*, ed. James D. Faubion (The New Press 2000), 92. See also Foucault, 'Body/Power,' in *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, ed. Colin Gordon, trans. Colin Gordon, Leo Marshall, John Mepham, and Kate Soper (Pantheon 1980), 55.

<sup>331</sup> Foucault, 'The Politics of Health in the Eighteenth Century' 90-91.

<sup>332</sup> Foucault, 'The Politics of Health in the Eighteenth Century' 100.

<sup>333</sup> Alan Petersen and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (Sage 1996), 13-14.

<sup>334</sup> Foucault, 'The Politics of Health in the Eighteenth Century' 100.

Foucault outlines four specific discursive strategies for medicalizing sexuality and thus for granting power access to newly sexualized bodies. First, medical and psychiatric discourses ‘hysteriz[ed] women’s bodies,’ deeming them ‘thoroughly saturated with sexuality.’ Attributing an intrinsic pathology to the female body facilitated its subjection to medical and psychiatric scrutiny. Second, these discourses ‘pedagogiz[ed] children’s sex,’ defining children as “‘preliminary’ sexual beings’ whose ‘sexual potential’ ‘posed physical and moral, individual and collective dangers’ and which ‘parents, families, educators, doctors, and eventually psychiatrists would have to take charge [of], in a continuous way[.]’ Third, public health discourses ‘socializ[ed] procreative behavior,’ linking individual sexual practices to the economic, demographic, and medical stability of ‘the social body as a whole.’ Fourth, medical experts ‘psychiatrize[ed] perverse pleasure,’ inventing a taxonomy of normal and various abnormal forms of sexuality that effectively normalized certain sexual desires and pathologized others and warranted the development of ‘corrective’ technologies for sexual ‘anomalies.’<sup>335</sup> Thus the medicalization of sex entailed two key processes: the establishment of the norm, or normalization, and the definition of deviations from the norm as problematic abnormalities, or pathologization. The medical construction of normal and deviant sexualities was instrumental to biopower, granting it newfound access to the population whose health it had claimed as its *raison d’être*.<sup>336</sup>

In a similar manner, since the late twentieth century medical and political authorities have effectively reconstructed fatness both as an individual-level medical problem requiring clinical intervention and as a population-level public health problem demanding political intervention.<sup>337</sup> As Abigail Saguy has pointed out, the uncritical

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<sup>335</sup> Foucault, *The History of Sexuality Volume I* 104-105.

<sup>336</sup> Foucault, *The History of Sexuality Volume I* 36-37, 44.

<sup>337</sup> Saguy 44.

circulation of the terms *obesity* and *obesity epidemic*, with their strong clinical connotations, in contemporary popular parlance signals the success of the reframing of fatness as a medical and public health problem. That fatness constitutes a public health crisis is now taken for granted.<sup>338</sup> Furthermore, political authorities have amplified the fat panic prompted by medical experts by deeming obesity direly consequential for national economic prosperity and military security.

The medicalization of fat has been led by national and international public health organizations with high volumes of economic and symbolic capital.<sup>339</sup> In 2000 the World Health Organization, the public health arm of the United Nations, released a report on epidemiological research whose title declared obesity a ‘global epidemic’ demanding immediate and intensive scholarly and political attention.<sup>340</sup> Scientists at the 2002 annual meeting of the American Association for the Advancement of Science reiterated this diagnosis, reflecting a growing consensus among American medical researchers in the 1990s that obesity would supersede smoking as ‘the major public health issue of the new millennium.’<sup>341</sup>

This language was soon adopted by federal officials and entered the sphere of politics. In late 2000, Surgeon General David Satcher’s ‘listening session’ on obesity at the National Institutes of Health headquarters, an event co-sponsored by the Centers for

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<sup>338</sup> Saguy 5, 7.

<sup>339</sup> Saguy 31.

<sup>340</sup> World Health Organization, *Obesity: Preventing and Managing a Global Epidemic. Report of a WHO Consultation on Obesity, 3-5 June 1997*. WHO Technical Report Series, no. 894 (Geneva: World Health Organization, 1998): [http://www.who.int/nutrition/publications/obesity\\_executive\\_summary.pdf](http://www.who.int/nutrition/publications/obesity_executive_summary.pdf).

<sup>341</sup> Sander L. Gilman, *Fat: A Cultural History of Obesity* (Polity 2008), 15; Ali H. Mokdad, Mary K. Serdula, William H. Dietz, Barbara A. Bowman, James S. Marks, and Jeffrey P. Koplan, ‘The spread of the obesity epidemic in the United States, 1991-1998,’ *JAMA* 282 (1999): 1519-22.

Disease Control and Prevention and the Office of Public Health and Science,<sup>342</sup> prompted him to issue a ‘Call to Action’ for policymakers, health care providers, schools, and the media to develop obesity prevention programs.<sup>343</sup> In his 2003 testimony before Congress, Satcher’s successor, Richard Carmona, deemed obesity an ‘epidemic’ of ‘crisis’ proportions.<sup>344</sup> One year later, Health and Human Services Secretary Tommy Thompson announced that Medicare would remove from its Coverage Issues Manual the phrase ‘obesity itself cannot be considered an illness,’ a subtle linguistic change in a state guidebook that opened the door for the government insurance program to pay for a range of possible treatments, including surgery, dietary counseling and cognitive behavioral therapies.<sup>345</sup> By 2005 the ‘war against obesity’ had displaced the ‘war against tobacco’ as the flashpoint of public health.<sup>346</sup>

That year, US military officials deemed obesity a matter of national security due to the increasing number of enlisted and prospective troops that were ‘too fat to fight’ in Iraq.<sup>347</sup> This pithy phrase became something of a media meme, and its association of obesity with national security was recited by Michelle Obama in 2010,<sup>348</sup> Agriculture

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<sup>342</sup> U.S. Department of Health and Human Services, ‘Surgeon General Launches Effort to Develop Action Plan to Combat Overweight, Obesity,’ 08 January 2001:

<http://www.surgeongeneral.gov/news/2001/01/obesity.html>.

<sup>343</sup> U.S. Department of Health and Human Services, ‘The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity,’ 13 December 2001:

<http://www.surgeongeneral.gov/library/calls/obesity/index.html>.

<sup>344</sup> Richard H. Carmona, ‘The Obesity Crisis in America,’ Testimony Before the Subcommittee on Education Reform, Committee on Education and the Workforce, United States House of Representatives, 16 July 2003:

<http://www.surgeongeneral.gov/news/testimony/obesity07162003.htm>.

<sup>345</sup> Mark Glassman, ‘A deletion opens Medicare to coverage for obesity,’ *New York Times* 16 July 2004:

<http://www.nytimes.com/2004/07/16/us/a-deletion-opens-medicare-to-coverage-for-obesity.html>.

<sup>346</sup> Gilman 15.

<sup>347</sup> Marilynn Marchione, ‘Military gears up for a new battle of the bulge,’ *Los Angeles Times* 10 July 2005:

<http://articles.latimes.com/2005/jul/10/news/adna-fat10>.

<sup>348</sup> Mike Allen, ‘Michelle Obama has new warning on obesity,’ *Politico* 13 December 2010:

<http://dyn.politico.com/printstory.cfm?uuid=DFFA5592-CA06-1B0E-51D488C5B2B62B90>.

Secretary Tom Vilsack in 2013,<sup>349</sup> and a nonprofit organization of retired senior military leaders in 2012. Mission: Readiness reported that 27 percent of all Americans aged 17 to 24 are too heavy to serve in the military and that being overweight or obese has become the 'leading medical reason' recruits are rejected for military service. The group's report prompted a range of syndicated periodicals to print headlines deeming obesity 'America's next great national security threat.'<sup>350</sup> Carmona resounded this alarm in 2010 by referring to obesity as 'the terror within, because it's every bit as devastating as terrorism.'<sup>351</sup>

Public officials have explicitly endorsed the problem frame of fatness in their efforts to tackle obesity with public policy. In the early 2000s, New York, Washington, Arkansas, Vermont, and Nebraska debated 'Twinkie taxes' in their state legislatures.<sup>352</sup> New York City mayor Michael Bloomberg has fervently avowed that 'Obesity kills' and has defended his efforts to pass legacy-defining public health policies, such as requiring restaurants to post caloric information about their products and limiting the size of sugary drinks salable by city retailers, in terms of a governmental duty to 'do what's right to save lives.'<sup>353</sup> The first lady's adoption of childhood obesity and nutrition as her signature issue, and her designation of 'the surge in obesity in this country' as 'nothing short of a public health crisis that is threatening our children, our families, and our future,' have validated and provoked

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<sup>349</sup> Clarke Canfield, 'Ag chief: youth obesity issue of national security,' *Businessweek* 15 March 2013: <http://www.businessweek.com/ap/2013-03-15/ag-chief-youth-obesity-issue-of-national-security>.

<sup>350</sup> Susan Blumenthal, 'Obesity: America's next great national security threat?,' *Huffington Post* 08 June 2012: [http://www.huffingtonpost.com/susan-blumenthal/obesity\\_b\\_1580563.html](http://www.huffingtonpost.com/susan-blumenthal/obesity_b_1580563.html); John M. Shalikashvili and Hugh Shelton, 'The latest national security threat: obesity,' *Washington Post* 30 April 2010: <http://www.washingtonpost.com/wp-dyn/content/article/2010/04/29/AR2010042903669.html>; Lisa

Suhay, 'Too fat to fight: Is childhood obesity a national security threat?' *Christian Science Monitor* 25 September 2012: <http://www.csmonitor.com/The-Culture/Family/Modern-Parenthood/2012/0925/Too-fat-to-fight-Is-childhood-obesity-a-national-security-threat>.

<sup>351</sup> Bob Edwards, 'Interview with Surgeon General Richard Carmona,' *National Public Radio* 29 November 2010, <http://www.npr.org/templates/story/story.php?storyId=1524183>.

<sup>352</sup> Kathleen LeBesco, 'Fat Panic and the New Morality,' in Jonathan M. Metz and Anna Kirkland, eds, *Against Health: How Health Became the New Morality* (New York University Press 2010), 72.

<sup>353</sup> Michael M. Grynbaum, 'Judge Blocks New York City's Limits on Big Sugary Drinks,' *New York Times* 11 March 2013: <http://www.nytimes.com/2013/03/12/nyregion/judge-invalidates-bloombergs-soda-ban.html?pagewanted=all>.

widespread concern for obesity as a public health crisis.<sup>354</sup>

By organizing around obesity as a medical problem – by holding conferences, publishing standards, classifying obesity as a disease, researching its causes and treatments, and devising public health policies to combat fatness – medical authorities and state agencies have been ‘medicalizing fat.’<sup>355</sup> As Anna Kirkland notes, the medicalized view of fat is fortified by the deployment of quantitative lexicons of demographics, BMI ranges, and cost projections<sup>356</sup> – seemingly objective indicators of a crisis. But the diagnosis of obesity as a contemporary American epidemic masks other medical verities that undermine medical problem frame: namely, the sustained rise in population weight associated with economic development, the longstanding prevalence of overweight among the US population, and the uncertainty of the long-term health effects associated with recent increases of obesity. The facts that obesity itself is not a disease but rather a medically constructed category, that there are no quantitative criteria for defining a disease as epidemic, and that the term is loaded with social and political connotations and is often used in a figurative sense rather than for its technical meaning<sup>357</sup> suggest that motives other than scientific accuracy inform the designation of obesity as an epidemic. Its metaphorical association of sickness and contagion with obesity, the sense of urgency it conveys, and its deployment by public health experts and top-ranking political officials imbues the term ‘obesity epidemic’ with undue gravity. As I will elaborate later, this medical problematization of fat serves biopolitical aims.

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<sup>354</sup> U.S. Department of Health and Human Services, ‘HHS Secretary and Surgeon General Join First Lady to Announce Plans to Combat Overweight and Obesity and Support Healthy Choices,’ 28 January 2010: <http://www.hhs.gov/news/press/2010pres/01/20100128c.html>.

<sup>355</sup> Kirkland, *Fat Rights* 109.

<sup>356</sup> Kirkland, *Fat Rights* 113.

<sup>357</sup> Katherine Flegal, ‘Commentary: The Epidemic of Obesity – What’s in a Name?’, *International Journal of Epidemiology* 2006, no. 35: 72-74.

## 2. *The 'veritable discursive explosion' vis-à-vis obesity*

A second significant affinity is that like sexuality in the early capitalist era, obesity in the late twentieth and early twenty-first centuries has become the subject of 'a veritable discursive explosion' in the United States. When prominent public health officials designated obesity a public health crisis demanding immediate intervention on multiple fronts, they catalyzed a medical, cultural and political obsession with America's alleged weight problem. The discursive prevalence of concern for the fat body – the genetics, structures or behaviors that may produce it; the social norms and political interests that construct and condemn it; the health problems possibly associated with it; the products and practices that may conceal or transform it – has risen exponentially since the late 1980s. The reverberation of medical, political, news media, academic, and popular culture discourses focused on fatness in the wake of its pathologization mirrors what Foucault calls the 'steady proliferation of discourses concerned with sex.'<sup>358</sup>

Against the 'repressive hypothesis' that the seventeenth-century west saw 'the establishment of a regime of sexual repression' in which the forces of power subdued non-reproductive sexual activity and condemned sex as taboo subject matter, Foucault shows that sex was in fact 'put into discourse.' From the late sixteenth century through the nineteenth century, individuals were increasingly incited to dissect and discuss their sexual proclivities and activities in increasingly minute detail within a variety of institutional settings.

The institutional prototype of this incitement was the Catholic confessional.<sup>359</sup> The 'injunction to talk about sex' was a 'plurisecular' directive, but the pastoral tradition first established the imperative that individuals strive to 'transform [their] every desire... into

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<sup>358</sup> Foucault, *The History of Sexuality, Volume I* 18.

<sup>359</sup> Foucault, *The History of Sexuality, Volume I* 59.

discourse.' It mandated 'as a fundamental duty the task of passing everything having to do with sex through the endless mill of speech.'<sup>360</sup> Moreover, it provided a model of a 'ritual of discourse' that 'unfold[ed] within a power relationship'.<sup>361</sup> In the act of intricately detailing his sexual activities, desires and dreams, the parishioner subjected his own sexuality to the special guidance of the priest. Through a verbal exchange heavily mediated by linguistic decorum,<sup>362</sup> his sexuality could be 'taken charge of, tracked down,' by his expert interlocutor.

The confession was subsequently institutionalized in other power relationships: the incitement to talk played out between 'children and parents, students and educators, patients and psychiatrists, delinquents and experts.'<sup>363</sup> Once sex was medicalized, the rituals of confession were adapted to a medical framework; authorities evaluated the thoughts and behaviors of the sexual(ized) body according to standards of normality and pathology rather than those of morality and sin.<sup>364</sup> Using the model of the confessional, the state and its affiliated institutions, especially the medical establishment, began collecting data, developing classificatory schemas, and conducting quantitative analyses of human sexuality to an unprecedented extent.

The Foucauldian analytic of power/knowledge illuminates the function of this discursive explosion. This term expresses the mutually constitutive relationship between historically specific modalities of power and forms of knowledge: 'There is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations.' The

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<sup>360</sup> Foucault, *The History of Sexuality, Volume I* 19-21.

<sup>361</sup> Foucault, *The History of Sexuality, Volume I* 5 61-63.

<sup>362</sup> Foucault, *The History of Sexuality, Volume I* 17-18.

<sup>363</sup> Foucault, *The History of Sexuality, Volume I* 63.

<sup>364</sup> Foucault, *The History of Sexuality, Volume I* 67.

‘propagation of knowledge’ and ‘the production of power’ go hand-in-hand, and they are the dual effects of the ‘instances of discursive production’ apropos of sexuality. Sexuality became a theme of ever increasing discussion and analysis precisely because the expansion of power worked through and was enabled by this production of new discourses about – and thus new knowledges of – sexual desire and behavior.<sup>365</sup> The directive to put sex into discourse was a strategy of a power bent on augmenting itself. The deployment of sexuality, or the construction of sexuality as a medical problem, authorized the collection of knowledge about citizens’ sexualities, turning quasi-medical confessional discourses into a political imperative. The knowledge gathered at these many institutional sites of discursive production could then be applied to the regulation of sexual conduct.<sup>366</sup>

The ‘steady proliferation of discourses concerned with [obesity]’ following the medicalization of fat resemble in both pattern and purpose the ‘veritable... explosion’ of discourses concerned with sex. As was the case with sexuality, what emerges is not a single discourse on obesity but rather ‘a multiplicity of discourses produced by a whole series of mechanisms operating in different institutions.’ In regards to obesity as with sex, there has been ‘an explosion of distinct discursivities’ in areas of specialized knowledge including ‘demography, biology, medicine, psychiatry, psychology, ethics, pedagogy, and political criticism.’ Foucault would point out that it is not merely that obesity is talked about by more people or with more frequency, but that there has been ‘a dispersion of centers from which discourses emanate[]’ and an advent of ‘new devices for speaking about’ obesity and ‘for listening, recording, transcribing, and redistributing what is said about it.’<sup>367</sup>

The discursive explosion has occurred within academia, where scholars of various

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<sup>365</sup> Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (Vintage [1975] 1995), 27.

<sup>366</sup> Stuart Hall, ‘Foucault: Power, Knowledge, and Discourse,’ in *Discourse Theory and Practice: A Reader*, eds. Margaret Wetherell, Stephanie Taylor and Simeon J. Yates (Sage 2001), 75.

<sup>367</sup> Foucault, *The History of Sexuality, Volume I* 33-34.

disciplines have brought their training to bear on the problem of fat. Academic studies and theories emerging from the medical sciences have explored and debated its causes (genetic, psychological, political, economic, environmental), associated health and mortality risks, diagnostic metrics, and preventative and therapeutic approaches. In the humanities and social sciences, recent work has examined racial and socioeconomic disparities in health problems linked to obesity;<sup>368</sup> advantageous litigation frameworks for victims of weight-based workplace discrimination;<sup>369</sup> the political economy of food subsidization, production and distribution;<sup>370</sup> and the social and medical construction of obesity as a public health peril.<sup>371</sup> Fat studies and ‘health at every size’ scholars have gained serious traction in both academic and public intellectual culture.<sup>372</sup> Perhaps even critical interrogations of the obesity epidemic, loaded with pithy puns (e.g., ‘Risky Bigness,’ *Big Fat Lies*) and aiming to challenge medical frames of obesity and the stigmas they authorize, inadvertently sustain the salience of fatness. (To be sure, this project may do so too.) Inquiries into both the problem of fat and the problem of the problematization of fat, in other words, perpetuate the discursive explosion.

Experts within various professional disciplines as well have shaped or reshaped their careers around the recent relevance of obesity. Medical researchers (often backed by pharmaceutical companies that sell weight-loss drugs), psychiatrists and counselors, nutritionists and dieticians, healthcare providers, cosmetics and plastic surgery industry

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<sup>368</sup> See, e.g., Donald Barr, *Health Disparities in the U.S.: Social Class, Race, Ethnicity, and Health* (Johns Hopkins University Press 2008); and the *Du Bois Review's* special issue on ‘Racial Inequality and Health,’ 8, no. 1 (2011).

<sup>369</sup> See, e.g., Kirkland, *Fat Rights*.

<sup>370</sup> See, e.g., Michael Pollan, *The Omnivore's Dilemma: A Natural History of Four Meals* (Penguin 2007); and Marion Nestle, *Food Politics: How the Food Industry Influences Nutrition and Health*, Second Edition (University of California Press 2007).

<sup>371</sup> See, e.g., Campos, Saguy, Ernsberger, Oliver and Gaesser; Kirkland, ‘The Environmental Account of Obesity’; Saguy; and Oliver.

<sup>372</sup> See, e.g., Linda Bacon, *Health at Every Size: The Surprising Truth about Your Weight* (BenBella 2010).

workers, now all, in their professional capacity, incite personal divulgements, dispense advice, and sell products and services designed to address the problem of fatness. Today, in the context of the ‘obesity epidemic,’ the institutional settings of the production of sexual discourse – doctors’ offices, psychiatric evaluation and counseling sessions, the classroom, and the domestic sphere<sup>373</sup> – continue to function as secular spaces of power’s operation through compelling discourse, gathering knowledge and guiding individual behavior. Likewise, the therapeutic spaces of the nutrition consultation and the weight-loss support group replicate the expert/patient relationship and constitute new institutional settings in which discourses of confession play out, knowledge is generated, guidance is dispensed, and body size norms are reinforced.

The talk about fat spanning academic and professional contexts also reverberates throughout mass media and popular culture. Only a nascent presence during the period of sex-related discursive production, today’s media is a barometer of the fat-focused discursive explosion occurring throughout other institutions as well as an institutional setting in its own right. It both reflects and fuels fat panic. Sociologists Abigail Saguy and Kevin Riley have demonstrated that the ballooning of medical research on obesity since 1995 has led to the exponential rise of ‘anti-obesity’ media, or news reports framing obesity as a serious health problem.<sup>374</sup> Kathleen LeBesco’s Lexis-Nexis search found that the term ‘obesity epidemic’ appeared in the general news of major newspapers in English-speaking countries once in 1993, 101 times in 2001, and 770 times in 2004. Although LeBesco’s search captures only a fraction of all anti-obesity articles in recent years, ‘it

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<sup>373</sup> Foucault, *The History of Sexuality, Volume I* 45.

<sup>374</sup> Abigail Saguy and Kevin Riley, ‘Weighing Both Sides: Morality, Mortality, and Framing Contests over Obesity,’ *Journal of Health Politics, Policy and Law* 30, no. 5 (2005), 875-876.

effectively represents the explosion of interest in the ‘obesity epidemic.’<sup>375</sup>

Discussions and depictions of fatness and fat people have proliferated across the outlets of popular culture as well. In 2010, CBS debuted *Mike & Molly*, the first network television sitcom since *Roseanne* to star an overweight couple – Melissa McCarthy’s Molly and Billy Gardell’s Mike first meet at an Overeaters Anonymous group – and prompted criticism for the staleness of its fat jokes as well as national debate, spawned in the blogosphere and propelled onto daytime talk shows, over its depiction of intimacy between fat people.<sup>376</sup> McCarthy and her Australian counterpart, the comedian Rebel Wilson, have both risen to prominence as bankable plus-size film actresses. In 2010 and 2011, ABC broadcast two seasons of *Jamie Oliver’s Food Revolution*, a reality show documenting the British celebrity chef’s tragicomic campaign to reform the public school lunch programs of Huntington, West Virginia and Los Angeles, California and to educate American children and parents about healthy eating habits and cooking methods.<sup>377</sup> Over the past several years, broadcast and cable networks have trotted out at least a dozen reality television series centered around weight loss battles, both individual and competitive, including *Thintervention with Jackie Warner* (Bravo), *Shedding for the Wedding* (CW), *Dance Your Ass Off* (Oxygen), *Celebrity Fit Club* (VH1), *Heavy* (A&E), *The Biggest Loser* (NBC), *I Used to Be Fat* (MTV), and *Ruby* (Style). The web presence of fat acceptance blogs, whose contributors editorialize on their daily experiences as stigmatized citizens, societal beauty standards, and other weight-related themes, has increased.<sup>378</sup> More than ever, celebrity weight gains

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<sup>375</sup> LeBesco 74-75.

<sup>376</sup> ‘Mike & Molly: Season One,’ *Metacritic.com*: <http://www.metacritic.com/tv/mike-and-molly>.

<sup>377</sup> Mike Hale, ‘Trying to put nutrition on the lunchroom menu,’ *New York Times* 25 March 2010: [http://www.nytimes.com/2010/03/26/arts/television/26oliver.html?\\_r=0](http://www.nytimes.com/2010/03/26/arts/television/26oliver.html?_r=0).

<sup>378</sup> See, e.g., Ragen Chastain’s ‘Dances with Fat’ blog: <http://danceswithfat.wordpress.com/>.

fuel an infotainment media mill that both feeds and reflects public fascination with celebrity morphologies.<sup>379</sup>

The apparent elite consensus among federal political officials and prominent epidemiologists that obesity constitutes a medical problem of epidemic proportions set off a tide, hardly abated some ten years later, of talk about obesity. This talk tends to uncritically reproduce the public health crisis framing of fat and to enable power in similar ways as did the incitement to talk about sexuality analyzed by Foucault. Just as the deployment of sexuality authorized the expansion of power/knowledge in the early era of biopower and public health, so this deployment of obesity enables power/knowledge in the contemporary era of a more fully articulated biopower and 'the new public health.' We will see how in the following sections.

### *3. Fat bodies as the contact points of disciplinary and regulatory technologies*

Like the body medically imbued with sexuality, the body diagnosed as obese or at risk of developing obesity has become the contact point of the two poles of biopower: disciplinary power, that micro-physical technology of power that addresses individual bodies, and regulatory power, that macro-scientific technology of power that addresses the life of the population at large.

In Foucault's genealogy of power, disciplinary technology developed in the fifteenth and sixteenth centuries in an effort to optimize the compliance and capaciousness of individual bodies as productive – both procreative and profitable – forces within emergent industrial capitalism.<sup>380</sup> Disciplinary power 'center[s] on the body as a machine' whose

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<sup>379</sup> Ralina Joseph, "Tyra Banks is Fat": Reading (*Post-*)Racism and (*Post-*)Feminism in the New Millennium,' *Critical Studies in Media Communication* 26, no. 3 (2009): 237-254.

<sup>380</sup> Foucault, 'Governmentality' 211-212.

capabilities must be maximized, whose forces must be extorted, whose usefulness and docility must be increased in tandem.<sup>381</sup> Disciplinary techniques are imported to and synchronized across factories, prisons, schools, clinics, military divisions, and other major social institutions.<sup>382</sup> Whereas technologies of discipline are fundamentally ‘micro-physical,’ addressing the individual body as a ‘small machine’ and exerting a ‘meticulous’ and ‘infinitesimal’ control over the body by dissecting and directing its smallest of movements,<sup>383</sup> the technologies of regulation that evolved from the eighteenth century forward are fundamentally macroscientific, addressing not ‘man-as-body’ but ‘man-as-species.’ This second, regulatory dimension of biopower attends to the ‘health and physical well-being of the population’ as a whole.<sup>384</sup> It has given rise to the fields of demography, sociology, political science, economics, and especially medicine and epidemiology,<sup>385</sup> which allow it to attend to human beings affected by increasingly measurable processes of biological existence: birth, growth, development, production, reproduction, illness, degeneration, death, etc.<sup>386</sup>

Although biopower is often reduced to its interest in the population, it actually deploys technologies of discipline in tandem with technologies of regulation in order to ‘cover[] the whole surface that lies between the organic and the biological, between body and population.’<sup>387</sup> It is at once ‘anatomic and biological, individualizing and specifying, directed toward the performances of the body, with attention to the processes of life.’<sup>388</sup>

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<sup>381</sup> Foucault, *The History of Sexuality Volume I* 139.

<sup>382</sup> Foucault, *Discipline and Punish* 26-27, 137.

<sup>383</sup> Foucault, *Discipline and Punish* 136-137.

<sup>384</sup> Foucault, ‘*Society Must Be Defended*: Lectures at the Collège de France, 1975-76, ed. Mauro Bertani and Allesandro Fontana, trans. David Macey (Picador [1997] 2003), 249-250; Foucault, ‘The Politics of Health in the Eighteenth Century’ 94.

<sup>385</sup> Foucault, ‘*Society Must Be Defended*’ 243.

<sup>386</sup> Foucault, ‘*Society Must Be Defended*’ 242-243.

<sup>387</sup> Foucault, ‘*Society Must Be Defended*’ 253.

<sup>388</sup> Foucault, *The History of Sexuality Volume I* 139.

Disciplinary and regulatory power constitute the two poles, 'anatomic and biological,' of biopower, the 'great bipolar technology' that addresses life at both the micro and macro levels.<sup>389</sup>

According to Foucault the deployment of sexuality was one of the most important 'concrete arrangements' by which these disciplinary and regulatory techniques of power began to be coordinated under the rubric of biopower in the nineteenth century.<sup>390</sup> Sex assumed paramount importance as a political issue because it 'was at the pivot of the two axes along which developed the entire technology of life.' On the one hand, 'as a mental preoccupation and individual activity, sex could be the object of 'the disciplines of the body: the harnessing, intensification, and distribution of forces, the adjustment and economy of energies.' It could 'giv[e] rise to infinitesimal surveillances, permanent controls, extremely meticulous orderings of space, indeterminate medical or psychological examinations, to an entire micro-power concerned with the body.' On the other hand, as a means of reproduction and disease transmission, sex could be an application point for 'the regulation of populations.' It 'gave rise as well to comprehensive measures, statistical assessments, and interventions aimed at the entire social body or [at] groups taken as a whole.' As 'a means of access both to the life of the body and the life of the species,' sex became an object of both disciplinary and regulatory tactics. It was at once a highly individual capacity, something that experts could analyze and individuals could 'master,' and an opportune target of political, economic, and ideological campaigns for managing procreation and public health and for promoting 'standards of morality' and themes of responsibility.<sup>391</sup>

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<sup>389</sup> Foucault, *The History of Sexuality Volume I* 139.

<sup>390</sup> Foucault, *The History of Sexuality Volume I* 140.

<sup>391</sup> Foucault, *The History of Sexuality Volume I* 145-146.

Thus sexuality, crucially, was not an obstacle to the workings of power, a phenomenon it aimed to subdue. Quite the contrary: sexuality was 'endowed with the greatest instrumentality' to power, an aspect of human psychology and physiology that was 'useful for the greatest number of maneuvers and capable of serving as a point of support, as a linchpin, for the most varied strategies.'<sup>392</sup> Constructing sexuality as a problem with implications for both personal and public health, productivity and wellbeing, and highlighting the latent or developed sexuality of child and adult bodies, initiated channels of access by which the gaze and influence of power could contact these newly sexualized bodies. The relations that formed within the major institutional settings of modern society – between parents and children in the family, between teachers and students in the school, between patients and doctors in clinics or psychiatric practices, between parishioners and priests in churches – constituted the channels through which power could reach the body: observe its practices, gather knowledge about the thoughts and desires behind those practices, and thereby better shape and regulate them.

Recall that Foucault outlines four discursive strategies by which sexuality was medicalized: defining women as sexual beings needing psychiatric intervention, defining children as harboring dangerous 'sexual potential' that must be properly managed, linking sexuality to the wellbeing of society as a whole and thus warranting political attention, and categorizing a gamut of deviant sexualities requiring correction. In identifying these tactics for granting power, in its medical, pedagogical, and political manifestations, newfound access to and authority over the strategically sexualized body Foucault seems to anticipate the strategies by which obesity has been utilized to facilitate even broader extensions and deeper penetrations of biopower's disciplinary and regulatory mechanisms. The definition

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<sup>392</sup> Foucault, *The History of Sexuality Volume I* 103.

of both the American youth and adult populations as increasingly obese (whether by 'definitional fiat'<sup>393</sup> or incontrovertible science), the proclamation that the 'obesity epidemic' is a threat to national military security and economic stability and a massive inflator of collective healthcare costs, and the pathologization of fatness as abnormal (though increasingly modal) and unhealthy (despite mixed scientific evidence<sup>394</sup>) seem to mirror the four self-licensing strategies of power over sexuality outlined by Foucault.

Each of these recent strategies serves purposes similar to those of the medicalization of sexual bodies. They construct obesity as an individual and public health problem demanding parental, medical, and political oversight, discipline, and intervention in order to create a need and imperative for the extension of power to more bodies and more facets of their being than the pre-emergency state of the union permitted. Just as each of the strategies identified by Foucault produced a 'privileged object of knowledge' that power could 'make use of,' so we might read the problematization of obesity as mobilizing its own 'anchorage points for the ventures of knowledge.' If among these 'targets' of discourse, knowledge and power are the obese adult, the obese child, and the potentially obese adult or child, then just as 'eventually the entire social body was provided with a 'sexual body,'<sup>395</sup> so the biopolitics of obesity envelops virtually the entire American public within its purview. As I will elaborate in the following section, we are all constructed as at risk of developing, and affected by the rise of, obesity. In both cases power has 'provided

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<sup>393</sup> The very standard of normal body weight has been in flux, with the National Institutes of Health in 1998 lowering the body mass index threshold for overweight such that 37 million more Americans became 'overweight' overnight simply due to a change in medical categorization. Kirkland, 'The Environmental Account of Obesity' 471; Eric Oliver, *Fat Politics: The Real Story behind America's Obesity Epidemic* (Oxford University Press 2006), 69.

<sup>394</sup> Campos, Saguy, Ernsberger, Oliver, and Gaesser 55-60.

<sup>395</sup> Foucault, *The History of Sexuality Volume I* 127.

itself with a body' – both the individual body and the collective *body politic* - 'to be cared for, protected, cultivated, and preserved from the many dangers' that threaten it.<sup>396</sup>

In the context of a proclaimed obesity epidemic both obese and potentially obese bodies become the contact point of both the microscopic and macroscopic lenses of biopower. Sexuality is both an intensely personal facet of life, playing out mostly in the mind and in private spaces, and a matter of population management and public health due to its procreative and disease-transmitting dimensions. It thus provides a unique opportunity for the convergence of disciplinary and regulatory, individualizing and generalizing, technologies of power. Likewise, insofar as fatness is medically construed as an outcome of dietary and exercise practices, it is at once a target of disciplinary tactics and population-level regulatory tactics. Eating is, to use Anna Kirkland's words, 'a steady part of one's everyday interaction with one's body and its pangs and pleasures.' It is 'available as a focal point of self-improvement and self-monitoring[.]' And framed as a contributing factor to obesity and thus as a public health matter, diet also becomes available as a focal point of external regulatory mechanisms. As Kirkland points out, 'This combination of readiness for population-level monitoring with relentless self-interaction makes the politics of fat both intensely personal and vividly governmental at the same time.'<sup>397</sup> The body that eats, exercises and can become obese<sup>398</sup> is a locus of both the micro-analytic attention and tactics (both personal and external) associated with disciplinary power and the macro-logical monitoring and intervention methods associated with biopower.

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<sup>396</sup> Foucault, *The History of Sexuality Volume I* 123.

<sup>397</sup> Kirkland, *Fat Rights* 111-112.

<sup>398</sup> This is the body interpellated by predominant medical and epidemiological discourses. This prevailing, uncomplicated narrative – that obesity results from excessive food intake and insufficient exercise – has been at best undermined and at worst discredited by critical fat scholars. See, e.g., Gard and Wright.

Thus it seems that the ‘reason for being’ of the deployment of obesity, like the deployment of sexuality, is to enable both disciplinary and regulatory powers – that is, to ‘proliferat[e], innovate[e], annex[], creat[e], and penetrat[e] bodies in an increasingly detailed way, and [to] control[] populations in an increasingly comprehensive way.’ Obesity has been constructed and exploited ‘as an object of knowledge and an element in relations of power.’<sup>399</sup>

#### *4. Policing ‘risky bodies’: the ‘problematization of the normal’ and the expansion of surveillance*

The fourth and final similarity of the deployment of obesity to the deployment of sexuality is that it has made not only obese, but also and especially potentially obese, bodies the targets of a creatively and continually expanding ensemble of surveillance mechanisms. That is, like sexuality, obesity has become ‘a ‘police’ matter’<sup>400</sup> – ‘a matter that require[s] the social body as a whole, and virtually all of its individuals, to place themselves under surveillance.’<sup>401</sup> The construction of obesity as a threat to public health, national security, and economic prosperity has legitimated the extension of surveillance apparatuses to new segments of the population, spaces of civil society, and aspects of daily life. In the wake of the proclamation of ‘obesity epidemic’ we have seen the repurposing of old and the advent of new forms of oversight of all dimensions of health and lifestyle possibly linked to or potentially leading to obesity.

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<sup>399</sup> Foucault, *The History of Sexuality Volume I* 106-107.

<sup>400</sup> Foucault, *The History of Sexuality Volume I* 24. According to Foucault’s genealogy of ‘the police,’ policing in the eighteenth century encompassed all actions and measures taken by the nation-state to improve the welfare and productivity of individuals on the logic that its external strength hinges on the vitality of its population. See Foucault, ‘Politics and Reason,’ in *Politics, Philosophy and Culture: Interviews and Other Writings, 1977-1984*, ed. Lawrence D. Kritzman (Routledge 1988), 80-82. See also Mitchell Dean, *Governmentality: Power and Rule in Modern Society, Second Edition* (Sage 2010), 101-116.

<sup>401</sup> Foucault, *The History of Sexuality Volume I* 116.

As we have seen, in the eighteenth century the new expert medical and psychiatric discourses that pathologized women's and children's bodies and typified a range of perversions effectively sexualized every body and warranted the installation of surveillance devices and the recruitment of doctors, parents, teachers, and demographers as monitors of nascent, developed and deviant sexualities. Surveillance of sexuality took place especially in the privileged institutional settings of the family, the physician's office, and the school. The sites and mechanisms of monitoring and regulating currently and prospectively 'obese' bodies reprise, but also exceed, the sites and mechanisms innovated to police sexualized bodies. This is due to a paradigm shift in medicine and public health whose primary strategy and logic of expansion has been 'the problematization of the normal.'<sup>402</sup>

While the medicalization of sexuality largely coincided with the reign of 'hospital medicine,' in the late twentieth century what David Armstrong terms 'surveillance medicine' supplanted hospital medicine as the dominant medical paradigm. By fundamentally reconceptualizing the nature of illness and thereby the scope of appropriate and necessary medical intervention, this paradigm enables the expansion of surveillance apparatuses in the name of medical necessity. Whereas the hospital medical framework centered on the sick patient whose illness required diagnosis and treatment at the site of the clinic or hospital, surveillance medicine dissolves the binary opposition of sickness to health in order to bring all people, not only currently ill individuals, within its network of visibility.<sup>403</sup> The primary strategy by which this new medical paradigm extends the imperative of surveillance to all subjects is by shifting its focus from symptoms and signs that reveal disease to 'risk factors' that denote the possibility of future illness. The problem

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<sup>402</sup> David Armstrong, 'The Rise of Surveillance Medicine,' *Sociology of Health and Illness* 17, no. 3 (1995), 395.

<sup>403</sup> Armstrong 393-395.

adopted by surveillance medicine 'is less illness *per se*' than the 'semi-pathological,' 'pre-illness,' 'at-risk' state. Armstrong explains that 'the novel and pivotal medical concept of risk' opens up boundless potential for illness in every individual.<sup>404</sup>

The conception of individuals or even an entire population as perpetually 'hang[ing] precariously between health and illness'<sup>405</sup> implies that healthcare 'can no longer focus almost exclusively on the body of the patient in the hospital bed.' It furnishes a mandate for inventive and unlimited expansion: 'Medical surveillance [must] leave the hospital and penetrate into the wider population.'<sup>406</sup> The hegemony of risk discourse has given rise to a 'new prevention credo' that legitimates the expansion of all kinds of functions of surveillance and regulation that can be rationalized as in the interest public health. An actuarial vision of illness supported by the statistical composition of risk profiles legitimates population monitoring not simply in the face of actual concrete dangers, but also in the name of early detection and prevention.<sup>407</sup> Thus the model of healthcare provision has shifted toward preventative services and public health campaigns.<sup>408</sup>

Surveillance tactics have evolved beyond those utilized during the early biopolitical era that concerns Foucault. Some of the mechanisms of surveillance, discipline and regulation still occur within the same institutional settings – namely homes, schools, and doctors' offices – but others are 'institutionally unbound.'<sup>409</sup> Contemporary surveillance technologies oriented toward obese and potentially obese bodies accomplish in function but exceed in form the surveillance tactics analyzed by Foucault. Foucault does describe the

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<sup>404</sup> Armstrong 401-402.

<sup>405</sup> Armstrong 396.

<sup>406</sup> Armstrong 398.

<sup>407</sup> Petersen and Lupton 18-19.

<sup>408</sup> Armstrong 397-398.

<sup>409</sup> Sandra Lee Bartky, 'Foucault, Femininity, and the Modernization of Patriarchal Power,' in *Writing on the Body: Female Embodiment and Feminist Theory*, eds. Katie Conboy, Nadia Medina, and Sarah Stanbury (Columbia University Press 1997), 143.

coordination of power over the social body as ‘a highly intricate mosaic’ of surveillant technologies<sup>410</sup> and demonstrate how ‘the medical gaze,’ or ‘the eye of power,’ has been ‘effectively inscribed in social space’ and ‘in architecture.’<sup>411</sup> But Foucault envisions surveillance as ‘institutionally bound’<sup>412</sup> and conducted by a centralized gaze,<sup>413</sup> embodied in the figure of the panopticon.<sup>414</sup>

To account for the expansive scope and multifarious nature of contemporary surveillance technology, I adopt the metaphor of the *assemblage*, conceived by Gilles Deleuze and Félix Guattari and recently reprised by Kevin Haggerty and Richard Ericson. An assemblage is an ensemble of objects that are heterogeneous but that work together as a functional entity. The figure of the surveillant assemblage connotes a loose and dynamic network of various surveillance technologies and practices.<sup>415</sup> This network of interdependent surveillance systems, which operates across both state and extra-state institutions, is like a rhizome, ‘grow[ing] across a series of interconnected roots which throw up shoots in different locations.’ The rhizome comparison captures the ‘phenomenal growth’ of the surveillant assemblage through the multiplication of sites and methods of surveillance such that population groups ‘previously exempt from routine surveillance are now increasingly being monitored.’<sup>416</sup> The figure of the ‘rhizomatic’ assemblage replaces the figure of the panopticon but retains Foucault’s focus on the expanding capacity, multiple sites of operation, and disciplinary effects of surveillance.<sup>417</sup>

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<sup>410</sup> Foucault, ‘The Eye of Power,’ in *Power/Knowledge*, 156.

<sup>411</sup> Foucault, ‘The Eye of Power’ 146, 150.

<sup>412</sup> Bartky 143.

<sup>413</sup> Foucault, ‘The Eye of Power’ 146.

<sup>414</sup> Foucault, *Discipline and Punish* 204-209.

<sup>415</sup> Kevin D. Haggerty and Richard V. Ericson, ‘The Surveillant Assemblage,’ *British Journal of Sociology* 51, no. 4 (2000), 608-609.

<sup>416</sup> Haggerty and Ericson 614, 606.

<sup>417</sup> Haggerty and Ericson 607.

The deployment of surveillance mechanisms and imperatives across an increasingly diverse range of social settings enables the monitoring of individual movement and physical development across space and over time to an unprecedented degree.<sup>418</sup> The institutional bases of the obesity assemblage include schools, doctors' offices, and homes. Yet they also exceed these settings, operating within the virtual realm of the Internet and the mobile landscapes of entertainment and fitness media in order to monitor bodies and cultivate disciplinary subjectivities in new ways. Moreover, in line with the aim of surveillance medicine to problematize the normal, many of these mechanisms seem to be largely oriented toward the bodies of adults and children insofar as they are all 'at risk' of becoming fat rather than toward bodies that deviate from or resist medicalized norms of body size and health. Therefore I would like to focus here on forms of surveillance, based both within and outside of social institutions, that target relatively 'normal' but nonetheless 'risky bodies.'<sup>419</sup> These mechanisms seem to capitalize on the fat panic mobilized by the medical construction of the 'obesity epidemic' in order to collect data from and cultivate the self-disciplinary subjectivities of the population at large as it remains amenable to normalization.

Wellness incentives are a prime example of surveillant technologies that mainly target normalizable bodies. A hallmark of employer-based health insurance programs, wellness incentives are framed as reducing the overall cost of providing health insurance by giving enrollees incentives to adopt healthy lifestyle habits and meet health-related goals like losing weight. At the same time these programs offer incentives like annual premium discounts and benefits like gym memberships, they impose requirements such as

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<sup>418</sup> Emma Rich, John Evans and Laura De Pian, 'Children's Bodies, Surveillance and the Obesity Crisis,' in *Debating Obesity: Critical Perspectives*, eds. Emma Rich, Lee F. Monaghan, and Lucy Aphramor (Palgrave MacMillan 2011), 142.

<sup>419</sup> Petersen and Lupton 50.

attending medical screenings, completing lifestyle questionnaires, reporting weight, blood sugar and cholesterol levels, and receiving health coaching.<sup>420</sup> They also increasingly levy penalties on employees who opt out or fail to meet employer-defined 'health' goals, such as a body mass index below 29.<sup>421</sup>

Likewise, American public school systems are devising new mechanisms for monitoring children's bodies. As of 2008, at least 14 states had implemented weight and body mass monitoring as part of an explicit effort to combat childhood obesity and on the logic that, in the words of New York health commissioner Richard Daines, 'whatever you can measure, you can improve.' These programs often pass students' body mass index (BMI) data directly on to state Departments of Health.<sup>422</sup> Other school pilot programs whose express purposes are to build students' health consciousness but which also facilitate innovative forms of child monitoring and data collection include the building of cutting-edge fitness centers where computer-based stations monitor everything from secondary students' strength and flexibility to their cholesterol levels and cardiovascular capacity,<sup>423</sup> providing elementary schoolers with heart rate monitors that contain calorie counters and store exercise files,<sup>424</sup> and requiring students to wear pedometers that track their movement at almost all times and to keep personal physical activity logs. Some of

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<sup>420</sup> Katie Thomas, 'Companies Get Strict on Health of Workers,' *New York Times* 25 March 2013: [http://www.nytimes.com/2013/03/26/business/companies-offer-workers-more-incentives-for-health-changes.html?\\_r=0](http://www.nytimes.com/2013/03/26/business/companies-offer-workers-more-incentives-for-health-changes.html?_r=0).

<sup>421</sup> JoAnn Volk and Sabrina Corlette, 'Premium Incentives to Drive Wellness in the Workplace: A Review of the Issues and Recommendations for Policymakers,' *Georgetown Health Policy Institute* February 2012: <http://www.rwjf.org/content/dam/web-assets/2012/02/premium-incentives-to-drive-wellness-in-the-workplace>.

<sup>422</sup> Valerie Bauman, 'N.Y. Begins Tracking Obesity Levels in Some Schools,' *ABC News* 03 September 2008: <http://abcnews.go.com/Health/Diet/story?id=5718782&page=1>.

<sup>423</sup> Roberta Furger, 'The New PE Curriculum: An Innovative Approach to Teaching Physical Fitness,' *Edutopia* 01 August 2001: <http://www.edutopia.org/new-pe-curriculum>.

<sup>424</sup> Jan Tipton and Allan N. Sander, 'Heart Rate Monitors Promote Physical Education for Children,' *Teaching Elementary Physical Education* 15, no. 1 (2004): 14-16.

these public school programs send the information collated from students' bodies to the federal government in exchange for subsidies.<sup>425</sup>

The obesity surveillant assemblage extends beyond schools and formal social institutions into spaces of home entertainment and fitness consumer culture, effectively saturating daily life. Emma Rich and her colleagues have pointed out the surveillance function of the Nintendo *Wii Fit* exercise video game,<sup>426</sup> one of the best-selling console games in history marketed primarily to children but also adapted for health clubs, physical therapy facilities, and nursing homes. The exercise video game uses an integrated balance board peripheral device that weighs the user, monitors his BMI, and gauges and records his fitness level as it guides him through activities such as yoga, strength training, and aerobics. Based on its detection of players' BMI, the console assigns them to categories such as 'overweight' and offers them training programs designed to improve their fitness.<sup>427</sup> The *Wii Fit*, alongside other interactive platforms like Internet health games, fuse entertainment with monitoring, data collection, and training in disciplinary practices.

The Nike+iPod sports kit, launched in 2006, is another example of the incorporation of data collection devices into entertainment, fitness, and lifestyle media. It consists of a small transmitter device embedded in a running shoe that communicates with a receiver in an iPod or iPhone. Over the course of her run, the device monitors and informs the runner of her time, distance, pace, and calories burned and, post-run, automatically sends the user's workout data to [nikeplus.com](http://nikeplus.com). This encoding of personal workout data not only allows the runner to track her progress and to share the map and statistics of her run with her social media networks, but also facilitates the amassing of individual fitness activity

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<sup>425</sup> Jeff Preval, 'Tipline: Are Pedometers in Schools a Good Idea?', *NBC News* 11 January 2013: <http://www.wgrz.com/news/article/195899/1/Tipline-Are-Pedometers-in-School-a-Good-Idea>.

<sup>426</sup> Rich, Evans and De Pian 141-142, 153-154.

<sup>427</sup> *Wii Fit Plus* website: <http://wiifit.com/>.

data of millions of Nike and Apple consumers. Similarly, since 1999 the medical and consumer technology company BodyMedia has been developing wearable biometric devices designed to aid individual weight loss efforts. Its flagship device is a multi-sensorial armband that captures over 5,000 data points every minute while monitoring calories burned, activity intensity levels and sleep quality and quantity. The armband works in tandem with an online food logging program that calculates users' overall daily caloric deficit or surplus. BodyMedia's corporate partners include the weight loss company Jenny Craig and the NBC weight loss reality television show *The Biggest Loser*, whose contestants wore BodyMedia armbands from 2005 to 2010. BodyMedia has anonymised and shared the personal data its devices and software interfaces collect for several annual biometric technology industry conferences. The company also markets a software program that allows wearers' doctors, nutritionists and personal trainers to access their biometric information so that these specialists can remotely monitor and coach their patients and clients. BodyMedia thus links several sites and agents of the surveillant assemblage, including individual users, hired medical and fitness experts, and biometric technology researchers.<sup>428</sup>

American adults and children thus now routinely encounter a plethora of surveillance mechanisms that monitor their movement and extract 'body data'<sup>429</sup> from them to an unprecedented degree. These mechanisms demonstrate the increasing breadth and depth of the surveillant assemblage oriented toward people conceived as potentially obese subjects. They are, to be sure, quintessentially biopolitical methods, resulting in the shoring up of power/knowledge by providing the state and its agencies, like the Centers for Disease Control, with the data needed to discern population-level trends in obesity, to

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<sup>428</sup> *BodyMedia* website: <http://www.bodymedia.com/>.

<sup>429</sup> David Lyon, *Surveillance Society: Monitoring Everyday Life* (Routledge 2001).

inform policymaking and to improve the delivery of public services.<sup>430</sup> Beyond generating the knowledge that enables biopower increasingly better to manage and manipulate the life processes of the population, though, the pervasive presence of surveillance mechanisms justified by the 'obesity epidemic' has transformative effects on the subjectivities of the children and adults within its purview. Here I extend feminist critiques of the disciplinary and regulatory functions of the 'fashion/beauty complex' to the new forms of surveillance surrounding medically constructed 'risky bodies.'

Feminist theorists have found particularly resonant Foucault's discussions of the soul-transformative effects of surveillance apparatuses. Monitoring mechanisms are instituted, Foucault asserts, not only for the sake of procuring the knowledge that allows biopower to better manage the population. They also exist in order to cultivate in individuals an awareness of being constantly visible to an omniscient surveillance apparatus. The effect of this awareness is to transform the mind of the individual, compelling her to internalize the watchful gaze, to turn it upon herself, to engage in self-surveillance. Knowing that she may be observed at any time, she takes over the job of policing herself. Power's production of 'a state of conscious and permanent visibility' 'assures [its] automatic functioning'<sup>431</sup> by transforming 'the very subjectivity of the subject.'<sup>432</sup>

Adopting a Foucauldian understanding of biopower as governing through norms and through the suggestion of its constant surveillant presence, feminist theorists have exposed the ways in which disciplinary power (re)produces norms of the thin, deferent,

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<sup>430</sup> Rich, Evans and De Pian 142; AJ Nihiser et al, 'Body Mass Index Measurement in Schools: An Executive Summary,' *Centers for Disease Control and Prevention* December 2007: [http://www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI\\_execsumm.pdf](http://www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI_execsumm.pdf).

<sup>431</sup> Foucault, *Discipline and Punish* 201-203.

<sup>432</sup> Bartky 147.

(hetero)sexually desirable female body and cultivates in women self-disciplinary subjectivities. Feminists from Sandra Bartky to Angela McRobbie have shown that what they term the ‘fashion/beauty complex,’ or the array of commercial and popular cultural media targeting women, has induced in women a commitment to relentless self-monitoring and self-improvement through practices of diet, exercise, comportment, makeup, and dress.<sup>433</sup> These media ‘structure women’s consciousness’ of themselves as bodily beings, imbuing in them ‘a pervasive feeling of bodily deficiency’ that drives their voluntary pursuit of feminine norms.<sup>434</sup>

I think this potent combination of government through the articulation of bodily norms and the cultivation of self-disciplinary subjectivities is also accomplished – in various gender-, race-, age-, and class-specific ways – by the deployment of anti-obesity discourses and the pervasive presence of body and lifestyle surveillance mechanisms. In the new millennium American children and adults live out their daily lives within a media milieu that has exploded with anti-obesity discourses that reinforce the ideal of thinness and its conflation with health and within an increasingly expansive network of technologies, from state-sanctioned data collection to fitness and entertainment devices, that incite them to monitor themselves. This context must deeply affect adult and child subjectivities in several related ways.

To begin, the promotion of fat panic and the ubiquity of biometric practices and tactics that address and classify individuals as potentially or presently obese ‘support[s] the production of subjects who understand and identify themselves in relation to the terms

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<sup>433</sup> Angela McRobbie, ‘Top Girls? Young Women and the New Sexual Contract,’ chapter 3 in *The Aftermath of Feminism: Gender, Culture and Social Change* (Sage 2009).

<sup>434</sup> Bartky 145, 149.

of these knowledges.<sup>435</sup> This new conceptual framework induces children and adults to apprehend themselves and others in terms of their body mass index classification. In conjunction with the predominance of the problem frame of obesity, this mainstreaming of biometric self-understanding may foster in children and reinforce in adults a phobia of fat that influences their conception and treatment of their own and others' bodies, promoting the stigmatization of overweight and obese people and increasing the likelihood of developing a distortive self-image or extreme diet and exercise habits.

At the same time, the ubiquity of surveillance mechanisms 'leads to an almost insidious affirmation across populations of the duty to care for one's body.'<sup>436</sup> The looming presence of the surveillant assemblage, in tandem with the discursive proliferation of fat panic, instills in the population, perhaps especially children, a self-disciplinary mentality by which we come to monitor and police ourselves and others. In addition to the forms of obesity surveillance that are imposed upon us in institutionalized power relations (by school officials, insurance providers and the like), we have learned to deploy a range of technologies to 'read' our own bodies<sup>437</sup> – and, moreover, to take pleasure in monitoring and disciplining ourselves. In short, under the expansion of the ensemble of surveillance mechanisms deployed in the wake of the 'obesity epidemic,' we are progressively approaching what Nancy Fraser refers to as 'Foucault's nightmare of the fully panopticed society' where every person surveils and polices herself and 'disciplinary norms [] have become so thoroughly internalized that they [are] not [] experienced as coming from without.'<sup>438</sup>

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<sup>435</sup> Peta Malins, 'Machinic Assemblages: Deleuze, Guattari and an Ethico-Aesthetics of Drug Use,' *Janus Head* 71, no. 1 (2004), 100.

<sup>436</sup> Rich, Evans and De Pian 142.

<sup>437</sup> Rich, Evans and De Pian 152.

<sup>438</sup> Nancy Fraser, 'Foucault: A 'Young Conservative'?', in in *Feminist Interpretations of Michel Foucault*, ed. Susan J. Heckman (Pennsylvania State University Press 1996), 31-32.

*Conclusion: the real foci of fat panic*

The diagnosis of the new millennium United States as obese empowers biopower in similar ways as did the construction of early modern society as ‘perverse.’<sup>439</sup> The pathologization of overweight and obesity as deviations from the normal, ‘healthy’ body, in conjunction with the construction of virtually every body as at risk of becoming obese, is precisely what gives power its ‘surface of intervention.’<sup>440</sup> Obesity, like perversion, is ‘not so much an enemy as a support’ on which power relies.<sup>441</sup> The analogy of the deployment of obesity to the deployment of sexuality allows us to see how biopower, a modality of power defined by its foregrounding of the health of the population, can recurrently expand its capacities by constructing medical problems and risks and thereby authorizing ever more exhaustive mechanisms of surveillance and regulation.

The medical construction of the contemporary American ‘obesity epidemic’ has incited the proliferation of discourses vis-à-vis fatness and has granted both the disciplinary and regulatory dimensions of biopower new access, through both institutionalized power relations and a growing ensemble of innovative surveillance mechanisms, to all bodies of increasingly younger ages insofar as they are at risk of becoming obese. These discourses, surveillance mechanisms, and self-monitoring devices that have emerged in the context of the ‘obesity epidemic’ are the instruments of a technology of power that works through knowledge. The medical problematization of sexuality and the construction of sexual norms and deviations once provided biopower with the mandate – both the authority and the imperative – to monitor and attempt to

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<sup>439</sup> Foucault, *The History of Sexuality Volume I* 47.

<sup>440</sup> Foucault, *The History of Sexuality Volume I* 48.

<sup>441</sup> Foucault, *The History of Sexuality Volume I* 42.

regularize all effectively sexualized individuals for the sake of the vitality of the population and thus the strength of the state. Likewise, the pathologization of fatness, in tandem with a new actuarial vision of illness, enables the extension of the 'eye of [bio]power' to all 'risky bodies.'

Indeed, the principal targets and participants in the new pathologizing discourses and the new mechanisms of the obesity surveillant assemblage may be individuals who already conform to medically constructed norms of body size and health and are amenable to the biopolitical project of governing through norms. The 'new public health' has relied heavily upon epidemiological statistics to construct the 'obesity epidemic' and concurrently to construct the entire population as 'at risk'.<sup>442</sup> After establishing that all individuals harbor the potential to become fat, anti-fat discourses, monitoring devices, and public health interventions can be primarily directed not at currently 'obese' bodies but rather at potentially obese bodies. Their purposes can be couched in terms of preventative public policy and healthcare but their effects are to (re)produce societal norms of body size and healthy behavior, to authorize the unprecedented access of surveillance and data collection technologies to a wider range of 'risky bodies,' and to cultivate self-policing individual subjectivities. Thus, as Julie Guthman has argued, the construction of the obesity epidemic 'is most centrally about disciplining the so-called normal.'<sup>443</sup>

Alongside Armstrong's affirmation that contemporary medicine's main strategy of self-perpetuation is to 'problematize the normal' – that is, to leverage the ambiguity of risk to figure all bodies as in need of public health intervention – Guthman's insight implies that the mobilization of fat panic has consequences for every body, including – if not especially –

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<sup>442</sup> Petersen and Lupton 27.

<sup>443</sup> Julie Guthman, 'Neoliberalism and the Constitution of Contemporary Bodies,' in *The Fat Studies Reader*, 194.

the majority of Americans not designated obese. The biopolitical imperative to improve the health of an entire at-risk population not only justifies the extension of a vast surveillance apparatus; it also cultivates practices of self-policing and the feelings of pleasure and superiority that accompany conformity to body norms. This seems to be the principal effect, if not motive, of biopower in its construction of the 'obesity epidemic.' Perhaps, then, Guthman's suggestion that the primary consumers of anti-obesity discourses are 'those who already feel righteous in their bodies and diets'<sup>444</sup> also applies to the primary targets of anti-obesity discourses.

This squares with a tragic irony long noted by feminist theorists: that discipline can imbue in its subjects a profound sense of pleasure that accompanies one's sense of self-mastery and conformity to bodily and behavioral norms.<sup>445</sup> Practices which train the body 'in docility and obedience to cultural demands' can nonetheless 'be[] *experienced* in terms of power and control.' A Foucauldian feminist optic allows us to see how power and pleasure feed one another and thus why 'the heady experience of feeling powerful or 'in control'' – and morally superior to others who appear less self-disciplined – 'is always suspect as itself the product of power relations whose shape may be very different.'<sup>446</sup> This suggests that the recent and ever younger targets of the discourses and surveillance apparatuses of the 'obesity' era may experience feelings of inclusion (in the battle for America's health and prosperity), accomplishment, gratification, and sanctimony that reinforce our commitment to self-monitoring and self-disciplining practices at the same time that they fortify biopower. Ironically, then, those who are medically, socially, and

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<sup>444</sup> Guthman 194.

<sup>445</sup> Bartky 145-146.

<sup>446</sup> Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (University of California Press 1993), 27.

politically alienated by discourses targeting obesity are not only 'obese' people themselves. We know that biopower 'identifies certain groups as without value and beyond improvement' in the service of governing the remainder who are redeemable and utilizable.<sup>447</sup> We might read the construction of the 'obesity epidemic' as part of biopower's strategy of excluding a segment of the population deemed to be a poor investment of its energies. We should be wary, then, of the deployment of 'obesity,' or fat panic, not only for the deep stigmatic harm it does to those for whom professes concern, but for the deep subjective effects it has on every body deemed 'normal' but nevertheless 'risky.'

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<sup>447</sup> Dean 171.

CHAPTER 4  
COLORING FAT: THE RACIALIZATION OF OBESITY AS A RACIAL PROJECT

For the past nine years two preeminent public health advocacy organizations, the Robert Wood Johnson Foundation and Trust for America's Health, have jointly funded the research, publication, and publicity of an annual high-profile report on demographic trends, policy efforts, and community resources related to the 'obesity epidemic.' Each year its release is widely covered by news outlets like CNN and the *New York Times*, with its updated statistics prompting pun-laden headlines and providing new empirical bases for anti-obesity rhetoric, policies and programs. The report, like its renowned sponsors, conveys a genuine commitment to scientific comprehension of and political intervention against obesity. On one level, the report's title, *F as in Fat: How Obesity Threatens America's Future*, suggests that the state deserves a low score for its dismal response to a spiraling public health danger – for the first several years the series' subtitle was *How Obesity Policies are Failing America*. But the title's association of fatness with failure, in conjunction with its current subtitle, also codes as a condemnation of obese people themselves, posed as a threat to national prosperity and security.

The ninth edition of *F as in Fat* frames obesity not only as a public health 'crisis' endangering 'the future health and wealth of our nation' but also as one with vivid ethnic and racial dimensions. Its introduction notes that obesity prevalence rates are higher among African Americans and Latinos and that these groups 'did not share equally' in the modest progress toward prevalence reductions that some proactive cities and states have

made.<sup>448</sup> Drawing on new data from the Centers of Disease Control and Prevention, the 124-page report breaks down the demography of obesity by state, age, sex, and race and ethnicity (and is also explicitly attuned to class differentials) and presents a new analysis of two possible futures for the country's public health. The first scenario is based on the assumption that obesity rates will continue on their current trajectory; the second supposes a five-percent reduction in average adult body mass index and thus a slight nationwide decrease in obesity. Its counterfactual structure allows the report to spell out the tremendous economic costs of the 'obesity epidemic' if it proceeds apace at the same time that it details the racial dimensions of this urgent problem. That is, the report is a reform-oriented text that simultaneously problematizes and racializes obesity.

*F as in Fat* participates in what I will call the racialization of obesity: the reiteration of the higher prevalence of obesity among American racial and ethnic minorities. Chapter 2 is another text that, like *F as in Fat*, reiterates demographic research findings that obesity is a growing phenomenon and that its prevalence rates are color-coded. In Chapter 2, I use the racial demography of obesity to support my argument that the higher prevalence of obesity among Americans of color is an embodiment of structural racial inequality. The fact that my participation in the racialization of obesity is part of an effort to promote discussions and programs of structural racial reform only underscores the central concern of this chapter: that not only racially conservative but also left-leaning and well-meaning academic, medical, political and cultural authorities who call attention to the racial contours of the 'obesity epidemic' inadvertently participate in the reinforcement of an

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<sup>448</sup> Jeffrey Levi et al, *F as in Fat 2012: How Obesity Threatens America's Future* (Trust for America's Health and Robert Wood Johnson Foundation 2012): <http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf401318>.

unjust racial order. The negative implications for racial justice, both symbolic and structural, of the racialization of obesity are the focus of this chapter, which thus constitutes a counterpoint to Chapter 2.

This chapter aims to contribute to both critical race and fat studies scholarship and to strengthen the bridge between the two fields. Many seminal fat studies scholars have raised, but not extensively pursued, the questions of how constructions of obesity mirror and intersect with constructions of race, how medical and political discourses on obesity are affected by conceptions of race (and class and gender), and what political alliances might be forged between antiracist and fat (and queer and feminist) movements.<sup>449</sup> The implications for racial justice of anti-obesity discourses remain undertreated. I focus particularly on the impact of the racialization of obesity on African American women because I presume it to be most severe given that the racial disparity in obesity rates is greatest among women,<sup>450</sup> women are more stringently judged by their physical appearance than men are,<sup>451</sup> scientific and mainstream media reports on obesity tend to focus on women to the degree of perpetuating the ‘invisibility’ of fat men,<sup>452</sup> and – as I

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<sup>449</sup> Kathleen LeBesco and Jana Evens Braziel, ‘Editors’ Introduction,’ in *Bodies Out of Bounds: Fatness and Transgression*, eds. Braziel and LeBesco (University of California Press 2001), 13; Paul Campos, *The Obesity Myth: Why America’s Obsession with Weight Is Hazardous to Your Health* (Gotham 2004), 81-83; J. Eric Oliver, *Fat Politics: The Real Story Behind America’s Obesity Epidemic* (Oxford University Press 2006), 72-77.

<sup>450</sup> Recall from Chapter 2 that as of 2010 32.2 percent of white women (aged 20 and older) are technically obese, compared to 58.5 percent of black women, 41.4 percent of Latina women, and 44.9 percent of Mexican American women.<sup>450</sup> In contrast, obesity rates are relatively similar for white, black, and Latino men (36.2, 38.8, and 37 percent respectively). Rates of Grade 2 and Grade 3 obesity are significantly higher among black men versus white men. But the racial disparities in the prevalence of Grade 2 and Grade 3 obesity among women are even greater: 16.6 percent of white women and 30.7 percent of African American women are designated Grade 2 obese; 7.1 percent of white women and 17.8 percent of black women are designated Grade 3 obese. (A BMI range of 30-34.9 designates obesity, a BMI range of 35-39.9 designates Grade 2 obesity, and a BMI range of 40 or higher designates Grade 3 obesity.) Katherine Flegal, Margaret Carroll, Brian Kit, and Cynthia Ogden, ‘Prevalence of Obesity and Trends in the Distribution of the Distribution of Body Mass Index Among US Adults, 1999-2010,’ *JAMA* 307, no. 5 (2012), 493-494.

<sup>451</sup> Patricia Hill Collins, *Black Feminist Thought* (Routledge 2009), 98.

<sup>452</sup> Kirsten Bell and Darlene McNaughton, ‘Feminism and the Invisible Fat Man,’ *Body and Society* 13, no. 1 (2007): 107-131.

elaborate below – stigmas attached to the fat body share historical and current symbolic and substantive affinities with stigmas attached to black womanhood.

This chapter elaborates three particular ways in which the racialization of obesity subverts the goal of racial justice. First, discourses that foreground the racial contours of the ‘obesity epidemic’ participate in the refortification of white normativity, or the reevaluation of norms of body size and lifestyle that are constructed by whites and that confer psychic and material rewards to individuals who can and do conform to them. These apparently benevolent discourses are predicated on the assumption that obesity is equivalent to poor health, that health is achieved through proper lifestyle practices, and that fat minorities should emulate white elite lifestyle practices in order to become thinner, where thinness is also a performative component of whiteness and higher social status. These discourses thus promote the implicitly racist notion underpinning white normativity: that blackness is a deficit that must be effaced or surpassed in order to arrive at a state of health, success, and normalcy. By implying that obesity is primarily a minority issue, despite the fact that a majority of obese Americans are indeed white, such discourses once again grant whites reprieve from the status of the inferior ‘other.’

Second, the racialization of obesity re-ascribes the resurgent stigma of fatness to the black female body and thus reinforces the triple marginalization of black women. Here I draw on Erving Goffman’s seminal definition of social stigma and Amy Erdman Farrell’s historical cultural study of the construction of the contemporary stigma of fatness. As it has evolved and intensified over the late nineteenth and twentieth centuries, this stigma has operated in complex ways to reinforce race- and gender-based systems of hierarchical body typing. Discourses that depict black and Latina women as overrepresented among the

obese brand them with the stigma of fatness and effectively cement their status at the bottom of the intersecting orders of race, gender, and body size.

Third, and relatedly, I speculate that the racialization of obesity will facilitate the creation of the fat American as the new controlling image of black womanhood. This is because the racialization of obesity plays out in a political context defined by two convergent discursive currents: neoliberalism, with its championship of health as an embodiment of personal responsibility and the *sine qua non* of good citizenship, and the ‘politics of disgust,’ which has constructed the public identity of the ‘welfare queen’ out of three antecedent stereotypes of African American women. I argue that the obese American will succeed the welfare queen as the source and symbol of a declining American state and way of life.

The social theorists Robert Crawford and Sander Gilman have demonstrated that the politics of health – the construction of particular phenomena as public health dangers requiring political intervention – is a boundary-setting enterprise: a ‘symbolic practice[] tacitly directed toward the preservation of sociocultural boundaries. *Controlling a danger and policing a boundary are often one and the same.*’ Thus any critical inquiry into social constructions of health and pathology ‘must explore the complex relationship between dangers to health and dangerous identities, between social conditions that threaten identities along with the positional privileges associated with them. Health and its meanings supply ‘symbolic capital’ for strategies of distinction and stigmatization.’<sup>453</sup> This chapter will concretize Crawford’s assertion that health and pathology are politically constructed and ideologically deployed for the purposes of drawing distinctions between

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<sup>453</sup> Robert Crawford, ‘Health as a Meaningful Social Practice,’ *Health* 10, no. 4 (2006), 403. Emphasis added.

normative and deviant or dangerous groups and stigmatizing and further disadvantaging the latter. I argue that the construction, through official political, medical, and demographic discourses, of obesity as a public health problem disproportionately afflicting minorities functions to preserve racial boundaries, revalue whiteness and normatively white ideals, reinstate the privileges that attach to white identity, and stabilize America's color-coded organization of power and resources through the (re)production of stigmatic figures of black womanhood and motherhood.

In other words, I argue that the racialization of obesity is a racial project. Michael Omi and Howard Winant deem a racist 'racial project' any representation of race that reinforces, reinvents, or otherwise invokes essentialized racial categories in a way that produces or reproduces an unequal structural order.<sup>454</sup> Racial projects take place at both the macro-level of racial policymaking, state activity, collective action, journalism, academia, and popular culture and the micro-level of everyday individual experience.<sup>455</sup> Crucially, Omi and Winant's understanding of racial projects affirms the mutual constitution of signifying practices and social structures: interpretations, representations, and prescriptions of racial dynamics affect the distribution of resources along racial lines.<sup>456</sup> They account for how racial doctrines and discourses give rise to discriminatory practices and unjust structures as well as for how an unequal structural racial order produces the inequalities that give rise to racial ideologies that justify white dominance.<sup>457</sup>

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<sup>454</sup> Howard Winant, 'Racism Today: Continuity and Change in the Post-Civil Rights Era,' *Ethnic and Racial Studies* 21, no. 4 (1998), 760-761.

<sup>455</sup> Michael Omi and Howard Winant, *Racial Formation in the United States, 2<sup>nd</sup> Edition* (Routledge 1994), 57, 60-61.

<sup>456</sup> Omi and Winant, *Racial Formation in the United States* 56.

<sup>457</sup> Omi and Winant, *Racial Formation in the United States* 74-75.

To conceive of the racialization of obesity as a potentially racist racial project, then, is to assert that discourses that articulate the racial demography of obesity, speculate about its causes, and prescribe solutions are racial signifying practices that reinforce an unequal racial order. Apprehending this set of signifying practices as a racial project prompts and preserves critical attention to their structural repercussions. By providing a factual basis, albeit distorted, for the stigmatization of African Americans, the racialization of obesity ultimately motivates and legitimates the political disregard for black life that, as I discuss in Chapter 1, defines contemporary American biopower.

*1. The racialization of obesity as a refortification of white normativity*

The first problematic implication of the racialization of obesity is that it may function inadvertently to fortify many of the body norms and lifestyle practices that constitute white normativity. Recall (from Chapter 3) that Anna Kirkland and Jonathan Metzl have advocated for the apprehension of health as a ‘normativizing rhetoric’ and a ‘discourse of power’ that constructs and enforces particular standards of corporeality, wellbeing, and normalcy as a means of regulating the population, or governing through norms.<sup>458</sup> Discourses that articulate new norms of healthy lifestyles and self-care practices no doubt work for the improvement of public health. But they also function to reinforce norms of bodily wellbeing, beauty and desirability, moral personhood, and responsible citizenship. Insofar as the ‘public health crisis’ frame of obesity prevails, the racialization of obesity functions to bolster white normativity.

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<sup>458</sup> Jonathan Metzl, ‘Introduction: Why Against Health?’, in *Against Health: How Health Became the New Morality*, eds. Jonathan Metzl and Anna Kirkland (New York University Press 2010), 5.

White normativity refers to the longstanding status of certain bodies, ideals and practices constructed by whites as the seemingly natural and invisible norms against which bodies, ideals, and practices that register as ‘nonwhite’ appear different, deviant, or inferior. These norms function to uphold a purportedly colorblind racial order in which whites nonetheless remain dominant and enjoy material and psychic privileges on the basis of their race. Under white normativity ‘whiteness is imagined to be a blank slate.’<sup>459</sup> Because they are positioned as the norm against which people ‘of color’ are measured, whites are rarely compelled to perceive themselves as ‘having’ race. They thus tend to remain blind to the racialized nature of white identity and the material privileges they derive from it.<sup>460</sup> As long as white normativity prevails and the meaning systems of racial superiority and inferiority remain un-deconstructed,<sup>461</sup> people who are perceived as white, or whose performances of whiteness are ‘successful’ in specific contexts, are automatically conferred a vast set of material benefits and psychic comforts. Whites enjoy white privilege regardless of whether they are marginalized or oppressed on the basis of other dimensions of their identity, whether they played any role in producing past systems of race-based (dis)advantage, or whether they consider themselves non-racist or even anti-racist.<sup>462</sup>

White normativity is the cornerstone of what Ian Haney López calls ‘colorblind white dominance,’ a racial regime defined by three central elements: continued political, economic and social dominance by whites; an expansion of the umbrella of socially constructed whiteness to encompass additional American ethnics, and an ideology of

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<sup>459</sup> Ralina Joseph, *Transcending Blackness: From the New Millennium Mulatta to the Exceptional Multiracial* (Duke University Press 2012), 137.

<sup>460</sup> Ian Haney López, *White By Law: The Legal Construction of Race* (New York University Press, 2006), 110-111.

<sup>461</sup> López 109.

<sup>462</sup> Peggy McIntosh, ‘White Privilege: Unpacking the Invisible Knapsack’, *Peace and Freedom Magazine* July/August 1989: 10-12.

colorblindness that professes commitment to antiracism while preventing effective remediation of structural racial inequality.<sup>463</sup> Because it upholds values and ideals that are facially racially neutral but that effectively benefit whites, white normativity enables the perpetuation of white dominance in a way that passes muster in a post-civil rights United States that vigorously proclaims its post-racial status, replete with a 'colorblind' legal system that eschews all references to race and rebukes race-affirmative remedies as discriminatory.<sup>464</sup>

As Ralina Joseph has cogently argued, white normativity is founded upon an inferentially racist<sup>465</sup> logic: by compelling nonwhites to embody white norms, and celebrating those who successfully do so, this normative system effectively requires that blackness, brownness, or other markers of racial and ethnic otherness be sloughed off or surpassed in order for the racialized subject 'to arrive at a state of health or success.' These normative imperatives are underpinned by 'the racist notion that blackness is a deficit that black and multiracial people must overcome.'<sup>466</sup> Celebrations of some nonwhites' capacity for racial transcendence, or their ability to embody white norms, are thus at heart enforcements of the dictum that 'white is right' and that people of color may, in the words of Deepa Bhandaru, 'either measure[] up or perish[]'<sup>467</sup> – that is, remain relegated to inferior status and be denied existential viability, aesthetic desirability, and political attention. This ultimatum of marginalization or assimilation to the norms that sustain the

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<sup>463</sup> López 147-148.

<sup>464</sup> I have elaborated the features of the post-racial state in Rachel Sanders, 'Justice at Trial: Dramatic Ironies of the Postracial State,' *Law, Culture and the Humanities* 9, no. 1 (2013): 133-155, 138-140.

<sup>465</sup> Stuart Hall, 'The Whites of Their Eyes: Racist Ideologies and the Media,' in *Media Studies: A Reader*, eds. Paul Marris and Sue Thornham (New York University Press 2000), 273-274.

<sup>466</sup> Joseph 6-7.

<sup>467</sup> Deepa Bhandaru, 'Is White Normativity Racist? Michel Foucault and Post-Civil Rights Racism,' *Polity* 45, no. 2 (2013), 241.

standing of whiteness atop social and symbolic hierarchies is captured in Andrea Elizabeth Shaw's contention that in the contemporary United States both fatness and blackness 'require degrees of erasure in order to render women viable entities by Western aesthetic standards.'<sup>468</sup>

Reiterations of the higher prevalence of obesity among black and Latina women promote the notion that the majority of Americans diagnosed as obese are nonwhite. Much like the mainstream political and cultural discourses that deceptively imply that African Americans comprise the majority of welfare recipients, this is inaccurate.<sup>469</sup> This notion nonetheless reinforces associations of obesity with minorities and associations of thinness with whiteness. Because norms convey both what is typical (normal) and what is ideal (healthy, attractive, etc), the branding of obesity as a minority problem tightens the associations of non-whiteness with both deviance (aberration from the norm) and inferiority (pathology and undesirability) simultaneously. On a symbolic level, then, it functions to preserve racial boundaries. By (inaccurately) casting obesity as a pathology that primarily afflicts Americans of color, despite the fact that many (mostly poor and working-class) whites are obese, the racialization of obesity once again positions African Americans and Latinos as 'opposing identity anchor[s]'<sup>470</sup> of whiteness and grants whites reprieve from becoming the 'other.'<sup>471</sup>

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<sup>468</sup> Andrea Elizabeth Shaw, *The Embodiment of Disobedience: Fat Black Women's Unruly Political Bodies* (Lexington 2006), 1.

<sup>469</sup> Obesity is more prevalent among African Americans, but because they comprise about 12.6 percent of the U.S. population, they do not comprise a majority of obese Americans. Karen R. Humes, Nicholas A. Jones, and Roberto R. Ramirez, 'Overview of Race and Hispanic Origin,' *United States Census Bureau 2011*: <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>.

<sup>470</sup> Shaw 19.

<sup>471</sup> Joseph 140.

On a practical level, the attribution of obesity to nonwhites suggests that they have failed to adopt behaviors elemental to good health and lends validity to normatively white lifestyle practices. Discourses that racialize obesity imply that minorities engage in deviant behaviors and would be better off, in terms of both their social capital and health status, if they adopted practices associated with and advocated by affluent whites. This in turn implies that minorities stand to be 'educated' about health-conducive behaviors. I suggested in Chapter 3 that we can think about the ethical food consumption practices advocated by food activists – shopping at farmers' markets; selecting organic, locally sourced, humanely raised meat, dairy and produce; eschewing processed and packaged foods containing artificial and unhealthy additives; adopting healthy cooking techniques; and so on – as comprising a new disciplinary regime that governs through the articulation of norms. Here I would like to explore another possibility: that the particular kinds of consumption encouraged by new advisory discourses in today's anti-obesity political climate advance standards of body size and lifestyle behaviors that are normatively white and thus function to fortify white normativity.

A prime instance of this is the prevailing hierarchy of dietary and lifestyle practices that works to reinforce white elite standards of consumption and self-care. A rubric of '[p]roper practices of food, eating, and exercise' that Anna Kirkland identifies with affluent groups, but that I argue also should be identified with whiteness, has been 'raised to the status of absolutely correct rules for good health rather than simple features of human cultural variety.' In this hierarchy, '[a] baguette is not junk food, but sliced white bread is; the sugar in honey and fruits is healthy while white granular sugar is junk.'<sup>472</sup> Indulging in a

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<sup>472</sup> Anna Kirkland, 'The Environmental Account of Obesity: A Case for Feminist Skepticism,'

gourmet, grass-fed beef hamburger with artisanal garnish is enviable, while driving through McDonalds is deplorable. Contrary to processed and packaged treats, imported Brie cheese, *crème brûlée* and premium ice cream are not cited as examples of poor food choices.<sup>473</sup> ‘Modes and moments of consumption are also hierarchically arranged:’ growing or buying local fresh produce beats buying canned or frozen fruits and vegetables;<sup>474</sup> communal, ‘slow food’ dining tops ‘fast food,’ on-the-move, and solitary eating. Beyond the modest health benefits these favored standards boast over the latter, they are ‘the most virtuous mode[s] of food consumption for the upper classes at this moment in history[.]’<sup>475</sup> The norms of ‘healthy’ food consumption are in fact ‘the highly specific cultural preferences of elite consumers.’ These norms appear as a benign set of lifestyle guidelines designed to ‘educate’ poor people of color about what, where and how to eat, but in fact they constitute ‘a micropolitics of food choice dominated by elite’ – and, I argue, white – ‘norms of consumption and movement.’<sup>476</sup>

Other food activist discourses seek to ‘educate’ people considered to lack knowledge of how to devise nutritious diets and develop healthy lifestyles built around increased physical activity and good food choices. For instance, the *New York Times* has favorably reported on a public health intervention in a predominantly (79 percent) black Alabama town in which researchers funded by the Centers for Disease Control were ‘teaching’ a group of black women identified as community leaders ‘how to stay well by changing their behavior.’ The project was described as targeting African American women who are

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*Signs* 36, no. 2 (2011), 474.

<sup>473</sup> Abigail C. Saguy and Rene Almeling, ‘Fat in the Fire? Science, the News Media, and the ‘Obesity Epidemic’’, *Sociological Forum* 23, no. 1 (2008), 97.

<sup>474</sup> Kirkland 474.

<sup>475</sup> Kirkland 474.

<sup>476</sup> Kirkland 477.

community leaders, but the article framed black women both as ‘at particular risk’ because ‘they are more likely to be overweight and less likely to engage in physical exercise’ and as responsible for their children’s weights. For instance, it quoted a CDC official praising the project as ‘building on community talent with women who are cooking for their children and passing on behavior patterns to their children and their children’s children.’ The intervention thus centered on ‘instill[ing] good health habits’ in the low-income community through activities such as cooking workshops where participants learned lower-fat techniques for cooking catfish and collard greens. Among others, similar projects have since been launched by Tulane University and Xavier University in one of New Orleans’ public housing sites.<sup>477</sup>

From a critical perspective, these discourses amount to ‘lifestyle interventions designed to make [poor] women thinner’ and ‘to conform to middle-class norms.’<sup>478</sup> Fat studies scholars have noted that many advocates of the new food norms belong to social subgroups that are highly invested in norms of thinness and bourgeois lifestyle because of the status and privileges their adherence to such norms confers. But they have not questioned how these norms reinforce white normativity by valuing ‘white’ food consumption practices as ‘right’ and by marginalizing those who cannot or choose not to adhere to them as unhealthy, unethical, and irresponsible. Discourses that prescribe food consumption and lifestyle practices designed to make people ‘less fat’ can also be read as normative prescriptions to become more like white people.<sup>479</sup>

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<sup>477</sup> Frances Frank Martin, ‘Why Baked Catfish Holds Lessons for Their Hearts,’ *New York Times* 21 June 1998; Abigail C. Saguy, *What’s Wrong with Fat?* (Oxford University Press 2013), 10.

<sup>478</sup> Kirkland 473.

<sup>479</sup> Kirkland 480.

## *2. The racialization of obesity as a stigmatic enterprise*

A second way in which the racialization of obesity inadvertently works against Americans of color is by re-ascribing the stigma of fatness to the black female body. Since the late nineteenth century, a hierarchy of body size, whose valences of fatness have shifted over time, has interacted in complex ways with other orders of body typing, especially by race and gender. Discourses that emphasize the overrepresentation of women of color among the obese will function to strengthen the linkage of fatness, blackness, and femininity as socially constructed signs of inferiority and unfitness for full citizenship. Erving Goffman's seminal definition of stigma as a physical trait presumed to denote difference and inferiority grounds my analysis of the ways in which various forms of body typing interactively enforce an unequal symbolic and structural racial order in the contemporary United States. Goffman's attention to the fact that stigmas reduce the life chances of their bearers suggests that as it is ascribed to women of color, the stigma of fatness will effectively fulfill the prophecy that they are unworthy of the structural support that American biopower currently denies them.

Goffman defines stigma as the assignment of moral significance to a bodily trait such that it comes to signal 'something unusual and bad' about the moral status of its bearer. As a 'deeply discrediting' attribute, the stigma 'spoils' or 'pollutes' the identity of its carrier, reducing her social standing 'from a whole and usual person to a tainted, discounted one.' Goffman emphasizes that no physical feature is in itself credited or discredited; rather, the assignation of meaning to particular traits is a matter of social construction. Stigmas are essentially 'a language of relationships': they are deployed for the purpose of defining social norms and privileging particular people through the construction of opposites or

inferiors.<sup>480</sup> Stigmatic representations assert a tight link between physical and moral characteristics: they reflect and promote the idea that the body can be read for signs of personal integrity and social worth.<sup>481</sup>

In the contemporary United States, in the context of the 'obesity epidemic,' fatness has become a deeply discrediting attribute. As I elaborated in Chapter 3, the mobilization of fat panic is underpinned by a pathologization of fatness that promotes dominant readings of the fat body as intrinsically unhealthy. Both beyond and due to its association with poor health, fatness is widely understood to denote a variety of character flaws, particularly sloth, gluttony, greed, and lack of self-control. Furthermore, in the wake of proclamations that Americans have become '*the Fattest People in the World*,' a la Greg Critser's *Fat Land*, fatness is now also not only an individual stigma but also what Goffman calls a tribal stigma, potentially branding the country collectively with these moral deficiencies, as the 2010 *Atlantic* magazine cover, featuring a disfigured statue of liberty and the headline *Fat Nation*, attests.<sup>482</sup>

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<sup>480</sup> Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Touchstone 1986).

<sup>481</sup> Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (New York University Press 2011), 108, 136.

<sup>482</sup> Farrell 6-7, Goffman 4.



**Figure 4.1.** *The Atlantic* magazine’s May 2010 cover declares the United States a ‘Fat Nation’ and features a disfigured Statue of Liberty, reflecting and promoting obesity’s status as what Goffman called a ‘tribal stigma’ ascribed to the country at large.<sup>483</sup>

Amy Erdman Farrell’s archival study of the origins of the contemporary meanings of fatness in American culture demonstrates that the processes of attributing negative valences to fatness, alongside those of devaluing blackness and femininity, have been central to the cultural development of what constitutes a proper American body. The development of fat stigma ‘is intricately related to gender as well as racial hierarchies, in particular the historical development of ‘whiteness.’ Farrell shows how medical, political, academic, and popular cultural discourses linked weight to the privileges of citizenship over the late nineteenth and twentieth centuries, establishing ‘body size as one important

<sup>483</sup> <http://www.theatlantic.com/magazine/toc/2010/05/>.

marker – along with gender, race, ethnicity, and sexuality – to measure one’s suitability’ for national belonging and political participation.<sup>484</sup>

In Farrell’s chronology of the evolving significance of fat, the fat body signaled high status until roughly the late nineteenth century, when the innovations in farming methods and transportation systems that accompanied industrialization and urbanization made food more plentiful and inexpensive and lifestyles more sedentary. As a gradual trend of widespread weight gain set in, fatness shifted from a sign of prosperity to a symptom of a lack of reason and self-control. Likewise, thinness became a sign of wealth and an aspiration of those who desired upward social mobility.<sup>485</sup> Thus in the late nineteenth and early twentieth centuries, cultural representations shifted from glorifying the ‘fat cat’ – the wealthy, powerful, and often greedy man – to disparaging the ordinary fat person who could not handle the abundances of modernity.<sup>486</sup>

This devaluation of fat ‘emerged simultaneously with the construction of hierarchies of race, sexuality, gender and class. Fat denigration was linked to [larger] processes of mapping political and social hierarchies onto bodies.’ That is, the construction of certain body types as superior and others as inferior was inextricably linked to the construction of racial and gender hierarchies as part of a project of defining and demarcating boundaries around the ‘civilized body.’<sup>487</sup> Nineteenth-century anthropologists’, sociologists’, and evolutionary scientists’ human classification schemes deemed the fat body ‘primitive,’ ‘lower on the scale of civilization and highly sexual,’ advanced the norm of thinness, and associated it with evolutionary progress. It also drew white women into a dilemma

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<sup>484</sup> Farrell 5.

<sup>485</sup> Farrell 18.

<sup>486</sup> Farrell 18, 27.

<sup>487</sup> Farrell 18-19.

wherein a 'certain plumpness' connoting health and fertility remained vital to their sexual desirability to men but 'crossing the divide' to overweight would provoke male repulsion and betray their purportedly natural inferior rational capacity and civic fitness. Popular cultural texts of the early twentieth century also reflect this shift to thinness as the civilized norm and promoted the idea that the fat white female body 'was a body out of control, attractive only to those men who were themselves uncivilized.'<sup>488</sup> White women's rights activists of the early twentieth century found themselves accommodating (or exploiting) this body type hierarchy, emphasizing not only their white skin but also their thin figures as physical evidence of their fitness for full citizenship.<sup>489</sup> This suggests that for some women to whom feminism meant claiming equal status and resisting the position of the other, a thin body served (and perhaps still serves) as a strategy to mitigate female identity.<sup>490</sup>

Likewise, large body size was linked to notions of the primitive through its association with African Americans in dominant cultural portrayals. Drawing on Patricia Hill Collins' typography of controlling images of black women as mammies and jezebels (to which I return below), Farrell notes that the two contrasting figures of the asexual, overweight nurturer and the young, hypersexualized seductress are linked by a white focus on the black body as 'out of control' and 'in excess' of white normative standards of physicality and propriety. Farrell argues that 'the *body in excess* is key to these representations of racial inferiority': it defines the mammy and the jezebel and, more recently, the controlling image of the fat, oversexed, hyperfertile, and insatiable welfare

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<sup>488</sup> Farrell 68.

<sup>489</sup> Farrell 83.

<sup>490</sup> Farrell 115.

queen.<sup>491</sup> Likewise, Doris Witt has demonstrated how the construction of the black female appetite and the naturalization of the fat black female body were ‘inflected by, and in turn inflect[ed],’ ongoing ‘debates about the substance and boundaries of ‘American’ personhood’ in the post-World War II United States.<sup>492</sup> Within the late nineteenth- and early twentieth-century context of rising immigration rates, fatness was also promoted as a marker of the less civilized body in cultural representations of ‘ethnic’ Americans, especially Irish, eastern European, Jewish, and southern European immigrants. Portraying ‘ethnic,’ working class immigrants as fat became a quick way to signal their inferior status.<sup>493</sup>

Thus the scientific, political, and popular discourses that participated in the project of constructing hierarchies of civic, social, and evolutionary status relied not only on race and gender but also on body size.<sup>494</sup> Together, they established the nonwhite, female, and fat body as a triply potent sign of lack of self-control and primitiveness, an indicator of both low social rank and evolutionary sophistication. They demonstrate how the denigration of fatness also works in complicated ways to enforce other forms of body typing by race, class and gender.<sup>495</sup> Underpinning each system of body typing is the notion that one’s physical body can be read for signs of moral fortitude and worthiness for full citizenship and positive political investment. These articulations of fat, alongside race and gender, as a physical marker of degenerate and undisciplined character, and thus lack of fitness for full

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<sup>491</sup> Farrell 74-75. Emphasis in original.

<sup>492</sup> Doris Witt, *Black Hunger: Food and the Politics of U.S. Identity* (Oxford University Press 2009), 7, 185, 191.

<sup>493</sup> Farrell 76-77.

<sup>494</sup> Farrell 82-83.

<sup>495</sup> Farrell 116.

rights and respect, are thus deeply culturally entrenched. They have been and stand to be recovered in contemporary public discourse.

The reiterative attribution of fat stigma to black women – which re-positions them at the bottom of three intersecting symbolic hierarchies, such that they continue to ‘occupy a position wherein the inferior half of a series’ of racial, gender, and body type binaries converge<sup>496</sup> – has material effects. To allude to Chapter 2, this stigmatic or symbolic violence compels and condones structural violence. Goffman crucially asserted that ‘the normals,’ or ‘those who not depart negatively’ from norms, operate on the assumption that individuals who carry stigmas are ‘not quite human’ and thus ‘exercise varieties of discrimination’ against them. Through such systematic, socially condoned practices of discrimination against stigmatized individuals, ‘*we effectively... reduce [their] life chances.*’<sup>497</sup> The stigma attached to fatness and non-whiteness both invites and retroactively justifies those practices of discrimination that cumulatively structure the life chances of overweight minorities. Racially patterned disparities in life chances are the result of the collective enactment of normative and stigmatic codes. Yet they appear as the result of personal character deficiencies that their body size is assumed simply to reflect. Simply put: the diminished life chances of the overweight and the nonwhite result from systematic practices of discrimination but appear as the outcome of a colorblind meritocracy that rewards hard work and self-discipline. Thus the stigma of fatness, recursively ascribed to African American women in well-intentioned anti-obesity discourses, underwrites contemporary American biopower’s modus operandi of excluding minorities from basic structural support.

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<sup>496</sup> Collins 79.

<sup>497</sup> Goffman 5. Emphasis added.

### *3. The racialization of obesity as engendering a new controlling image of black femininity*

The third way in which the racialization of obesity will subvert the goal of racial justice is by facilitating the construction of the obese American as a new ‘controlling image’ or ‘public identity’ of black womanhood. Public debates about the ‘obesity epidemic’ occur within a political context defined by the convergence of two discursive currents, which I elaborate below: (1) neoliberalism, which frames health as a matter and medium of personal responsibility as it divests the state of social welfare duties, and (2) the late-twentieth-century cultivation of a ‘politics of disgust’ that powerfully shapes public perceptions of black women through the refashioning of longstanding controlling images. I speculate that the racialization of obesity supports a construction of a new stereotype of black womanhood that will be forged out of the negative aspects of antecedent controlling images and complemented by the additional stigma of obesity. Just as the welfare queen is a reincarnation of several of the negative features of the controlling images that precede her, so her successor, the public identity of the obese American, will reprise these features and add to them the stigma of obesity.

#### *3.1. The predominance of neoliberalism*

Discourses that treat the racial contours of the ‘obesity epidemic’ play out in a political cultural context in which neoliberalism is, in David Harvey’s words, ‘hegemonic as a mode of discourse... to the point where it has become incorporated into the commonsense way we interpret, live in, and understand the world.’<sup>498</sup> Following Harvey and Foucault, I understand neoliberalism as the dominant political rationality of our time –

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<sup>498</sup> David Harvey, ‘Neoliberalism as Creative Destruction,’ *The Annals of the American Academy of Political and Social Science* 610, no. 21 (2007), 23.

that is, as a 'grid of intelligibility' and 'order of discourse'<sup>499</sup> that delimits what political and social problems are perceptible as such and pervasively conditions the terms of political debate.<sup>500</sup> Neoliberalism refers to a prescriptive paradigm of state, economic, and individual conduct and relations that is founded on the classical liberal ideal of the self-regulating market and that ascended to prominence in the 1980s and remains dominant today. Neoliberalism consists of three dimensions. As an ideology, it defines the purpose and purview of the state relative to the economy and its constituents and supplies a conceptual framework for viewing and interpreting social and political problems. As a mentality of government, it promotes a business model of public administration and assesses state functionality according to criteria derived from the domain of commerce. As a policy package, it institutes economic deregulation, liberalization of trade and industry, and privatization of state-owned services.<sup>501</sup>

In addition to 'transform[ing] the state in the image of the market,'<sup>502</sup> neoliberalism reduces its role to facilitating the market economy and divests it of responsibility for providing public services and maintaining a social safety net. Neoliberalism necessarily supplements this dismantling of the public sector and social welfare services with the devolution of responsibility for individual wellbeing to both private organizations and individuals themselves. Naomi Klein has shrewdly illustrated how the processes of dismantling the social welfare state and the outsourcing of core government functions to publicly subsidized private corporations have rendered a 'corporatist state' – a 'frail and

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<sup>499</sup> Wendy Brown, 'American Nightmare: Neoliberalism, Neoconservatism, and De-Democratization,' *Political Theory* 34, no. 6 (2006), 693-694.

<sup>500</sup> Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-79*, ed. Michel Senellart, trans. Graham Burchell (Picador 2008).

<sup>501</sup> Manfred Steger and Ravi Roy, *Neoliberalism: A Very Short Introduction* (Oxford 2010), 10-14.

<sup>502</sup> Ronaldo Munck, 'Neoliberalism and Politics, and the Politics of Neoliberalism,' in *Neoliberalism: A Critical Reader*, eds. Alfredo Saad-Filho and Deborah Johnston (Pluto 2005), 63.

feeble' government apparatus shadowed by a fully articulated infrastructure of for-profit corporations fulfilling former state functions, from policing to disaster relief and reconstruction to education.<sup>503</sup> In this new landscape of privatized public services supplementing an atrophied state, neoliberal discourses transfer responsibility for personal security, success, and wellbeing to constituents themselves, whom it recasts as resourceful entrepreneurs graced with maximum freedom to pursue their ambitions and inventively meet their own needs.

'Responsibilization'<sup>504</sup> has several significant effects. To begin, it depoliticizes social and political problems by converting them to individual problems with market solutions. For example, neoliberalism's incessant idealization of individual liberty, agency, and responsibility obscures the deep roots of persistent black unemployment and poverty in state policies and systematic discrimination by reframing them in terms of individual failure. Neoliberalism supplies a set of refurbished classical liberal 'laissez faire' tenets – namely, free markets, equal opportunity, and personal responsibility – that enable explanations of racial inequality to foreground individual deficiencies.<sup>505</sup> Indeed, neoliberalism is itself a racial project<sup>506</sup> insofar as it developed in reaction to late-'60s and early-'70s urban activism against racial and economic inequality<sup>507</sup> and insofar as it strives to privatize racism and racial inequality, rendering them individual phenomena and

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<sup>503</sup> Naomi Klein, *Shock Doctrine: The Rise of Disaster Capitalism* (Picador 2007) 14-19, 517, 527.

<sup>504</sup> Wendy Brown, 'The Weakness of One: Devolution, Responsibilisation, and Citizenship in Neoliberal Rationality,' visiting lecture at the University of Washington, 17 November 2011.

<sup>505</sup> Lawrence Bobo, James R. Kluegel, and Ryan A. Smith, 'Laissez-Faire Racism: The Crystallization of a 'Kinder, Gentler' Anti-Black Ideology,' in *Racial Attitudes in the 1990s: Continuity and Change*, eds. Stephen Tuch and Jack K. Martin (Praeger 1996), 16.

<sup>506</sup> Omi and Winant, *Racial Formation in the United States* 147.

<sup>507</sup> Michael Omi and Howard Winant, 'Racial Formation Rules: Continuity, Instability, and Change,' in *Racial Formation in the 21<sup>st</sup> Century*, ed. Daniel Martinez HoSang, Oneka La Bennett, and Laura Pulido (University of California Press 2012), 309.

‘expelling [them] from the proper purview of the state.’<sup>508</sup> Omi and Winant deem the self-defined ‘new Democrat’ Bill Clinton’s insistence that anti-poverty initiatives avoid reference to race and instead reflect the shared American values of ‘work, family, [and] individual responsibility’ ‘neoliberal racial encoding at its finest.’<sup>509</sup> Such reframings of political problems in personal terms effectively ‘dissipates political or public life,’ directing individuals toward the task of ‘discerning, affording, and procuring a personal solution to every socially produced problem’ rather than engaging in democratic dialogue, protest and participation.<sup>510</sup> Citizenship is emptied of any orientation or commitment to the common, reduced to infrequent and tokenistic electoral participation, and simultaneously redefined as consumption activity, where political candidates are packaged as commodities.<sup>511</sup>

More specifically, the responsabilizing thrust of neoliberalism recasts health as an individual duty, as well as a requirement of good citizenship and a sign of morality, and thus reinforces the medical frame of obesity as a personal health problem. By ‘figur[ing] and produc[ing] citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for self-care – their ability to provide for their own needs and service their own ambitions’<sup>512</sup> – neoliberalism delegates to individuals responsibility for managing their own relationship to health risks and adopting healthy lifestyles. Thus health is a crucial domain in which the neoliberal strategy of ‘governing at a distance’ plays out: public health authorities articulate norms of health and incite people to conform voluntarily to the goals of the state and other agencies. This marks a convergence

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<sup>508</sup> Nicholas De Genova, ‘The ‘War on Terror’ as Racial Crisis: Homeland Security, Obama, and Racial (Trans)Formations,’ in *Racial Formation in the 21<sup>st</sup> Century*. See also David Theo Goldberg, *The Threat of Race: Reflections on Racial Neoliberalism* (Wiley-Blackwell 2009), 327-376.

<sup>509</sup> Omi and Winant, *Racial Formation in the United States* 151, 153.

<sup>510</sup> Brown, ‘American Nightmare,’ 704.

<sup>511</sup> Munck 65-66; Brown, ‘American Nightmare’ 695.

<sup>512</sup> Brown, ‘American Nightmare,’ 694.

of biopolitical and neoliberal governmental tactics: neoliberal government emphasizes the enhancement of personal freedoms as it charges individuals to achieve health through self-regulation.<sup>513</sup> In conjunction with the prevalence of ‘risk discourse’ and the body-as-unfinished-project theme elaborated in Chapter 3, neoliberalism frames death and disease as avoidable and ascribes to individuals personal responsibility for their health and illness.<sup>514</sup> In the same vein as the individualization of the social problem of racial inequality discussed above, notions of a ‘right to health’ have been displaced by what Monica Greco has called ‘the duty to stay well.’<sup>515</sup> Under the dual assumptions that individuals exercise unconstrained agency in preserving their health and that body weight is a direct reflection of health, obesity appears as ‘a failure of the self to take care of itself.’<sup>516</sup>

It is in the specific context of neoliberalism, then, that ‘personal responsibility for health [comes to be] widely considered [as] the *sine qua non* of individual autonomy and good citizenship.’ Within a culture that places a premium on health, people come to define themselves and others ‘in part by how well they succeed or fail in adopting healthy practices and by the qualities of character or personality believed to support healthy behaviors.’<sup>517</sup> Crawford terms ‘the new health consciousness’ this ideology that ‘define[s] problems of health and their solutions principally, although not exclusively, as matters within the boundaries of personal control.’ In the mid- to late 1970s, this ethic had become hegemonic and played a crucial role in the rise of neoliberalism in the 1970s and ‘80s: ‘The success of privatized, market solutions to public problems cannot be grasped without a

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<sup>513</sup> Alan Petersen and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (Sage 1996), 10-12, 64.

<sup>514</sup> Petersen and Lupton 49.

<sup>515</sup> Monica Greco, ‘Psychosomatic Subjects and the ‘Duty to Stay Well’: Personal Agency within Medical Rationality,’ *Economy and Society* 22, no. 3 (1993): 357-372.

<sup>516</sup> Greco 361.

<sup>517</sup> Crawford 402-403.

clear understanding of how personal responsibility triumphed over a political morality premised on collective responsibility for economic and social well-being.' In Crawford's analysis, "taking responsibility' for one's health formed a metonymic alliance with a growing intolerance of welfare 'dependence,' 'over-bloated' government expenditures and being 'soft' on crime."<sup>518</sup> Thus the new health consciousness's figuring of the health-conscious individual as an 'embodi[ment] of individual responsibility for economic well-being' both reflects and reinforces neoliberalism.<sup>519</sup> I will speculate below that this interplay of the individualization of pathology and the individualization of poverty will shape public responses to obesity as it did welfare.

### *3.2. The 'politics of disgust'*

Interpretation of and deliberation about the racial demography of obesity will unfold within a political context that is shaped not only by neoliberalism but also by the prevalence of what Ange-Marie Hancock has called a 'politics of disgust.' This discursive context is the result of the recursive deployment in the public sphere of negative stereotypes of poor black women that culminated in the 1990s welfare reform debates. It is marked by material and representational inequalities, a 'distinct lack of political solidarity' between the elites who have the power to define issues and the citizens who are targeted by their problem frames, and a 'perversion of democratic attention' – the manipulation of public opinion through the mobilization of visceral and moral abhorrence toward poor

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<sup>518</sup> Crawford 413.

<sup>519</sup> Crawford 408-409.

black women as they have been stereotyped.<sup>520</sup> I argue that this discursive context, and the public identity of the 'welfare queen' that underpins it, remains intact and now pervasively conditions perceptions of and discussions about the 'obesity epidemic' as a political and social problem, especially as it is racialized and feminized.

In order to fully comprehend how the public identity of the welfare queen conditions the politics of obesity we must take stock of the various dimensions of this persona. The welfare queen the latest of a nexus of stereotypes which date back to slavery-era ideological systems of racial domination and which saturate American cultural imagery and organize mainstream perceptions of black women. Patricia Hill Collins' designation of these stereotypes as 'controlling images' captures both their hegemonic status and their constraining effects: controlling images are so culturally entrenched and pervasive that they (and the intersecting systems of racial, class, and gender oppressions they underwrite) seem natural and normal, and they function to confine African American women to inferior social and economic positions.<sup>521</sup> When a controlling image is perennially redeployed in political discourse it is best understood as a 'public identity.' Hancock defines a public identity as 'a constellation of stereotypes and moral judgments of various group identities ascribed to and at times adopted by individuals.'<sup>522</sup>

Three facets of a public identity as Hancock defines it are especially pertinent to my argument. First, Hancock notes that once created, a public identity can traverse various policy and issue domains; it is readily mobilizable in many topics of discussion. Due to its wide circulation in the public sphere, a public identity exerts a powerful 'priming effect': it

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<sup>520</sup> Ange-Marie Hancock, *The Politics of Disgust: The Public Identity of the Welfare Queen* (New York University Press 2004), 4-7.

<sup>521</sup> Collins 7, 76-77.

<sup>522</sup> Hancock, *The Politics of Disgust* 9, 12.

'ultimately conditions the political thinking of American citizens.' A public identity 'can become chronically accessible, as a filter through which all related information is interpreted.'<sup>523</sup> This implies that the public identity of the welfare queen will exert a priming effect on public discussions of obesity that are informed by its racial demography. Second, a public identity is multidimensional: it holds together multiple physical and character traits that are ascribed to it by others.<sup>524</sup> Third, a public identity is dynamic: it at once contains constant features and incorporates new traits to remain contemporary.<sup>525</sup>

Three longstanding controlling images prefigure that of the welfare queen. First, while she personifies the white idealization of black women as faithful, obedient domestic servants, the mammy is invariably portrayed as 'rotund' and is often insinuated to be unavailable to her own children due to her unwavering commitment to her white employers.<sup>526</sup> Second, with her overtly seductive demeanor and insatiable sexual desire, the jezebel embodies a deviant black female sexuality.<sup>527</sup> Third, as a working mother who fails to model deferent femininity for her children, lacks the time to give them attention and care, and is thus responsible for their failure to succeed in school and the job market, the black matriarch is the archetypal bad black mother of her own children and also figuratively the culprit of persistent black economic and social marginality. The black matriarchy thesis, advanced most influentially by the so-called Moynihan Report of 1965, blames black women for transmitting the bad values that corrupt black children and

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<sup>523</sup> Hancock, 'Contemporary Welfare Reform and the Public Identity of the Welfare Queen,' *Race, Gender and Class* 10, no. 1 (2003), 34.

<sup>524</sup> Hancock, 'Contemporary Welfare Reform and the Public Identity of the Welfare Queen' 34, 44.

<sup>525</sup> Hancock, *The Politics of Disgust* 6.

<sup>526</sup> Collins 80; Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (Vintage 1997), 13; Witt 198.

<sup>527</sup> Collins 89-92.

perpetuate black poverty and delinquency.<sup>528</sup> Today, this 'bad black mother' thesis continues to support dominant white interpretations of persistent racial inequality as 'volitional and cultural,' resulting from intergenerational transmission of lax morals and subversive behavior.<sup>529</sup>

The controlling image of the 'welfare queen' emerged in the late 1970s in response to working-class black women's increasing access to U.S. welfare state entitlements and at a time when urban blacks were increasingly seen not as a vital source of cheap labor – for low-skill manufacturing and agricultural jobs were increasingly exported overseas or filled by suburban whites and recent immigrants – but a dependent 'surplus population' and thus 'a costly threat to political and economic stability.'<sup>530</sup> This condemnatory construction, which taints welfare recipients and black women simultaneously, has been perennially redeployed by political elites to justify the drastic cuts in government spending on social welfare programs and basic public services that are a common priority of neoliberal and racially conservative agendas.<sup>531</sup> The image of the welfare queen typifies Americans who receive public assistance as a large and lazy black woman whose deficient work ethic and devious inclinations lead her to exploit the welfare system for unearned income, who is sexually overactive and has illegitimate babies to inflate her assistance checks, and who squanders her funds on personal indulgences like drugs and manicures. Her lack of employment conveys degeneracy; her body and lifestyle signal excess and moral deviance; her continual reception of state support indicates economic dependency and a heavy

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<sup>528</sup>Collins 83-84; Patricia Morton, *Disfigured Images: The Historical Assault on Afro-American Women* (Greenwood 1991), 3.

<sup>529</sup> Roberts 9; Bobo, Kluegel and Smith 16.

<sup>530</sup> Collins 86-87.

<sup>531</sup> Collins 87-88.

charge on the collective treasury – she is ‘a human debit.’<sup>532</sup> In this controlling image are reincarnated the ‘body in excess’<sup>533</sup> of the mammy, the hypersexuality and thus hyperfertility of the jezebel, and the bad mothering of the black matriarch.<sup>534</sup> The cumulative weight of each of these dimensions of moral deficiency, economic dependency, and corruptive parenting casts the welfare queen as a potent symbol of the deterioration of the American state and its founding value system. As Wahneema Lubiano argues, ‘The welfare queen represents moral aberration and an economic drain, but the figure’s problematic status becomes all the more threatening once responsibility for the destruction of the American way of life is attributed to it.’<sup>535</sup>

### *3.3. The public identity of the obese American*

The racialization and feminization of the ‘obesity epidemic’ thus unfolds within the context of a ‘politics of disgust’ supported by a cultural repertoire of controlling images that powerfully prime mainstream white Americans’ perceptions of black women and their reception of the images deployed by the media to personify this purported public health crisis. My concern is that the discourses that racialize obesity will draw upon and build on the multiple dimensions of the welfare queen stereotype to construct a supplementary public identity of the obese black woman that is highly raced, gendered, and classed and that functions to further materially disadvantage African Americans. The public identity of the obese American will be something of a ‘synthesis of two projections of Otherness’ –

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<sup>532</sup> Lubiano 337-338.

<sup>533</sup> Farrell 74-75.

<sup>534</sup> Roberts 12, 8-9.

<sup>535</sup> Wahneema Lubiano, ‘Black Ladies, Welfare Queens and State Minstrels: Ideological War by Narrative Means,’ in *Race-ing Justice, En-Gendering Power: Essays on Anita Hill, Clarence Thomas, and the Construction of Social Identity*, ed. Toni Morrison (Pantheon 1992), 337-338.

black femininity and obesity – ‘within the same code.’<sup>536</sup> The obese American stands to become the latest in a long lineage of controlling images of African American womanhood. This public identity will prevail over – though not entirely silence – alternative readings of the fat black female body as ‘resistive and transgressive’ statements against racial oppression and white normativity.<sup>537</sup>

The basis of my concern is Collins’ contention that the classic controlling images of black womanhood elaborated above ‘are dynamic and changing,’ constantly updated to fit the needs of the country’s contemporary political economy, and that ‘each provides a starting point for examining new forms of control[.]’<sup>538</sup> Even to the extent that they appear to have receded, their power ‘should not be underestimated’: in Sander Gilman’s words, they ‘shap[e] and color[] all the images that evolve at later dates.’ The contemporary image of the obese American is something of a palimpsest that bears the traces of its precedents.<sup>539</sup> Likewise, Stuart Hall asserts that traces what he calls ‘base-images’ have been ‘reworked’ in modern, updated images of blackness that ‘appear to carry a different meaning’ yet are ‘still constructed on a very ancient grammar.’<sup>540</sup>

Discourses that treat fat people of color in the contemporary United States stand to exploit at least five salient affinities between the archetypal welfare recipient and the archetypal obese person. First, the obese American, like the modal welfare recipient, will come to be personified as a woman of color. The reverberation throughout the cultural sphere of statistics promulgating that African American and Latina women comprise a

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<sup>536</sup> Sander L. Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Cornell University Press 1985), 31.

<sup>537</sup> Shaw 128.

<sup>538</sup> Collins 79.

<sup>539</sup> Gilman, *Difference and Pathology* 239.

<sup>540</sup> Stuart Hall, ‘The Whites of Their Eyes: Racist Ideologies and the Media,’ in *Media Studies: A Reader*, eds. Paul Marris and Sue Thornham (New York University Press 2000), 277.

disproportionate share of the obese population mirrors the recitation of black women's disproportionate representation among the ranks of Americans on welfare. Even benevolent and morally neutral iterations of these statistics recently have helped establish (typically poor) women of color as the face of America's obesity epidemic much like the resounding deployment in the 1980s and 1990s of welfare queen discourses cemented black women as the persona of its inordinate public assistance program.

Second, the obese American and the welfare queen are ascribed a voracious appetite. Stereotypes of black women as sexually licentious precede and inform discussions of their food consumption and body weight.<sup>541</sup> For example, a news article cited by Saguy dismisses the validity of a lawsuit brought by two Bronx black girls against McDonalds, holding the plaintiffs accountable for 'gorging themselves so wantonly.' Saguy argues that such accounts of black girls' 'unchecked desire for cheap and fattening food echoes stereotypes of black women as having insatiable sexual appetites.'<sup>542</sup>

Third, both social villains are figured as bad mothers who model irresponsible behavior and transmit deviant values to their children. The news media often portray obese children as burdened by health problems caused by parental ignorance and neglect. In a context in which the role of primary caregiver remains ascribed to women, a majority of African American children are raised by single mothers, the 'myth of the black matriarchy' has been entrenched in the American public imagination at least since the Moynihan Report,<sup>543</sup> and an 'ideology of total motherhood' placing 'moral pressure on mothers to protect their children from medical risk' prevails, it is black women who are

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<sup>541</sup> Saguy 19; Shaw 50.

<sup>542</sup> Saguy 99.

<sup>543</sup> Morton 3.

assigned the lion's share of blame for parental negligence.<sup>544</sup> These recent discourses surrounding childhood obesity are part of 'a broader tradition,' still buttressed by welfare queen stereotypes, 'of denigrating black mothers as bad mothers.'<sup>545</sup>

Fourth, the typical fat person, like the typical welfare beneficiary, is figured as lazy and undisciplined. She lacks the self-motivation to exercise, the willpower to control her appetite, and the sense of personal responsibility and work ethic that would motivate her to contribute positively to society rather than taking from it. Studies that link obesity to both job absenteeism and lower worker productivity, which reportedly cost employers billions per year,<sup>546</sup> reinforce the stereotypical conjunction of fatness with laziness and low work ethic.

Fifth, the fat American and the welfare recipient are both depicted as unnecessary and unfair drains on the public purse. Just as the woman on welfare is depicted as deceptively exploiting the state to finance her lazy, licentious and lavish lifestyle, the fat person is portrayed as incurring excessive medical fees that drive up collective healthcare costs, draining the federal government of precious funds better funneled to more deserving factions and problems not framed as caused by personal irresponsibility. Not only are fat children figured as victims of child abuse, but 'reports of the economic costs of obesity paint the nonfat as victims' who are 'unfairly burdened with the cost of fat people's unhealthy lifestyles[.]'<sup>547</sup> *F as in Fat* inadvertently supports this perception as it details multiple dimensions of economic costs of obesity – including health care costs, decreased worker productivity, higher workers' compensation claims, and occupational health and

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<sup>544</sup> Saguy 97, 68.

<sup>545</sup> Saguy 153.

<sup>546</sup> *F as in Fat* 32.

<sup>547</sup> Saguy 22.

safety costs – and itemizes the financial toll obese Americans exact on the country down to the additional cost of ambulances and hospital beds that can accommodate extremely heavy people. It estimates the current health care costs of adult obesity in the United States, the bulk of which is generated from treating obesity-related diseases such as diabetes, at \$147 billion per year. Of this \$147 billion, Medicare and Medicaid are responsible for \$61.8 billion; these national insurance and health care programs would be 11.8 percent and 8.5 percent lower, respectively, in the absence of obesity. Childhood obesity alone is responsible for \$14.1 billion in direct health care costs. While the average health care cost for all children covered by Medicaid is \$2,446, the average total health expenses for children treated for obesity under Medicaid is \$6,730, or 2.75 times higher.<sup>548</sup>

In addition to presenting current data, *F as in Fat* offers scary data projections of ‘major increases in obesity-related disease rates and health care costs’<sup>549</sup> that would confront the country if the epidemic were to rage unabated. *F as in Fat* estimates that if obesity rates continue on their current trajectory, obesity prevalence rates among adults could reach or exceed 44 percent in every state and exceed 60 percent in 13 states. As a result, the study asserts, ‘The number of new cases of type 2 diabetes, coronary heart disease and stroke, hypertension and arthritis could increase 10 times between 2010 and 2020 – and then double again by 2030.’<sup>550</sup> Rates of obesity-related cancer would also increase.<sup>551</sup> This would cause obesity-related health care costs to increase by more than 10

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<sup>548</sup> Levi et al 32. See also Centers for Disease Control and Prevention, ‘Progress on Childhood Obesity: Many States Show Declines,’ *VitalSigns* August 2013: <http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>, 1-2.

<sup>549</sup> Levi et al 23.

<sup>550</sup> Levi et al 3.

<sup>551</sup> Levi et al 27.

percent in 43 states and by more than 20 percent in nine states.<sup>552</sup> By 2030, an extra \$48 billion to \$68 billion per year may be spent treating preventable diseases associated with obesity, with a concomitant loss in economic productivity of between \$390 billion and \$580 billion annually.<sup>553</sup> This barrage of statistics – filtered through the news media in stories with headlines like ‘Health Care Costs to Bulge along with U.S. Waistlines,’<sup>554</sup> a la CNN, and puns warning that obesity will ‘eat[] up... health-care spending,’ a la *USA Today*<sup>555</sup> – implies that obese adults and children represent exorbitant costs to the government and thus to taxpayers. Alongside the welfare queen, the fat American and her children personify an untenable financial burden.

The cumulative effect of these five stigmas is to implicate black women in ‘the decline of the American way.’<sup>556</sup> Merged with the welfare queen in a semiotically laden public persona, the obese black woman becomes both the symbol and source of the deterioration of both the American state (encumbered by social services and medical expenses) and an American value system that prizes economic individualism, self-discipline, and moral fortitude. In the new political and cultural context characterized by a ‘war on fat,’<sup>557</sup> resentment toward national health care reform, and the dismantling of the social welfare state, ‘poor Black women simultaneously bec[o]me symbols of what [is] wrong with America and targets of social policies designed to shrink the government

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<sup>552</sup> Levi et al 3.

<sup>553</sup> Levi et al 28.

<sup>554</sup> Elizabeth Landau, ‘Health Care Costs to Bulge along with U.S. Waistlines,’ *CNN* 18 September 2012: <http://www.cnn.com/2012/09-18/health/us-obesity>.

<sup>555</sup> Quoted in Saguy 21.

<sup>556</sup> Hancock, *The Politics of Disgust* 50-51; Lubiano 337-338.

<sup>557</sup> Paul Campos, *The Obesity Myth: Why America’s Obsession with Weight is Hazardous to Your Health* (Penguin 2004), xvii; Farrell 9; Sander L. Gilman, *Fat: A Cultural History of Obesity* (Polity 2008), 15.

sector.<sup>558</sup> As America struggles to counterpose a 'tribal stigma' positing the 'obesity epidemic' as a sign of collective moral degeneracy, economic strain and military decline, the public identity of the fat black woman, as it reincarnates and embellishes that of the welfare queen, can serve as a powerful scapegoat of American decline and a target of derogatory, discriminatory, and punitive private and public reactions.

The dual 'disfigured images'<sup>559</sup> of the welfare queen and the obese American thus 'link certain focal points of anxiety'<sup>560</sup> in contemporary American political culture. Upon what Sander Gilman has called 'the coalescence of structures or codes of Otherness,' 'qualities ascribed to one bec[o]me the means of defining the difference of the other' such that these images 'thus become interchangeable at [this] point in history.'<sup>561</sup> The construction of this new controlling image substantiates Collins' argument that controlling images of black women 'are so pervasive that even though the images themselves change in the popular imagination, Black women's portrayal as the Other persists.'<sup>562</sup>

*Conclusion: personifying obesity, preserving white dominance*

In 1994 Nancy Fraser and Linda Gordon asserted that the image of the welfare queen 'is a powerful ideological trope that simultaneously organizes diffuse cultural anxieties and dissimulates their social bases.'<sup>563</sup> A decade later, representations of a national 'obesity epidemic' that foreground women of color may provide a seemingly transparent and impartial basis for a new trope with similar functions. Figured as a

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<sup>558</sup> Collins 88.

<sup>559</sup> Morton xi.

<sup>560</sup> Gilman, *Difference and Pathology* 37.

<sup>561</sup> Gilman, *Difference and Pathology* 30, 35.

<sup>562</sup> Collins 97.

<sup>563</sup> Nancy Fraser and Linda Gordon, 'A Genealogy of *Dependency*: Tracing a Keyword of the U.S. Welfare State,' *Signs* 19, no. 2 (1994), 327.

gluttonous, undisciplined black woman whose preventable pathology drains the public purse and whose bad mothering produces fat and deviant children, the new public identity of the obese American 'absorb[s] and condens[es]' the connotations of the controlling images that prefigure her and may 'usurp[] the symbolic space previously occupied' by them.<sup>564</sup> As what I have called the racialization of obesity effectively makes the face of America's purported public health crisis that of a black woman, this pathology becomes identified with nonwhiteness, validating white elite norms of body size and lifestyle practices as both morally and medically superior and repositioning whites as the norm from which nonwhites diverge. This set of discourses, even in its well-intentioned iterations, sustains a historically rooted process of ascribing the stigma of fatness to American minorities, precisely as this stigma is magnified by the simplistic equation of obesity with ill health. Finally, framed and inflected by neoliberalism's privatization of responsibility for health as a metaphor for broader entrepreneurial individualism and a 'politics of disgust' that continuously mobilizes controlling images of black womanhood, the racialization of obesity 'provides the kernel of truth to regularly breathe new life into old stereotypes,'<sup>565</sup> if not construct a new one. The public identity of the obese American fuses the most deplored features of its antecedents with the resurgent stigma of fatness. Fraser and Gordon's concept of the ideological trope proves useful here, for this new-but-old controlling image serves as a receptacle for the 'moral panic'<sup>566</sup> behind the obesity

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<sup>564</sup> Fraser and Gordon 327.

<sup>565</sup> Bobo, Kluegel, and Smith 41.

<sup>566</sup> Paul Campos, Abigail C. Saguy, Paul Ernsberger, Eric Oliver and Glen Gaesser, 'The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?', *International Journal of Epidemiology* 35, no. 1 (2006): 55-60.

epidemic and national anxiety over the ‘tribal stigma’ of fatness as it engulfs the country at large.

The racialization of obesity may also be a symptom of white anxiety over the declining status of whiteness and the demise of white normativity as obesity rates rise among whites as well as among minorities. (Among adults aged 20 and older, over two-thirds of whites are overweight and over one-third of whites are obese.<sup>567</sup>) As Farrell’s historical study of cultural representations of fatness shows, the denigration of fatness is ‘intricately related to gender as well as racial hierarchies, in particular the historical development of ‘whiteness.’<sup>568</sup> Since the late nineteenth century fatness has been constructed as a signifier of racial inferiority while thinness has come to signify status and upward social mobility.<sup>569</sup> Francis Ray White’s semiotic analysis of contemporary ‘fat (d)evolution images’ highlights how contemporary anti-obesity imagery not only equates obesity with human species devolution but also enacts a ‘radical othering’ of obese people as deviant from and destructive of white normativity, masculinity, and economic prosperity.<sup>570</sup> Perhaps now more than ever, fatness codes as a ‘stigmata of degeneration’ – a sign either of belonging to an inferior group or of pending degradation.<sup>571</sup>

In a semiotic context in which fatness signals both racial inferiority and status decline, and in an era when colorblind white dominance hinges upon the presumption that white people are normal and unmarked, fatness ‘mark[s] status on otherwise racially

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<sup>567</sup> Katherine Flegal, Margaret Carroll, Brian Kit, and Cynthia Ogden, ‘Prevalence of Obesity and Trends in the Distribution of the Distribution of Body Mass Index Among US Adults, 1999-2010,’ *JAMA* 307, no. 5 (2012): 491-497.

<sup>568</sup> Farrell 5.

<sup>569</sup> Farrell 60-81.

<sup>570</sup> Francis Ray White, ‘We’re Kind of Devolving’: Visual Tropes of Evolution in Obesity Discourse,’ *Critical Public Health* 23, no. 3 (2013): 320-330.

<sup>571</sup> Farrell 81.

unmarked white bodies.<sup>572</sup> High – even modal – numbers of fat white bodies imply widespread failure among whites to embody the neoliberal ethic of personal responsibility for health. Rising rates of obesity among the white American population may also appear to white elites who participate in the racialization of obesity as ‘tragedies’ of ‘wasted whiteness’ – squandered racial privilege and social capital.<sup>573</sup>

White elites’ escalating contempt for fat whites who apparently fail to embody neoliberal ideals, disappointment in other whites’ unfitness to capitalize on white privilege, and fear that widespread white obesity will degrade the status of whiteness for *all* whites accustomed to racial privilege provide motives for refocusing the obesity debate on minorities. Recursive moves to cast minorities as the face of the ‘obesity epidemic’ thus may be seen as a white racial project that responds to what other scholars have called the ‘crisis of whiteness,’ or the vulnerability of white privilege and white normativity amidst late-twentieth- and early-twenty-first-century demographic and economic shifts.<sup>574</sup>

Beyond reflecting and absorbing anxieties over national moral and economic decline and wasted racial capital, racialized imagery of obesity strengthens the racially exclusionary logic of biopower. Figured as both morally and physically deviant, the public identity of the obese American appears undeserving of social esteem, full citizenship, and the basic structural supports and public services contingent upon each. The racialization of obesity thus licenses and condones the disregard for black life that defines contemporary American biopower. Following Hancock’s analysis, once it is racialized, the term ‘obese

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<sup>572</sup> Naomi Murakawa, ‘The Methamphetamine ‘Epidemic,’ ‘Meth Mouth’ and the Racial Construction of Drug Scares,’ *Du Bois Review* 8, no. 1 (2011), 224.

<sup>573</sup> Jessie Daniels, ‘Intervention: Reality TV, Whiteness, and Narratives of Addiction,’ in *Critical Perspectives on Addiction (Advances in Medical Sociology, Volume 14)*, ed. Julie Netherland (Emerald Group 2012), 103-104, 115-121.

<sup>574</sup> Woody Doane, ‘Rethinking Whiteness Studies,’ in *White Out: The Continuing Significance of Racism*, eds. Ashley W. Doane and Eduardo Bonilla Silva (Routledge 2003), 15.

American' will serve a rhetorical purpose similar to that of 'welfare queen' and 'inner city': 'it becomes a code word for a certain 'type' of individual with certain 'pathological' behaviors preventing them from sharing in the American dream.'<sup>575</sup> Insofar as it feeds off of the deployment of 'fat panic,' discussed in Chapter 3, in order to do racial representational work that compromises the life chances of African Americans and reinforces an unequal structural racial order, the racialization of obesity demands critical scrutiny as a mode of racial formation in the contemporary era of colorblind white dominance.

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<sup>575</sup> Hancock, 'Contemporary Welfare Reform and the Public Identity of the Welfare Queen,' 36.

CONCLUSION  
BEYOND OBESITY

This project has explored America's purported 'obesity epidemic' through an analytics of biopolitics as it enables a reading of the higher prevalence of obesity among minorities as an embodiment of an unjust basic structure; an interrogation of how the dominant framing of obesity as a public health crisis augments the scope and capacities of biopower and cultivates self-disciplinary subjectivities in normal yet 'risky' bodies in compliance with status quo gender arrangements; and a critique of how the racialization of obesity further spoils the public identity of black women in service to continued white dominance. It has tried to offer new mappings of the interaction of symbolic and structural systems of power. It has sought to raise questions rather than provide answers, pointing to new directions in critical race studies, feminist theory, fat studies, and biopower studies. I hope that each substantive chapter has illuminated some of the ways in which we and our fellow citizens may be (dis)advantaged by unjust power arrangements; implicated in the operation of power and the norms it works through; interpellated by medical, political and popular discourses; politically and existentially (de)valued; and denied life chances by a governmentality defined by its affirmation of life. I hope whatever sentiments these illuminations provoke – perhaps discomfort, frustration, and re-acquaintance with profound and persistent injustices – inspire further investigations of the racial and gender dynamics of biopower.

The contrapuntal organization of this project has intended to cultivate a fruitful tension between approaches to obesity as a real public health problem disproportionately afflicting American minorities and a medico-political construct that serves biopower and

systems of white and male dominance. Both this framework and the tension it fosters are not only constructive, I argue, but necessary. This is because the racial dynamics of the ‘obesity epidemic’ make it a matter of both structural and symbolic injustice that demands both a politics of redistribution and a politics of recognition. Critical political theory has long oscillated between two distinct analytical paradigms of (in)justice.<sup>576</sup> The first paradigm, largely adopted in Part I (especially Chapter 2), conceives of injustice as a socioeconomic issue, rooted in the political-economic structure of society and characterized by spatial and economic marginalization, material deprivation, and exploitation. The second paradigm, largely adopted in Part II (especially Chapter 4), conceives of injustice as an issue of symbolic devaluation, rooted in social patterns of misrepresentation and characterized by the enforced cultural invisibility of and/or the malignant stereotyping of marginalized groups and the discursive hegemony of dominant groups, norms, and narratives.<sup>577</sup>

The higher prevalence of obesity among blacks and Latinos marks it as a structural or socioeconomic injustice whose remedy is basic structural transformation – vast and fundamental political-economic restructuring that would redistribute resources fairly along racial lines. Yet the racialization of obesity, insofar as it provides an empirical basis of white normativity and anti-black stigmas and stereotypes, constitutes a symbolic injustice whose remedy must involve contesting the pathologization of fatness, positively valorizing fat bodies as manifesting normative resistance and somatic diversity, and disarticulating controlling images of black femininity.

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<sup>576</sup> One canonical instantiation of this intra-disciplinary debate is Nancy Fraser and Axel Honneth, *Redistribution or Recognition? A Political-Philosophical Exchange* (Verso 2003).

<sup>577</sup> Nancy Fraser, *Justice Interruptus: Critical Reflections on the ‘Postsocialist’ Condition* (Routledge 1997), 14.

As both the material conditions and cultural contexts of their lives make minorities the face of obesity, this twofold problem's resolution would require the fundamental transformation of the basic structure as opposed to more superficial reform that recreates 'stigmatized classes of vulnerable people perceived as beneficiaries of specified largesse.'<sup>578</sup> Racial health disparities are symptoms or signs of 'the deep structures that generate racial disadvantage'; reforms to welfare and healthcare will likely only ameliorate these symptoms and while leaving a racist basic structure intact. Furthermore, these constant 'surface allocations' will continue 'to mark people of color as deficient and insatiable, as always needing more and more,'<sup>579</sup> and thus to generate resentment among Americans who fancy themselves avatars of economic individualism.

Only a radical transformation of the basic structure will rectify structural racial injustice so fundamentally as to erase, or render meaningfully chosen, the spatial and socioeconomic confinement of African Americans and their physical embodiment of inequality. Moreover, by destabilizing existing racial identities and differentiations largely derived from geographic and class (dis)advantage, overhaul of the underlying structure would not merely revalue Americans of color but would potentially transform *everyone's* sense of self.<sup>580</sup> Basic structural transformation and the destabilization of racial identity, white and male dominance, and the normative 'tyranny of thinness,' then, are the big dream of this project. I propose structural transformation not because of its practicality but to underline the necessity of an approach that eschews a single analytical approach to 'obesity' and accounts for both its structural and symbolic dimensions. Bearing in mind that

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<sup>578</sup> Fraser 26.

<sup>579</sup> Fraser 30-31.

<sup>580</sup> Fraser 24.

I view my contribution as a political theorist to be illumination rather than prescription, this project does open avenues for more modest future inquiries.

This investigation of obesity as a contemporary political phenomenon has taken on something both real and unreal and both old and new. In its suffusion with moral undertones, its utility to biopower, and its visceral grip on the American public imagination, obesity's dubious stature as public (health) enemy number one resembles the prior reigns of smoking and AIDS.<sup>581</sup> Yet in its role in sustaining gender and racial orders and in its 'outbreak' in the recent political context of a resurgent progressive food movement, the barely coded anti-black 'politics of disgust,' and the passage and judicial affirmation of national health care reform legislation that appears to many Americans as the dispersion to all of the preventable medical costs of some, obesity is historically and politically novel. By investigating obesity as both real and unreal and its old and new dimensions, I hope this project also contributes to understandings of epidemics as discursive productions shaped by historically specific conditions and struggles. As historical precedents such as the AIDS epidemic and the 'crack baby' epidemic show, the construction of public health problems is structured by inequalities of race, class, gender and sexuality.<sup>582</sup> This suggests that future analyses of epidemics under construction or yet to be constructed must interrogate the political context and effects of such constructions.

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<sup>581</sup> Jonathan Metzl, 'Introduction: Why Against Health?', in *Against Health: How Health Became the New Morality*, eds. Jonathan Metzl and Anna Kirkland (New York University Press 2010); Sander L. Gilman, *Fat: A Cultural History of Obesity* (Polity 2008), 7, 14, 23; Robert Crawford, 'Health as a Meaningful Social Practice,' *Health* 10, no. 4 (2006), 409, 414.

<sup>582</sup> Naomi Murakawa, 'The Methamphetamine 'Epidemic,' 'Meth Mouth' and the Racial Construction of Drug Scares,' *Du Bois Review* 8, no. 1 (2011), 219-220.

Critical postures toward constructed public health crises may become increasingly necessary as the term ‘epidemic’ is deployed with increasing frequency and imprudence.<sup>583</sup>

Future critiques should be mindful not only of the fact that constructions of epidemics are always political – invested with racial, class, gender, and other group interests and consequential for power relations – but also of how the discursive life of stigmas and stereotypes attendant to constructed epidemics often outlive the tenability of the ‘epidemic’ itself. For example, even after medical researchers debunked and banned from medical vocabulary the diagnosis of ‘crack babies’ born with genetic deficiencies and automatic drug addictions due to black maternal crack cocaine use,<sup>584</sup> the figure of the depraved black female crack addict who reproduces irresponsibly, transmits degenerate behavioral tendencies to her children, and burdens the welfare state ‘persisted in popular and political discourse because [it] matched racial common sense.’<sup>585</sup> While the public health problem framing and of obesity and its subsequent racialization did not initiate fat stigma or defamatory tropes of black femininity, both will likely persist in the public imaginary long after fatness is de-pathologized. The afterlife of the figures produced by fat panic, and the ways in which they support future racial, gender and political projects, may merit attention.

This project does not call for the categorical silencing or condemnation of obesity discourse; it does not seek to banish medical research, policy proposals, media coverage, or

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<sup>583</sup> I wonder, for instance, what gender, racial, and cosmetic industrial interests – in addition to genuine and well-founded public health concerns – underlie or stand to benefit from the recently declared melanoma or ‘tanning bed epidemic.’ Alan C. Geller, Sophie J. Balk, and David E. Fisher, ‘Stemming the Tanning Bed Epidemic: Time for Action,’ *Journal of the National Comprehensive Cancer Network* 10 (2012): 1311-1314; Wolfgang Weyers, ‘The ‘Epidemic’ of Melanoma between Under- and Over-Diagnosis,’ *Journal of Cutaneous Pathology* 39, no. 1 (2012): 9-16.

<sup>584</sup> Dorothy Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (Vintage 1997), 154-159.

<sup>585</sup> Murakawa 221.

public discussions of obesity that are rooted in concern for public health, social justice, and national wellbeing. Rather, it calls for becoming vigilant about the future workings of biopower, or for sustaining and extending an analytics of biopolitics. What other groups will biopower devalue, pathologize, and exclude from its nourishing capacities? What new public health problems will it deploy, what collective panics will it mobilize, for the purposes of extending its range of visibility and influence? What historically and geographically specific interests and material hierarchies does it support? Whose lives will become expendable to a power distinguished by its innovative ability to keep people alive? Indeed, as federal health officials begin to report declines in obesity rates among young children from poor families, signaling that this 'epidemic' may be stagnating or waning even among the country's most disadvantaged groups,<sup>586</sup> we might turn this analytics of biopolitics to emergent problems. What should come of this critique of obesity as a contemporary biopolitical phenomenon, and what I hope will be carried over to future projects of many kinds, is its concentration on the lives that are denied – deprived of the chance to stay alive and of the chance to flourish; deprived of recognition as healthy, desirable, or simply typical according to medical, gender, and racial norms; deprived of existential viability – in the name of public health and collective prosperity, those defining interests of a power over life that can be as privative as it can be productive.

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<sup>586</sup> Sabrina Tavernise, 'Broad Decline in Obesity Rate Seen in Poor Young Children,' *New York Times* 06 August 2013: <http://www.nytimes.com/2013/08/07/health/broad-decline-in-obesity-rate-seen-in-poor-young-children.html?hp&r=0>.

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