

LETTER TO EDITOR / CARTA AL EDITOR

Anthropologists Respond to The Lancet EAT Commission

The Nutrire CoLab, listed in alphabetical order: Diana Burnett; Megan A. Carney; Lauren Carruth; Sarah Chard; Maggie Dickinson; Alyshia Gálvez; Hanna Garth; Jessica Hardin; Adele Hite; Heather Howard; Lenore Manderson; Emily Mendenhall; Abril Saldaña-Tejeda; Dana Simmons; Natali Valdez; Emily Vasquez; Megan Warin; Emily Yates-Doerr

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The Lancet Commissions are widely known as aspirational pieces, providing the mechanisms for consortia and networks of researchers to organize, collate, interrogate and publish around a range of subjects. Although the Commissions are predominantly led by biomedical scientists and cognate public health professionals, many address social science questions and involve social science expertise. Medical anthropologist David Napier was lead author of the *Lancet* Commission on Culture and Health (2014), for example, and all commissions on global health (<https://www.thelancet.com/global-health/commissions>) address questions of social structure, everyday life, the social determinants of health, and global inequalities.

Founded in Stockholm in 2013 (and funded by the Stordalen Foundation, Stockholm Resilience Center and the Wellcome Trust), the EAT Foundation published *Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems* in January 2019. Led by Walter Willett (Professor of Epidemiology and Nutrition at Harvard Chan School of Public Health) and co-authored by 36 scientists from 16 countries around the world, the Commission aimed to use scientific targets to address how to feed the world within environmental limits. Concerned about the critical role of the food system in climate change, deforestation, biodiversity loss, water consumption and poor health, the Commission combined medical and environmental science knowledge to deliver a unified framework to quantify a sustainable food system for the future.

The final report brings to its readers -- public health professionals, policymakers across sectors, academics, journalists, the public -- a refreshing conversation about how to improve the health of populations and the sustainability of the planet¹. The authors propose multiple strategies to improve people's health through transformed global food systems. These strategies include defining a "healthy reference diet" for all populations to follow, re-orientating agricultural priorities away from producing high quantities of monocultural agriculture, applying a coordinated global food governance system, and halving food loss and waste.

Yet, the narrow way in which the EAT-Lancet Commission describes strategies to tackle broken food systems and poor population health requires revision. For instance, the Commission frames premature death as primarily a consequence of individual dietary and lifestyle choices, repeating the term "healthy diets" nearly 100 times. Interventions aimed at changing individuals' behaviors, and so addressing such choices, fail to address the more fundamental challenges of structural inequalities. The Commission promotes the language of sustainability, but the repeated and dominant focus on "healthy diets" as a means to achieve this "frame[s] health as an issue of personal responsibility and deflects societal responsibility for restructuring economic, political and food systems."² Moreover, the Commission overlooks the socio-cultural practices of the people who will be eating these healthy diets, and the complexities of nourishment that are at the heart of kinship, social life, and caregiving. We encourage those who read the Commission's report to consider individual and structural factors in conversation, and so to focus

on what it means to nourish populations.

By prioritizing and promoting "healthy diets" over other ways of nourishing, the Commission defines the problem as one of individual behavior and education rather than inequality within food systems and across societies. This is a critical misstep which, if enacted, would exacerbate the very problems the strategies seek to address³⁻⁶. For example, since the beginning of Spanish colonization in Mexico, European foods were presented as morally and nutritionally superior to traditional foods. European foods became crucial to the colonial enterprise, continuously disrupting Indigenous and traditional foodways. These histories, which play a central role in the now far-reaching spread of chronic disease^{7,8}, demonstrate how ineffective and potentially harmful diet-focused interventions can be^{2,4}. In arguing for the urgency of a "universal, healthy reference diet" (447), the Commission may repeat this pattern under the guise of environmental sustainability.

Nutrient supplementation, as suggested by the Commission, represents another commonly misplaced intervention. Public health nutrition fortification campaigns have not effectively reduced global rates of stunting, and randomized trials of nutrient supplements consistently demonstrate that supplemental feeding alone will not make people taller and healthier⁹. Nutrition research increasingly points to recurrent infectious diseases, which are shaped in large part by infrastructures that include water systems and universal health coverage, as a key determinant of severe and acute malnutrition⁸.

Diseases associated with malnutrition and obesity often reflect intergenerational histories of poverty and dispossession and resulting stress and trauma^{8,10}. Focusing on what foods and how many calories people consume erases environmental and economic exposures that shape diets and health across the life course⁸. This focus also assumes that different kinds of foods, including fresh foods, are readily available and affordable. This is not always the case. Further, access to fresh foods is but one piece of a larger problem^{8,10-12}.

Shifting attention and the language of policy responses from "healthy diets" to nourishment, which stems from the Latin word *nutrire* -- to feed and to cherish -- encompasses both food and care. Nourishment better captures ways to think empirically about how food environments are shaped, constrained, and confined. It draws attention to cultural factors and how these vary in different local contexts⁵. Concern for nourishment also insists upon holding corporations that shape the global food system accountable by addressing the political and economic foundations of food environments^{2,5,10,12}.

Ultimately individuals have little control over why they eat what they do^{6,13}. The concept of nourishment directs public attention towards sustainability in food, soil, air, water, bodies, and communities. This approach is in direct opposition to consumption-oriented economic development. This shift deprioritizes interventions and innovations that target individual behavioral change, instead pushing to change governmental and corporate policy to ensure people have the support and resources they need to nourish their loved ones.



Shifting attention and the language of policy responses from "healthy diets" to nourishment, which stems from the Latin word *nutrire* -- to feed and to cherish -- encompasses both food and care. (Photo by Gastón Saldaña).

Bibliographic references

1. Willett W, Rockström J, Loken B, et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. *Lancet*. 2019;393(10170):447-492. doi:10.1016/S0140-6736(18)31788-4
2. Gálvez A. *Eating NAFTA: Trade, Food Policies, and the Destruction of Mexico*. Berkeley: University of California Press; 2018.
3. Carruth L, Mendenhall E. "Wasting away": Diabetes, food insecurity, and medical insecurity in the Somali Region of Ethiopia. *Soc Sci Med*. 2019;228(March):155-163. doi:10.1016/j.socscimed.2019.03.026
4. Howard HA. Canadian Residential Schools and Urban Indigenous Knowledge Production about Diabetes. *Med Anthropol Cross Cult Stud Heal Illn*. 2014;33(6):529-545.
5. Yates-Doerr E. *The Weight of Obesity: Hunger and Global Health in Postwar Guatemala*. Berkeley: University of California Press; 2015.
6. Dickinson M. *Feeding the Crisis: Care and Abandonment in America's Food Safety Net*. Berkeley: University of California Press; 2019.
7. Saldaña-Tejeda A. "Why should I not take an apple or a fruit if I wash their underwear?" Food, Social Classification and Paid Domestic Work in Mexico. *J Intercult Stud*. 2012;33(2):121-137.
8. Valdez N. Redistribution of Reproductive Responsibility: On the Epigenetics of "Environment" in Prenatal Interventions. *Med Anthropol Q*. 2018;32(3):425-442.
9. Dewey K. Reducing stunting by improving maternal, infant and young child nutrition in regions such as South Asia: evidence, challenges and opportunities. *Matern Child Nutr*. 2016;12(Suppl 1):27-28.
10. Mendenhall E. *Rethinking Diabetes: Entanglements of Trauma, Poverty, and HIV*. Ithaca and London: Cornell University Press; 2019.
11. Warin M, Zivkovic T. *Fatness, Obesity and Disadvantage in the Australian Suburbs: Unpalatable Politics*. New York: Palgrave; 2019.
12. Carney M. *The Unending Hunger: Tracing Women and Food Insecurity Across Borders*. Berkeley: University of California Press; 2015.
13. Hardin J. *Faith and the Pursuit of Health: Cardiometabolic disorders in Samoa*. New Brunswick: Rutgers University Press; 2019.