# Food Oppression in a Pandemic

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Abstract: COVID-related racial disparities represent a spectrum of injustices and inequalities. Focusing on food oppression, this essay argues that racism infuses food law and policy in ways that contribute to racially disparate COVID deaths and severe illnesses. USDA nutrition program participants were at a nutritional disadvantage when COVID hit. Yet, government responses focused on food insecurity, not nutritional quality. Racism against a predominantly Black and brown labor force of essential food workers — from fields to meat plants to grocery stores - created tolerance for the administration's failure to protect or compensate some of the country's most vulnerable workers. When COVID-driven supply issues threatened to narrow white people's activities and choices, the favored response was to keep their options open by sacrificing Black and brown workers. A food oppression lens – understanding how corporate interests drive food policy - is necessary to achieve food equality in this pandemic and beyond.

Three months into the pandemic, after a study revealed that Black counties accounted for half of the U.S. coronavirus cases and 60% of the deaths, Dr. Millard D. Collins advised Black people to go vegan. Collins, a physician at Nashville's historically-Black Meharry Medical College, explained that "we have the worst health outcomes ... and the mortality of COVID-19 is directly proportional to this reality." Despite acknowledging that veganism would not prevent the virus from spreading in the Black community, Dr. Collins recommended this diet and lifestyle change to strengthen Black people's immune systems and increase their chances of survival.

By focusing on individual actions, Collins overlooked the reality that personal and cultural preferences only drive food choices to a small degree. Dr. Collins' comments highlight the way that food oppression — food law and policy driven by corporate inter-

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ests — led to racial disparities in severe COVID cases<sup>2</sup> and deaths. Since colonization and enslavement, law and policy have shaped the U.S. food landscape, creating structural barriers to nutritious diets for subordinated and marginalized populations. External forces, not cultural habits or individual taste, lead to higher rates of obesity, high blood pressure, heart disease, and type II diabetes in Black, Indigenous, and Latinx people. When COVID surfaced, these common conditions became comorbidities — underlying risk factors — that contributed to higher rates of severe COVID cases and related deaths. Although a structurally inequitable food system caused these disparities, Dr. Collins and others<sup>3</sup> beseeched their communities to control their health outcomes by making "good" choices. Indigenous (3.7 times), Latinx (3.06 times), and Black (2.85 times) people compared to white people.<sup>4</sup> Intensive care admissions were, compared to white patients, 6.49 times higher for Indigenous patients, 4.2 times higher for Latinx patients, and 3.17 times higher for Black patients. Indigenous people died 7.19 times more than white people, the Latinx death rate was 3.85 times higher, and the Black death rate 2.59 times higher than the white death rate.

Dr. Collins' proposed solution to these disparities, encouraging Black people to improve their diets, was particularly unrealistic at a time when access to healthy foods dropped significantly. The roots of this scarcity are in the federal government's response to the 1930s Depression. The 1933 Agricultural Adjustment Act

This essay applies a food oppression lens to the racial disparities in COVID cases and deaths. Amongst a multitude of well-documented contributing factors to these disparities, food law and policy's role is crucial yet underexplored. I begin with the data on COVID racial disparities and then underscore the futility of focusing on personal food choices to overturn them. I draw a line from the United States' foundational food policies to current Department of Agriculture (USDA) nutrition programs, including COVID relief, that perpetuate nutritional inequality. I then highlight how racism permeated the pandemic response. Finally, I focus on food workers, particularly meat processers, who suffered high rates of COVID cases and deaths when racism fueled government neglect and indifference.

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# **COVID Racial Disparities**

From March 2020 to February 2021, COVID-related hospitalizations were disproportionately higher for

- the first Farm Bill - ushered in an era of support for agricultural corporations. Subsidies helped Big Ag grow and consolidate to the point where a handful of corporations captured food and agricultural policy. By 2020, when COVID hit, market concentration in just a few agricultural producers made local responses to supply problems near impossible. Dairy farmers spilt their milk down drains while consumers clamored for their product. Food insecurity expanded, particularly in communities already subject to food apartheid. Racial segregation, fueled by law and policy,<sup>5</sup> created neighborhoods characterized both as food deserts void of fresh produce - and food swamps - inundated by cheap fast food. COVID accelerated the effects of a long U.S. tradition of establishing and maintaining white supremacy through food policy that began during colonization.

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# A Brief History of Food Oppression

## Colonization

Throughout its history, the U.S. government has used food as a tool to oppress and subordinate racialized groups.<sup>6</sup> During colonization, the U.S. deliberately starved Indigenous populations to force them from their land, coerce them into exploitative treaty agreements, and remove their children to abusive boarding schools. Later, it attempted to disappear Indigenous people into U.S. culture by imposing U.S. agricultural methods and diets on them. After destroying traditional food sources, the government wielded food rations as a weapon of control. These rations evolved into the USDA Food Distribution Program for Indian Reservations (FDPIR). The program supplies Indigenous communities with a steady stream of mostly unhealthy foods that cause obesity, type II diabetes, and other food-related illnesses.

## FDPIR

The unhealthy contents of FDPIR boxes reflect the USDA's commitment to offload the surplus commodities created by Farm Bill's corn, soy, wheat, milk, and meat subsidies. By distributing unhealthy, "American" foods to Indigenous nations instead of culturally appropriate, locally-sourced, and nutritious offerings, FDPIR continues the Indian assimilation project begun in the late 19th century. Many FDPIR recipients rely on FDPIR boxes, commonly called "commods," for all their calories. The diets fashioned and diseases fueled by FDPIR made Indigenous people disproportionately vulnerable to severe COVID cases and deaths.

## Enslavement

During chattel slavery, starving enslaved people was lawful unless it interfered with other enslavers' property rights in the form of food theft. When enslavers feared market competition from their enslaved workers' harvests, the law restricted those workers' rights to grow and sell food. These types of laws existed even after Emancipation, well into the Jim Crow era. Other regulations limited hunting and fishing licenses in ways that excluded Black sharecroppers.

The Freedmen's Bureau, designed to assist freed people, stopped distributing food rations to coerce them to return to exploitative agricultural labor. The Bureau then oversaw the contracts that would essentially re-enslave them.<sup>7</sup> Despite centuries of denying Black farmers the profits of their labor, the government programs that offered agricultural support in the 1930s excluded them. The nutrition programs that the government established to provide an outlet for the surpluses created by this support damaged Black people's health.

# Commodity Programs

The Farm Bill subsidies that allowed white-owned agri-business to flourish and hastened the decline of Black farming also led the government to target Black, Indigenous, and Latinx communities to receive non-nutritious, surplus commodities. Sometimes commodities went directly to poor Black and brown neighborhoods, where government workers threw large blocks of commodity cheese from the backs of trucks into hungry crowds.

Similarly, public school lunchrooms, which disproportionately serve Black and brown students, became sites of commodity food distribution and the Special Milk Program. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) gives out free formula — made of corn, milk, and soy — to low-income mothers who then became reliant on those products to feed their infants. People with the highest intake of federally subsidized food are significantly more likely to suffer from obesity or metabolic disease.<sup>8</sup> People with obesity and other food-related illnesses, in turn, had the highest rates of COVID hospitalization.

# **COVID Food Crises**

COVID intensified the nutritional inequities arising from this history of sacrificing subordinated groups' health for political and corporate gains. Instead of dying slow deaths from nutrition-related conditions, portions of the population subject to food oppression began to experience accelerated deaths when foodrelated illnesses worsened COVID's effects. At the same time, unemployment and food shortages led to a dramatic rise in food insecurity. The Trump administration seized this opportunity to purchase increased amounts of subsidized commodities for emergency food programs.

COVID food relief programs favored large agricultural interests.<sup>9</sup> They did not seek to improve the health profiles of people suffering from the poor nutritional effects of commodity-driven USDA programs. Instead, food quality declined. A picture of a Buffalo school district lunch — a shriveled hot dog next to some tater tots — went viral.<sup>10</sup> Twice during the pandemic, infant formula — a product that WIC and other government entities marketed heavily to Black and Latinx families — suddenly became scarce.<sup>11</sup> Neither the formula companies nor the USDA offered to assist families who had become dependent on its use.<sup>12</sup> Instead, when COVID's worst effects disproportion-

HEALTH JUSTICE: ENGAGING CRITICAL PERSPECTIVES IN HEALTH LAW AND POLICY • WINTER 2022 The Journal of Law, Medicine & Ethics, 50 (2022): 711-718. © 2023 The Author(s) ately burdened non-white groups, the Trump administration was slow to act.

## **Racist Pandemic Response**

Trump launched a wave of anti-Asian hate crimes through racist rhetoric in a tweet labelling COVID the "Chinese flu" on March 16, 2020.<sup>13</sup> Violence and harassment against Asian Americans increased instead of abated as the pandemic went on.<sup>14</sup> In July 2020, two boys set an 81-year-old Chinese woman on fire in Brooklyn.<sup>15</sup> Another perpetrator killed an 84-year-old Thai man with a hard shove to the ground in San Francisco in January 2021. In New York, in March 2021, a man kicked a 65-year-old Filipina woman in the stomach and head repeatedly while security guards, caught on tape, closed their building's door instead of assisting her.<sup>16</sup> In March 2022, two Asian men suffered hate-inspired attacks in New York city subways.<sup>17</sup>

Trump's attachment to the idea that the virus was Chinese had fatal effects. Despite banning visitors from China to the U.S. on February 1, 2020, Trump did not impose a ban on travelers from European virus hotspots until mid-March.<sup>18</sup> An earlier ban would have prevented New York from being overwhelmed by cases and deaths in spring 2020.<sup>19</sup> Even after Trump restricted Europeans from entering the country, he did not initially include citizens of the United Kingdom and Ireland. Politics motivated this decision, not science.<sup>20</sup>

If Trump had initially taken the virus more seriously, putting social distancing and other protective measures in place one week earlier, he would have avoided 49.4% of U.S. deaths (32,335) and 52.6% of infections (601,667 cases).<sup>21</sup> Taking action two weeks earlier would have prevented 90.8% of deaths (59,351) and 91% of infections (1,041,261 cases).

Confusion about the demographics of the virus's impact led to quickly shifting policies. At first, COVID seemed color blind, although some sources hypothesized that darker-skinned people had natural immunity to it.<sup>22</sup> Strict lockdowns went into effect across the country. But soon emerging racial data on infections and deaths revealed disparate racial effects.<sup>23</sup>

In April 2020, almost half of the cases and 81% of the deaths in Milwaukee County, Wisconsin were among Black people, who made up only 26% of the population.<sup>24</sup> In Michigan, which is 14% Black, Black people represented 35% of the cases and 40% of the deaths. Systemic social inequality drove these disparities. But the state's immediate public health response focused on individual behavior, such as hand-washing.<sup>25</sup> This approach conflicted with the lived reali-

ties of some of the most-affected communities.<sup>26</sup> For example, in Flint, MI, residents living with a contaminated water supply had to balance the dangers of contracting COVID with the harm of exposing their skin to poisoned water.

## Essential Workers

At first, the media held up essential workers — not just doctors and nurses, but grocery and warehouse employees — as heroes. While onlookers applauded their bravery and commitment to their jobs, the government failed to provide these workers, who were disproportionately non-white,<sup>27</sup> with personal protective equipment (PPE). Instead of producing and purchasing more PPE, the government framed the shortage as a problem for individuals to solve, asking people not to drain the national supply of PPE by hoarding.

Initially, corporations like Amazon, Rite Aid, and Kroger boosted their reputations and retained their work forces by rewarding "frontlines" workers with hazard pay.<sup>28</sup> Two months later, their generosity exhausted, companies dropped hazard pay and took steps to silence activist workers.<sup>29</sup> Racism drove reopening schemes in many states, as white people prioritized their haircuts and golf games over the health and welfare of the predominantly Black, brown, Asian, and Indigenous people who they expected to provide these services.

Food and agricultural workers, who are disproportionately non-white, suffered high rates of COVID cases and deaths due to government neglect. In California, there was a 39% jump in food and agricultural workers' deaths in the pandemic's first phase.<sup>30</sup> For Latinx agricultural workers, mortality rates increased by 59%. Between April and December 2020, the state's food production facilities violated COVID protocols at higher rates than all other industries combined.<sup>31</sup> These violations occurred four times more often than in any other industry, including hospitals, nursing homes, and prisons.

# Failure to Protect Meat Plant Workers

Work conditions in meat processing plants, where distancing was impossible, made the virus spread quickly and brutally.<sup>32</sup> Beholden to the meat industry, Trump relied on several misperceptions to justify keeping meat plants open. He pointed to empty meat sections in grocery stores as proof that the meat supply was low. This was a lie. Driver shortages and the closing of restaurants and large institutions bottlenecked distribution and stymied meat corporations with the need to repackage their products for individual consumers.<sup>33</sup> While grocery inventory dwindled, exports remained at or exceeded pre-pandemic levels. Many consumers happily turned to other sources of protein.<sup>34</sup> Some acted on their belief that animal consumption was the root cause of the pandemic.<sup>35</sup> Others sacrificed in solidarity with meat plant workers.<sup>36</sup>

Almost 90% of the "big five" meat corporations' plants had high Covid case and death rates during the pandemic's first year. Workers at Tyson, JBS, Cargill, Smithfield, and National Beef recorded 59,000 cases and 269 deaths between March 2020 and February 2021.<sup>37</sup> At first, local authorities required meat processing plants where COVID raged to shut down. But, fearing profit loss, industry trade councils appealed to politicians to override local safeguards. These efforts led Homeland Security to add meat workers to the list of essential workers on March 19, 2020.<sup>38</sup>

Then, on April 20, 2020, Iowa Governor Kim Reynolds required all state meatpacking plants to stay open regardless of their case rates.<sup>39</sup> Trump went one step further, ordering *all* meat and poultry processers in the country to remain open no matter how high their cases or deaths were.<sup>40</sup> One month after Trump issued the order, meat worker infections more than tripled and deaths quadrupled.<sup>41</sup>

When Smithfield's Sioux Falls, South Dakota plant closed for OSHA violations on April 14, 2020, it was the largest hotspot in the country. Less than a month later, on May 6, 2020, it reopened with the USDA's blessing. By December 2020, the plant recorded 1294 cases of infected workers, including 43 who required hospitalization and four who died.<sup>42</sup> Two thirds of these cases occurred in departments (harvest, cut, and conversion) where the plant did not enforce OSHA's six-foot distancing rules.

OSHA failed to intervene at Tyson's Waterloo, Iowa plant, where managers made bets on how many workers would become infected.<sup>43</sup> By December 2020, more than 1,000 of the plant's employees had been infected and six had died. Despite rising infections, the Trump administration enacted new rules to speed up processing times. These rules forced meat processors to abandon protocols proven to reduce COVID transmission.<sup>44</sup> A 2022 House Subcommittee report confirmed that Trump's industry loyalty led directly to excessive cases and deaths among meat plant workers and their communities.<sup>45</sup>

Putting profit over people is nothing new in politics. But why did meat corporations get special treatment that other powerful industries did not enjoy? Why did the public allow the administration to sacrifice workers and their families for an uninterrupted supply of hamburgers? A July 2020 report revealed that 87% of meat plant workers infected with COVID were "racial or ethnic minorities." This rate is even higher than their general representation among meat plant workers, which is 61%.<sup>46</sup> Over half of the meat workers infected in the first few months of the pandemic were Latinx.

Later, when vaccines finally offered some hope of reducing infections and deaths, Nebraska's governor, Pete Ricketts, said that he did not expect undocumented meat plant workers — essential workers who made up 14% of plant employees — to receive them.<sup>47</sup> He later revised his statement to concede that they would be "at the back of the line." Racism, not an imminent meat shortage, let COVID run wild in the Black and brown communities surrounding meat processing plants.

# Conclusion

While some doctors chastised Black communities for poor eating, the media celebrated white people's choices to return to unhealthy comfort foods to cope with the pandemic.<sup>48</sup> While they nostalgically stocked up on Chef Boyardee, food bank stores dwindled. Getting food at all was a blessing for many people demanding better food was off the table. So far, the pandemic represents a lost opportunity to recognize how food oppression operates. Government complicity in boosting the profits of food and agricultural corporations at the expense of populations who lack political leverage is deadly in the short and long run. This essay is a wake-up call for activists and advocates to demand reforms that will lessen the disparities in who the next pandemic hits hardest.

To achieve meaningful change, it is imperative to remove corporate influence from federal food policy. Agricultural subsidies should follow from our nutritional needs, not corporate lobbying. This would lead to a flip in food prices, with fresh fruits and vegetables becoming cheaper than meat and milk products or fast food.

The federal Dietary Guidelines should reflect the results of independent (not industry-funded) medical and nutritional research. If they did, the dairy cup that sits alongside MyPlate would disappear, along with the Special Milk Program for public schools. Meat's representation would shrink while fruits, vegetables, and legumes would fill the plate. The programs required to follow these guidelines, including meals offered at schools and other institutions, would become healthier. Test scores and other markers of educational achievement would reflect that.

WIC would no longer serve as a marketing tool for the formula industry. The program would allow its participants to select a range of organic, healthy foods.

HEALTH JUSTICE: ENGAGING CRITICAL PERSPECTIVES IN HEALTH LAW AND POLICY • WINTER 2022 The Journal of Law, Medicine & Ethics, 50 (2022): 711-718. © 2023 The Author(s) It would not restrict access to its benefits to women who submit to a medical diagnosis of being "at nutritional risk." This humiliating and inconvenient prerequisite arose from a belief that the program would serve mostly Black and Latina women and children. Emergency food banks would focus on purchasing nutritious foods that help combat and prevent illness. FDPIR would source its food primarily from Indigenous farmers and producers. Employment laws would recognize and protect our most valuable workers.

While we wait to achieve this new reality on a federal level, states and municipalities can act. They can raise the standards for the food served in their institutions. They can expand food distribution programs in quality and access. They can devote greater portions of their budget to improve nutrition and food access. They can appoint food program directors that represent the communities that these programs serve.

Advocacy and leadership must come from both racial justice and food justice organizations. Raising awareness of how these two areas intersect includes educating the public on how corporations and government rely on racial stereotypes to mask how law and policy, not personal or cultural taste, determine our diets. Because the problem of food inequality arises from structural forces built on centuries of law and policy, individual acts can never solve it. Understanding this history and fighting for a better future are the only ways forward to food and racial justice.

#### Note

The author has no conflicts to disclose.

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