Structural Racialization and Food Insecurity in the United States

A Report to the
U.N. Human Rights Committee on the International Covenant on Civil and Political Rights

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A Response to the

Fourth Periodic Report of the United States of America, December 2011

Structural Racialization and Food Insecurity in the United States

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Haas Institute for a Fair and Inclusive Society as part of 30 shadow reports that comprise the joint submission filed by the US Human Rights Network (USHRN), a compilation of shadow reports by civil and human rights organizations and advocates from across the country, and emphasizes shortcomings in the United States’ implementation of its fundamental human rights obligations under the ICCPR, August 2013.

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Center for Food Safety
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Edible Schoolyard Project
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INTRODUCTION

As a signatory to the United Nations’ treaty on the International Covenant on Civil and Political Rights (ICCPR), the United States is obligated to declare and pursue a set of policies that would eliminate all public and private practices that are rooted in any form of racial and ethnic discrimination in order to guarantee that all citizens have equitable access to their civil and political rights. The United States government’s fourth periodic report of 2011 (hereinafter the Report) celebrates the election of President Barack Obama as the first Black/African American President, as one of the steps forward to eliminate all forms of racial discrimination. However, the Report has failed to examine the outcomes of racialized policies that have led to food insecurity among low-income households and people of color. These outcomes include inadequate distribution of healthy and nutritious food and food deserts in the U.S., which disproportionately impact the health and well-being of many communities of color. Furthermore, the Report failed to mention or reference any particular policies and remedies that the U.S. government must undertake to ensure the right and access to adequate food. Accordingly, the federal government and legislative authorities have an obligation to address these racial and ethnic disparities and improve overall conditions for these impacted communities.

Access to adequate food is a broader concept that includes the right of a person or community to purchase or produce his or her own food. For an individual or community to produce their own food, they need access to land, seeds, water, and other resources; and to purchase healthy food, one needs both financial resources and accessibility, i.e. transportation and/or close proximity to where healthy food is produced or sold.

The United Nations’ Economic and Social Council, in their general comment, defines access to healthy food as a rights issue: “[t]he right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement,” and Article 1 in the International Covenant on Civil and Political Rights emphasizes that it is “the right of all people to freely determine their political status and freely pursue their economic, social and cultural development.” In addition, the elimination of hunger and malnutrition has been recognized in many international covenants and declarations such as the Universal Declaration on Human Rights (1948), the Declaration of the Rights of the Child (1959), the

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Universal Declaration on the Eradication of Hunger and Malnutrition (1974), the Declaration on the Protection of Women and Children in Emergency and Armed Conflicts (1974), the Declaration of Principles of the World Conference on Agrarian Reform and Rural Development (1979), the International Conference on Nutrition (ICN), the World Declaration on Nutrition (1992), and many other international conferences that emphasized the right to food.

Food insecurity in the U.S. has reached a record high, affecting many low-income people, particularly people of color. The 2012 report by the U.S. Department of Agriculture (USDA) revealed that “[i]n 2011, 85.1 percent of U.S. households were food secure throughout the year. The remaining 14.9 percent (17.9 million households [over 50 million persons]) were food insecure.”

The USDA report also found that “[f]or households with incomes near or below the poverty line, households with children headed by single women or single men, and Black and Hispanic households, rates of food insecurity were substantially higher than the national average. Food insecurity was more common in large cities and rural areas than in suburban areas and other outlying areas around large cities.” Furthermore, food insecurity and food deserts are prevalent in areas where other racialized policy outcomes are visible, such as areas impacted by home foreclosures, lack of funding for public schools, lack of adequate public transportation, and high levels of health disparities.

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The United States government has responded to food insecurity in terms of government and private assistance, and charity programs, such as the Domestic Nutrition Assistance Programs (DNAPs), the Supplemental Nutrition Assistance Program (SNAP), the Special Supplement Nutrition Program for Women, Infants, and Children (WIC), and food pantries and emergency kitchens. Despite having these programs, the federal government still fails to recognize access to adequate food as a human rights issue. Therefore, the failure of U.S. law to approach food insecurity as a fundamental human rights issue has hindered federal and state capacity to be consistent with the requirements of the ICCPR treaty obligations. U.S. law and federal government policies should strive to guarantee that all individuals and communities are free from want in terms of their food security. Otherwise, the U.S. constitutional and statutory law is at risk of regressing further.

THE CONTEXT

Currently in the United States, racial inequalities and disparities stem from structural racialization. While structural racialization does not require racist actors, its outcomes generate and perpetuate preexisting racial and ethnic inequalities. Structural racialization is a “set of practices, cultural norms, and institutional arrangements that are both reflective of and simultaneously help to create and maintain racialized outcomes in society.” As such, understanding that access to adequate life opportunities – including the right to food – requires a more holistic approach to policy-making and implementation from the U.S. government. In order to eliminate all forms of racial and ethnic discrimination, which stem from structural racialization, the federal government and legislative authorities need to guarantee equitable access to education, transportation, housing, employment, and health care to all citizens and residents. Furthermore, to eliminate such structural barriers in the United States, one needs to analyze how public and private institutions are structured and how government programs are administered and operated to reproduce racialized outcomes that harm communities further.

4 Such as the World Employment Conference (1976), the World Food Programme (1977), the Codex Alimentarius Commission of the Code of Ethics for International Trade (1979), and the Plan of Action of the World Food Summit (1996).


marginalized communities. Since the production of racial inequality in American society is less a product of individual racial animus or maliciously moti-

**STRUCTURAL RACIALIZATION**

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Causes of Food Insecurity and Food Deserts

Under statutory framework, the Report correctly emphasized that, “[t]he federal government is actively engaged in the enforcement of such statutes against discrimination in the areas of employment, housing and housing finance, access to public accommodations, and education.” Yet the Report failed to mention that the policy-making authority, at the local, state and/or federal level, is highly fragmented. This fragmentation has harmful implications on racial and ethnic equity in American society today. For example, racialized outcomes that stem from other domains, i.e. housing, education, transportation, and income inequality, severely impact accessibility to healthy food, and increase food insecurity within many communities of color. Well-intentioned policy programs, such as the American Recovery and Reinvestment Act of 2009, can work against actors in other domains (i.e. worsening neighborhood conditions and transportation, and increasing the wealth gap) to reproduce structural inequality to accessing fresh and nutritious food at affordable prices for communities of color. Furthermore, food insecurity in the U.S. is not a result of food shortages; rather, it is a result of persistent structural and racial inequalities that continue to limit communities of color to access better socio-economic opportunities. As racial and economic inequality remains endemic to most metropolitan regions in the U.S., it is exacerbated by the lack of coordination between local, state, and federal authorities. These racial and economic inequalities are built on preexisting racialized inequalities, including segregation and social isolation of many neighborhoods. As such, essential services, including access to fresh and healthy food, require adequate infrastructure that enable access to public transportation, public safety services, and nutrition education programs in K-12 public schools.

While the ICCPR calls for the adaptation of special measures by signatory states to ensure the right of all people to pursue their economic, social and cultural development, the U.S. government has attempted to rationalize policies that have reproduced racialized outcomes and cite the existing inequality as resulting from conditions beyond its control. For example, the Report cites the Affordable Care Act, signed into law by President Obama on March 23, 2010, as a statutory framework that “extend[s] the application of existing federal civil rights laws prohibiting discrimination on the basis of race, color, national origin, sex, disability, and age to any health program or activity receiving federal financial assistance, including credits, subsidies, or contracts of insurance; any health program or activity administrated by an executive agency; or any entity established under Title I of the Affordable Care Act.” However, the Report failed to mention racial and ethnic disparities that persist with respect to food insecurity and food deserts. For example, the percentage of African Americans/Blacks and Latinos who face food insecurity in 2011 was 25.1% and

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8 Fourth Periodic Report of the United States of America, December 2011, see paragraph 42.

9 Article 1 of the International Covenant on Civil and Political Rights ICCPR (1966)

10 Id. see paragraph 44.
26.2%, respectively, while the same statistic for the Caucasian/White population was approximately 13% during the same period.

While the Report recognized that health disparities exist among White and non-White racial and ethnic minority populations, it failed to recognize that access to healthy food is a fundamental aspect of well being for the whole society. The Report cites the Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities (USDHHS) as a strategy to end health disparities and achieve health equity. The HHS action plan suggests that to address heart attacks, cancer and strokes, there is a need to address a “broad range of risk factors and conditions including poor nutrition and physical activities, tobacco use, and others.” However, the HHS action plan avoids addressing food insecurity and food deserts as major contributors to poor health among racial and ethnic minority populations. As such, neither the HHS action plan nor the Report provide any set of federal or state policies to eliminate food insecurity and food deserts that impact mostly marginalized communities in the U.S.

**Structural Inequality and Food Insecurity**

It is now widely recognized that access to healthy and nutritious food is a human rights issue. The right to food requires governments to take action at the national level to build and ensure conditions that would allow all people at all times to feed themselves and access nutritious food for their well being. This includes easing the financial burden and creating the means to access adequate and healthy food. Access to adequate food is not only a choice; it is a right that depends on strong and inclusive social, economic, legal and political structures. In that context, access to adequate and nutritious food shall be approached as a human rights issue and not simply viewed as an issue that can be addressed by a system of assistance or charity. Moreover, access to safe and healthy food also reflects the wider racial, ethnic and class disparities in the U.S. that are caused by structural inequality in health, social, economic, and political domains.

The American Human Development Report 2013-2014 (AHDR) states that the well being of individuals and communities depends on the following: human development; access to knowledge; a decent standard of living; and a long and healthy life. In three of these four indicators, people of color, with the exception of the long and healthy life factor, are placed behind the White population in the U.S. Similarly, in terms of longevity and earnings, the AHDR reveals that there has been extraordinarily uneven progress, and some setback, over the last decade with respect to minority populations versus White populations. Furthermore, the lack of economic resources and physical access to healthy food forces people to make unrealistic “trade-offs between purchasing low-cost, poor quality food and higher-cost, healthful foods” that also “can make people vulnerable to both food insecurity and obesity.”

**Income Inequality and Food Insecurity**

As food insecurity has gotten worse since the financial crisis of 2008, most Americans who live below the poverty line have experienced mounting challenges to adequately secure food in their households. Among those living below the poverty line, communities of color make up the majority, with Native Americans holding the highest poverty rate at 29.5%. For example, the household wealth of White Americans, which is different from household

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Income inequality

Among those living below the poverty line, communities of color make up the majority, with Native Americans holding the highest poverty rate at 29.5%. The household wealth of White Americans is 20 times that of Black households and 18 times that of Latino households.

The role of U.S. government policies in perpetuating food insecurity and food deserts

The U.S. government has undertaken a number of initiatives that attempt to reduce food insecurity and increase accessibility to healthy food. Among those initiatives is the “Let’s Move” project, spearheaded by Michelle Obama in February 2010. This project aims to reduce childhood obesity and eliminate food deserts in the United States. The First Lady’s ambitious initiative has created more awareness around nutrition and health across the country and has created a number of programs to increase education around healthy food, make healthy foods more accessible, and encourage physical activity and exercise.

Equal Protection in Education paragraphs 55-71.

20 “Household net worth or wealth is an important defining factor of economic well being in the United States. In times of economic hardship, such as unemployment, illness, or divorce, a person’s or household’s financial assets [savings accounts, stocks and mutual funds, interest-earning assets, real estate, etc.] are an additional source of income to help pay expenses and bills. Household income is the combined gross income of all members of a household who are 15 years or older” and does not include financial assets “United States Census Bureau 2013.” About Wealth and Asset Ownership. Available at <http://www.census.gov/people/wealth/about/>


23 IHRC, Nourishing Change: Fulfilling the Right to Food in the United States. NYU School of Law International Human Rights Clinic (2013).

24 See the Fourth Periodic Report of the United States of America to the United Nations Human Rights Committee under: Statutory Framework:

25 “Food insecurity and insufficiency are associated with adverse health and developmental outcomes in U.S. children (5–12). Among 6- to 12-year-old children, food insufficiency was associated with poorer mathematics scores, grade repetition, absenteeism, tardiness, and visits to a psychologist, anxiety, aggression, psychosocial dysfunction, and difficulty getting along with other children (13–15). Among 15- to 16-year-old adolescents, food insufficiency was associated with depressive disorders and suicide symptoms after controlling for income and other factors (16).” The Journal of Nutrition, Food Insecurity Affects School Children’s Academic Performance, Weight Gain, and Social Skills, (May 2005), available at <http://jn.nutrition.org/content/135/12/2831.full>.

26 “The Departments of Treasury, Health and Human Services and Agriculture will aim to expand the availability of nutritious food through the establishment of healthy food retail outlets, including developing and equipping grocery stores, small retailers, corner stores and farmers markets to help revitalize neighborhoods that currently lack these options”. Apps.ams. usda.gov. 2011. Agricultural Marketing Service - Creating Access to Healthy, Affordable Food, available at <http://apps.ams.usda.gov/fooddeserts/grant-Opportunities.aspx>.
Michelle Obama’s initiative recognizes the overwhelming disparities that exist with respect to food access and healthy living in the U.S., with more than 23.5 million Americans, including 6.5 million children, living in low-income urban and rural neighborhoods that are more than one mile from the supermarket. However, the initiative must do more to address the disproportionate impact that food insecurity and food deserts have on the overall health of communities of color: “African Americans are 1.8 times more likely to have diabetes as non-Hispanic whites. It is estimated that 2.5 million of all Hispanic/Latino Americans aged 20 years or older have diabetes.”

“Of all racial and ethnic groups, Native Americans and Alaskan Natives die at the earliest age due to diabetes, 68.2 years. This is 6.4 years younger than Caucasians. African Americans die from diabetes at a rate of 97.6 per 100,000, much higher than for any other racial/ethnic group.”

The “Let’s Move” campaign has promised to open over 1,000 supermarkets that would provide healthy food in urban neighborhoods. As part of this, in July 2011, Walmart pledged to open 300 stores by 2016, but as of May 2012, only 23 stores had been opened. The campaign also collaborated with Walmart to draft a “Nutrition Charter” for the company to include healthier and more affordable food options on their shelves and provide customers with more information about healthy food options. As part of this initiative, the U.S. government should do more to incentivize local businesses to provide healthier food within their stores to encourage better dietary habits. Moreover, such an incentive program would also provide more economic sustainability for the community itself, which would allow more access to other opportunities.

Part of the White House’s plan to increase awareness around food and health has been to map the food deserts in America, using census data to track different population sectors by socio-economic indicators. While this information is very helpful for many different audiences (individuals, civil society actors, and planners), some of the information used obfuscates the facts on the ground. For example, the U.S. government’s North American Industry Classification System uses the same classification for both small and large supermarkets. However, smaller supermarkets do not offer the same variety and options of healthy foods as larger supermarkets. Moreover, oftentimes, it is these small supermarkets that exist within lower-income communities, while higher-income communities have access to the larger, better-stocked supermarkets. Additionally, the statistic from a study about the local supermarkets in Santa Clara County, California, perfectly describes the problem with this system of classification: “large supermarkets represent 57.1% of all supermarket-classified locations in the higher-income area” while “large supermarkets represent only 22.2% of the supermarkets surveyed in lower-income areas.”

As a result, these lower-income neighborhoods are being included as

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**HEALTH INEQUALITY**

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Latino Americans aged 20 years or older have diabetes. Mexican Americans are 1.7 times more likely to have diabetes as non-Hispanic whites;” and “Mortality rates associated with obesity and diabetes are also higher within minority populations. Of all racial and ethnic groups, Native Americans and Alaskan Natives die at the earliest age due to diabetes, 68.2 years. This is 6.4 years younger than Caucasians. African Americans die from diabetes at a rate of 97.6 per 100,000, much higher than for any other racial/ethnic group.”

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27 Letsmove.gov. Promote Affordable, Accessible Food | Let’s Move! Available at: <http://www.letsmove.gov/promote-affordable-accessible-food>
having access to supermarkets, although the food to which they have access is not necessarily healthy, and may in fact contribute to poor dietary habits, including consumption of alcohol, processed foods, and sugary drinks.

Another issue which demands the attention of the U.S. government and its legislative authorities is the Farm Bill that recently passed through the Senate in May 2013, which made exceptional cuts to the government’s food assistance program, such as the Supplemental Nutrition Assistance Program (SNAP). Currently, the Congressional Budget Office estimates that “enacting the [Senate’s] draft legislation would reduce direct spending by $18 billion” over the next ten years, which includes a $4 billion cut from the SNAP program. These cuts would impact the 46 million people who receive SNAP benefits and would eliminate nearly two million people from receiving any SNAP benefits at all.

The United States government must maintain its obligations under the ICCPR to eliminate structural racialization, and with this in mind, must not eliminate government programs that aim to assist and improve access to healthy food for minority and low-income populations.

**RECOMMENDATIONS**

For the United States to fulfill its obligations under the ICCPR and ensure equitable access to social, cultural, economic and political opportunities, the federal government and its legislative authorities need to recognize the right to food as a human rights issue that will inevitably affect the realization of other rights and ultimately reduce racial and structural inequalities in the U.S. Furthermore, treating access to adequate and healthy food as a human rights issue allows the federal government to combat food insecurity and food deserts more effectively. In doing so, access to adequate and healthy food will shift the focus from individual and private domains to government responsibility. This not only ensures that all people have access to food at all times, but also empowers and affords them greater social and political participation. For the United States to fulfill its obligations under the ICCPR treaty, the federal government and its legislative authorities should act on the following:

- Affirmatively link the right to food, housing, school, employment, transportation, health care and other political and cultural opportunities.
- Incorporate the right to food as a basic right within its rights-based approach framework.
- Provide targeted government programs to low-income populations and communities of color that will guarantee the right to healthy and affordable food.
- Amend the Farm Bill to include a more robust budget for its SNAP, DNAP, and WIC programs to adequately address food security for America’s most marginalized communities.
- Provide better-targeted assistance, education, and relief to communities of color as part of the “Let’s Move” initiative.

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34 Id.
• Ensure that all workers in the food chain industries have access to quality jobs with dignified working conditions and livable wages.

• Create economic opportunities and incentives for locally owned businesses to carry affordable, fresh, and healthy foods within food deserts.

• Amend the classification guidelines for supermarkets in the North American Industry Classification System to ensure that supermarkets can be classified according to size and food inventory.

• Make food and nutrition education mandatory within public school systems from elementary to high schools.

• Provide healthy and affordable foods to all students within public schools K-12 across the U.S.

• Encourage and fund both the U.S. Department of Health and Human Services, and U.S. Department of Agriculture to collect data and monitor disparities in food security and food deserts on the basis of income, race, ethnicity, gender, and immigration status.

• And lastly, further to the above, once such data is collected, policies should be created and implemented to mitigate food insecurity and provide targeted assistance to those impacted households and communities.

The Haas Institute for a Fair and Inclusive Society at University of California-Berkeley brings together researchers, organizers, stakeholders, communicators, and policymakers to identify and eliminate the barriers to an inclusive, just, and sustainable society and to create transformative change toward a more equitable nation.