

Dead Food, the Political Economy of Disease and Climate Injustice: Cynical Reason and Decolonial Feminist Bioethics

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Abstract: In this article, the author argues that unchecked political power held by big corporations is one of the most important factors driving the proliferation of ineffective public policies against hunger and climate change. One of the most pressing ethical issues, that currently receives little attention in bioethics, is the normalization of tolerance toward structural injustice in institutions and organizations that have the responsibility of leading the way in the global fight to eradicate hunger and confront climate change. This cultural, ethical, and political issue can be better understood as part of what the author has conceptualized as institutionalized cynical reason.

Keywords: climate change, cynical reason, ethics, hunger, justice

1. Introduction

Inaction or insufficient policies against hunger and climate change are not a consequence of lack of conclusive and robust social and scientific evidence about the causes of the problem but the logical result of institutionalised cynical reason. This is a pressing ethical issue demands attention in the field of bioethics.

Bureaucrats, politicians and businessmen react to climate change, at best, with apolitical idealisations that flirt with techno-optimism. At worst, leaders respond by denying that climate change is real or that it requires structural changes. Most frequently, the governmental response to hunger is to provide what I understand as *dead food*. The production of “dead food” (Arguedas-Ramírez 2019) responds to the logic of economic accumulation identified by David Ricardo (1821) two centuries ago. The market responds to the necessities of the most vulnerable, exploited and impoverished people with cheap, hyper-

processed foods, high in calories and low in nutrients, that fulfil the urgent need to kill hunger. This is what dead food means. This kind of food is essential for keeping workers' wages as low as possible, by keeping the price of the basic food basket at the lowest possible value.

These policies come from the dominant economic rationality (neoliberalism), which does not negotiate anything but reabsorbs the problems the system has caused and transforms them into new business opportunities (Klein 2008), with the complicity of institutionalized cynical reason, as I show in the following sections.

Pioneering authors like Amartya Sen and Jean Drèze demonstrated that hunger, famine and malnutrition are not actually uncontrollable tragedies imposed by nature. These are not inevitable crises, nor are they unexpected. Political and economic decisions were decisive factors in the emergence of these tragedies.

My analytical framework includes the concept of cynical reason, which has not been applied in bioethics, public health ethics or global health analysis. Cynical reason, according to Sloterdijk (1987) is enlightened false consciousness. As Sloterdijk (1984) explains,

we are dealing with a paradox, for how could enlightened consciousness be false? This is precisely the issue. Acting against one's own better knowledge is the global situation in the superstructure today. One knows oneself to be without illusions and yet dragged down by the "power of things." What appears in reality as an objective state of affairs is thus what we consider in logic a paradox and in literature a joke. This shapes a new consciousness of "objectivity." (193)

A feminist analysis may use a different array of analytic, conceptual and methodological tools. The key factor is to make use of them from a feminist perspective. I find the notion of cynical reason particularly useful in feminist research because, in my view as a feminist activist and scholar, this notion speaks clearly of an obstacle that women's emancipatory efforts have historically encountered. I am referring to conformist and discouraging attitudes towards feminist demands, mostly of men but also women in positions of power. We keep hearing comments such as "change takes time," "boys will be boys," and "the feminist movement has gone too far." These attitudes are not as openly confrontative toward feminist demands as more aggressive antifeminist narratives, but they thwart attempts towards structural change. Cynical reason explains these attitudes and positions, how they come to be, and why they are so damaging.

I understand institutionalized cynical reason as one of the factors that contributes to perpetuate what Iris Marion Young (2011) identified as structural injustice. Cynical reason is particularly damaging for historically oppressed and discriminated individuals and social groups, because it discourages—in different

ways—those who are fighting against the status quo. Institutionalized cynical reason is precisely what facilitates the constant reproduction and institutional tolerance towards what Rawlinson (2019) describes as “the fallacies of necessity and progress on which agribusiness relies to justify its intrusions into the developing world and to obscure the truth of its devastating economic, social and environmental effects” (108)

According to [Huyssen \(1987\)](#), Sloterdijk identifies contemporary expressions of cynicism as a crucial part of the postmodern condition, which emanates from a generalized political and moral disenchantment in the face of what seems an absence of political and social avenues for real human flourishing. It is a self-defeating attitude toward structural injustice, which normalizes harms and devastation. The interests of corporate sectors and elites require certain types of public policies to be implemented by governments. They see the state as a tool for maintaining and expanding their privileges. Cynical reason is instrumental for the continuation of this practice.

A feminist decolonial bioethical perspective is required to confront institutionalised cynical reason in bioethics, public health and global health. By a feminist decolonial bioethical perspective, I mean one that is open to the social and political critique made by feminist and decolonial theory and praxis and does not shy away from recognizing that political philosophy is fundamental to our endeavor. The political philosophical framework for this perspective is one that supports emancipating and live-affirming forms of organisation in society, valuing the richness of diverse ontological traditions.

This article has five parts. First, a brief historical context to the conceptualisation of health, diet, and hunger; [section 2](#) describes the damage caused by hunger; [section 3](#) analyzes the link between hunger and noncommunicative diseases (NCDs). [Section 4](#) explains key elements of the political economy of hunger and disease, and [section 5](#) deals with the concept of dead food, dead land, and normalized cynical reason. In the final part, I offer a feminist decolonial reflection.

2. Contextualization

To open a more critical discussion about what bioethics should focus on, regarding the issues of climate justice, hunger, and public policy, grasping the seriousness of the current situation is necessary. As the World Meteorological Organization (WMO) describes the situation in its 19 March 2024 press release: “The state of the climate in 2023 gave ominous new significance to the phrase “off the charts.” The year 2023 was the warmest year on record. Climate change impacts every aspect of human and non-human life on the planet. WMO Secretary-General Celeste Saulo explains that “[t]he climate crisis is THE defining challenge that humanity faces and is closely intertwined with the inequality crisis—as witnessed by growing food insecurity and population displacement, and biodiversity loss” ([WMO, 2024b](#))

Climate change affects food security not only because of extreme weather and changing climate patterns that impact all activities related to agriculture and animal husbandry but also because of the disruption in commercial routes and the effect climate emergencies have on economic and political dynamics, at the local and global levels. Extreme weather is forcing thousands, around the world, to migrate. This in turn puts more pressure on an already politically unstable world. More worrisome, the effects of climate change are intensified by armed conflicts and war.

The *State of the Global Climate* (WMO 2024b) describes the awful situation we are facing:

The current global food and nutrition crisis is the largest in modern human history. Protracted conflicts, economic downturns and high food prices are at the root of high global food insecurity levels. High food prices are exacerbated by the high costs of agricultural inputs, driven by ongoing and widespread conflict around the world, and high global food insecurity levels are aggravated by the effects of climate and weather extremes. (26)

Hunger produces illness, slowly destroys quality of life, and hastens death. This is not a recent discovery; however, this fact continues to be repeated by leaders of intergovernmental organizations, in the academic literature, at seminars and conferences, in various disciplines related to global health and public policy, as if it were something recently demonstrated. I find this highly problematic and disturbing. This is my motivation for writing this article. There is something profoundly wrong in the lack of indignation that comes with normalizing such a devastating global problem.

Food has been a fundamental interest in all cultures throughout human history. Written evidence of this can be found, for example, in Hippocrates, who dedicated many pages to explaining the influence of diet and food on health and illness. Although Hippocrates continues to be a symbolic figure of importance in Western medicine, contemporary clinical practice does not give enough attention to nutrition, despite the robust empirical evidence regarding nutrition and health outcomes (Smith 2004; Magre et al. 2018; Thircuir et al. 2023; Gunsalus et al. 2024).

Rousseau (1762) provided advice on how to eat to maintain good health and what diet children should receive to grow strong. Many of his considerations are incorrect, but the point I want to emphasize is that Rousseau recognized the vital importance of food for health and for the development of a social and political community. Engels, in 1887, studied in detail the relationship between poverty, food, and health in Manchester. His work is a must-read for any person interested in epidemiology and the sociology of health.

Margaret Reid published her book *Food for People* in 1942. Josué de Castro published *Geografia da fome (The Geopolitics of Hunger)* in 1951. Onora O'Neill published her book *Faces of Hunger: An Essay on Poverty, Justice and Development* in 1986. Jean Drèze and Amartya Sen published *Hunger and Public Action* in 1991, and in 1995, they followed up with *The Political Economy of Hunger*. Nancy Scheper-Hughes published her paradigmatic research on hunger and grief, *Death without Weeping*, in 1992.

I mention this very brief list of groundbreaking works to illustrate the relevance of this subject in political philosophy and ethics, how much accumulated knowledge we have at our disposal, and for how long hunger has been understood as a social, economic, political, and ethical problem. In the history of religions, we can also find many reflections and even codes of conduct, based on the conceptualisation of hunger as something that demands intervention, in different times and cultures. Allowing hunger to happen or refusing to assist someone who is hungry has been considered an immoral act in many religious traditions (Taylor 2021), including feminist theological perspectives (Sutter Rehmann 2021)

Insufficient attention is being paid to the repeated warnings and the data that demonstrate the devastation caused by climate change, its impact on all areas of human and nonhuman life, and its irreversible consequences. Scientific evidence does not seem to have a significant impact, even at international conferences where political leaders should have made key decisions to address this emergency (Mathiesen et al. 2023; Carrington and Stockton 2023).

To tolerate this process of forced normalisation is negligent. Moreover, it is irresponsible to keep accepting the misleading narrative of hunger as “unwanted effect” of the global food system. The truth is that producing dead food (Arguedas-Ramírez 2019) is part of a highly lucrative business. The hegemonic economic system persists by extracting value from what others consider as system's adverse effects. If people in positions of power manage to transform a problem into a business opportunity, then the incentives to eliminate the problem will disappear. It's not difficult to deduce how the global food system sees in hunger a lucrative business opportunity. Consider for instance what Kellogg's CEO, Gary Pilnick, said on CNBC: “If you think about the cost of cereal for a family versus what they might otherwise do, that's going to be much more affordable. . . . Cereal for dinner is something that is probably more on trend now, and we would expect it to continue as that consumer is under pressure” (Vargas 2024).

Herein lies one of the threads of this ethical knot. Is it ethical for experts in bioethics and public health, to validate actors and actions that are not addressing the structural causes of a problem?

Increased risk of cardiovascular disease, impaired glucose metabolism, and metabolic syndrome (Grey et al. 2021), caused by malnutrition and dead food, are linked to the global increase in NCDs. NCDs constitute a growing market

for the pharmaceutical industry and other businesses related to healthcare. (Conti et al. 2021) The global investment in disease prevention and health promotion is insignificant compared to the market of pharmaceuticals and services (Ren 2020). Public health policies aimed at addressing the social determinants of health often lack political support, despite being fundamental for achieving goal 3 of the United Nations Agenda for Sustainable Development (Kishore 2023; Murukutla 2023).

The dominant health narrative regarding NCDs has changed little in the last 20 years, despite evidence demonstrating the conceptual errors in the theoretical framework that treats NCDs as the result of individual decisions and lifestyles. There is abundant evidence in public health and epidemiology that has demonstrated that NCDs are caused by networks of economic, social, cultural and political factors, which leave only a very limited margin for individual agency. (Oxfam 2019; Allen et al. 2021). Therefore, the only effective way to address NCDs is to dismantle its structural roots. Individualistic measures facilitate governmental evasion of responsibility and end up being counterproductive but are very lucrative for big corporations. Hence the relevance of also analysing the commercial determinants of health (World Health Organization [WHO] 2023)

Given the high-level influence that large corporations have, it is not surprising that almost no country in the world has developed public health policies focused on the sociopolitical and economic drivers of NCDs. That is why political and economic influence at the global level is a determining factor in the political economy of health and disease (WHO 2013; Kishore 2023).

Evidently, NCDs cannot be solved by providing more information to individuals for them to make healthy choices about diet and lifestyle. Decision-makers at the national and international level know that if the social, commercial and legal determinants of health are not directly addressed, it will not be possible to control the NCD epidemic that affects most of the global North and has produced a double burden of disease in the global South. Therefore, nothing will be achieved until there is a dramatic change in the distribution and exercise of political power.

To better understand the ethical implications of the political economy of disease and the global production of dead food, the body must be placed at the center of academic analysis. There is a long-standing tradition of thought in feminist activism, feminist theory, and feminist bioethics regarding the body, embodiment, and conditions of material existence, focusing on reproductive issues, sexuality and disability (see, among many others, Scully 2021; Scully et al. 2010; Zeiler 2023), as well as feminist decolonial and indigenous reflections on the relationship between the body, the territory, and the land (Cuadra Lira et al. 2020).

There are also many important contributions to the analysis of climate change and food security made from diverse feminist ethics and feminist

bioethics perspectives, encompassing a wide range of topics, from the ethics of climate change mitigation to green energy and the relationship between humans and nonhuman animals in the context of climate change and food production, among many others (Bee and Park 2023).

This analysis brings forward the material dimension of the body. That one requires food and water to keep alive may seem obvious, but academic discussions still need a reminder about the flesh and bone of our existence as bodies in the world. It is urgent to pay more attention to the ways in which hunger (in all its manifestations: malnutrition, undernutrition, hidden hunger, etc.) modifies the metabolism and affects all physiological processes, generating pathophysiological mechanisms that produce disease, loss of quality of life, modifications in the genome, and even accelerates death.

In the sections that follow, I briefly describe the damage caused by hunger and the consequences of living with untreated or poorly treated NCDs. Next, I reflect on the political economy of disease, which result from the way a society is organized.

3. Overview of the damage caused by dead food and hunger

I use the term *hunger* to refer to the diversity of situations of inadequate nutrition caused by economic, social, or environmental obstacles. Hunger, therefore, includes cases of malnutrition, hidden hunger, obesity, among others. These situations are commonly known as food insecurity. I have decided to use the term *hunger* because, as Page-Reeves (2014) has argued, this word carries a moral weight that is easily erased in more technical jargon.

Individuals who continually struggle to obtain enough nutritious food to function properly suffer a wide range of physical, emotional, and moral harms. Depending on the severity of hunger, how long one has been experiencing hunger, and whether one's family members and neighbors are in the same condition, as well as one's own characteristics, such as age and sex, the damage can have long-lasting and even irreversible consequences (Davison et al. 2017; Martínez and Fernández 2008; Grajeda et al. 2019).

Undernutrition during pregnancy affects the development of the fetus and can produce negative epigenetic effects. Scientific evidence shows how hunger during pregnancy produces obesogenic epigenetic changes that may affect the future development of the fetus, even into adulthood and in its progeny (Landecker 2011; Majnik et al. 2014).

Hormonal imbalances generated by malnutrition and poor diet produce unstable blood glucose levels. This, combined with the constant stress caused by poverty and the few hours of sleep that people in poverty and food insecurity usually have, produces obesity, distorts the microbiota and, in turn, affects mental health (Gundersen 2015) (Gundersen 2015; Bonsu et al. 2023; Christian et al. 2020).

Restricted growth and cognitive development caused by undernutrition and hidden hunger during childhood may be permanent, inducing greater vulnerability to chronic diseases such as cancer and mental illness in adulthood. Hunger will determine the possibilities of school success and, consequently, of achieving a better educational level, employment and quality of life. (FAO, IFAD, PAHO, et al. 2023; [Institute for Health Metrics and Evaluation 2023](#)).

4. The effects of NCDs and hunger on public health

Major NCDs are associated with hunger ([Sun et al. 2020](#)). Diabetes, cardiovascular diseases, cancer, and mental health problems are strongly related to the quality and quantity of food, as well as preparation methods, contaminants found in food, and the quality of available water among other factors. Additionally, epigenetic changes can make an individual more vulnerable to NCDs and other health problems. Living in constant food insecurity affects all areas of life and health. A lack of nutrients, a lack or excess of calories, a lack of good sources of protein, an excess of refined carbohydrates, and an excess of inappropriate fats have a detrimental effect on metabolism, muscle function, cardiorespiratory processes, gastrointestinal function and the immune system.

Empirical evidence demonstrates the enormous global human cost of NCDs. Data from the Global Health Metrics published by The Lancet indicate that NCDs caused 1.62 billion disability-adjusted life years (DALYs) in 2019. This corresponds to an increase in total DALYs from 43.2 in 1990 to 63.8 percent in 2019 ([Collaborators GBDRF 2020](#)). According to [Pan American Health Organization \(2021\)](#), “NCDs are the leading causes of death and disease burden in the Region of the Americas. In 2019, NCDs account for 5.8 million deaths, equivalent to 81% of total deaths in the Region. It also accounts for the loss of 226 million DALYs, 121 million years of life due to premature death, and 105 million years of life lived with disability or ill-health.”

According to [Ahmad et al. \(2023\)](#), nearly one-third of the global population suffers from malnutrition. In low- and middle-income countries (LMICs), different problems related to hunger and food insecurity coexist, such as obesity in adults and poor growth in children. As the researchers explain nutritional deficiencies can trigger insulin resistance, oxidative stress, and inflammation, which induce NCD development. Furthermore, rapid urbanization and exploitative working, plus diet homogenization—locally grown and prepared food is substituted by food that is highly processed, high in calories, and low in nutrients—induce individuals to eat quickly whatever food is available. As a result, “people’s health is spiralling down” ([Ahmad et al. 2023, 1](#)).

5. The political economy of disease and the political economy of hunger

The [World Bank's 2023](#) food security report states that

[d]espite the international price drop, domestic food prices in many national currencies continue to rise, adding to the cost of living. This is especially the case in low- and lower-middle-income countries, which are facing double digit food price inflation. In some low-income countries, consumer food price inflation reached almost 30 percent in September-October 2023. . . . There are several reasons for the disparity between international and domestic food inflation. For one, the impact of global food prices on domestic prices depends on the proportion of a commodity within a country that is imported. Low- and lower-middle-income countries also face challenges such as limited food storage capacity, transportation and logistical challenges, local supply shocks, socioeconomic fragility, and conflict. Macroeconomic pressures, such as rising import costs during the pandemic, widening fiscal deficits, increasing public debt burdens, and currency depreciation, have also contributed to rising domestic inflation. . . . According to the Food Security Information Network Global Report on Food Crises, 238 million people in 48 countries faced acute food insecurity as of mid-2023, an increase from 216 million in 2022. This may yet increase; as current year data is expected from another 10 countries that had 41 million acutely food-insecure people in 2022. (6)

These data demonstrate what happens when the hegemonic trade system drives poorer countries into becoming food importers. Evidently, hunger does not come from limitations in global productivity or uncontrollable food scarcity. It is the direct result of structural injustice in the political economy of the global food system.

In 2012, Oxfam published the report *Cereal Secrets: The World's Largest Commodity Traders and Global Trends in Agriculture* (Murphy et al. 2021), describing the intertwined networks of political and economic influence of four extremely powerful companies: Archer Daniels Midland, Bunge, Cargill, and Louis Dreyfus (known as the ABCD companies). These companies have successfully shaped the global agricultural trade policy, promoting and benefiting from “the privatisation of public sector activities, liberalisation of trade, and deregulation of finance. . . . Tariffs have come down; import quotas have been abolished, and grain reserves too; restrictions on foreign investment have been relaxed; and import dependency has increased. In each of these areas, the ABCD traders have been positioned to take advantage of the changes” (Murphy et al. 2012, 65). Developing countries are now net food importers

instead of exporters. This means that LMICs are much more vulnerable to price volatility than 50 years ago.

Anna Salonen (2018), based on her research on food banks, religious organizations, and people living in food insecurity in Finland, argues that the usual analytical framework for thinking about food insecurity and food assistance based on the notion of scarcity is incorrect. Based on Abbott (2014), Salonen indicates that it is excess, not scarcity, that determines both the supply of food aid and food insecurity:

[F]ood assistance is an adaptive excess rescaling strategy: it brings together food insecurity and food waste and thus makes food excess more desirable and less disturbing. Further, it also makes the social problem of poverty and the poor—people of excess—less disturbing. In the food bank flow chart, the impoverished individuals and households are positioned as useful users of surplus. (3)

The food assistance system has become an instrument for transforming excess, something that was commonly thought of as morally reproachable, into an opportunity. In this case, the opportunity is of avoiding waste through organized charity. In this way, food excess becomes acceptable, and therefore, there is less public interest in critically analyzing excess and waste and what are the consequences of allowing the global food system to continue functioning in this way.

Framing hunger as the result of insufficiency or scarcity is part of the structural problem that keeps producing hunger, as well as abundance and excess. Hence, the need to incorporate the perspective of political economy in this analysis. Including the political economy of hunger, climate change, health, and disease in climate change ethics and feminist ethics strengthen the analysis of how economic forces incentivize the exploitation both of unpaid reproductive labor (made mostly by women) and the exploitation of animals, land, and water. It also facilitates identifying specific responsibilities in decision making processes that prioritize short-term profit over long-term environmental impact. Attention to political economy is essential for understanding how institutionalised cynical reason favors public policies that are limited and temporary remedies, instead of long-term, effective, and ethical instruments for structural change. Without understanding the political economy of the status quo, ethical analysis and debates will only get us so far.

Understanding both NCDs and hunger as socioeconomic, political, and cultural products that emerge from power relations established in local, national, and global contexts helps us visualize how NCDs and hunger as structurally linked to complex economic dynamics embedded in the global food regime, international free market norms, and the global commercialization of land.

Several authors have contributed to the conceptualization of the political economy of health and disease. According to Michael Harvey (2021), “the

political economy of health refers to the extension of the study of political economy and political-economic systems in the domain of health to explore the relationship between these topics and epidemiological changes over time” (294). Following Baer (1982), we could say that “[t]he Condition of the Working Class in England in 1844” inaugurated the field of the political economy of health and disease.

But the concept of the political economy of disease has received less attention than the political economy of health. I consider that the notion of political economy of disease is indispensable to demonstrate how public health policies based on an individualistic approach to NCDs are not only insufficient, but ethically unacceptable. Reich (2019) argues that “political economy should become viewed as a conventional, indeed, an essential outlook for NCDs, and more broadly for global health. Political economy factors are integral to the problems of NCDs and therefore must also be integral to the policy responses” (250). Reich defines the political economy of NCD as “how the allocations of political resources and economic resources affect who gets what, when, and how in relation to NCDs” (251).

Baer, Reich, and Harvey agree that the political economy of health and disease are fields that receive barely any attention. It is quite revealing that these fields are of fundamental importance not just for capturing the granularity of issues such as NCDs and food insecurity but also for imagining the structural changes required for implementing effective and long-lasting solutions yet have been marginalized for decades. This fact suggests a disinterest in the political economy of health and disease that, in turn, contributes to the normalization and institutionalization of cynical reason. Here lies another thread of the main ethical knot.

Societies can be organized in ways that produce the material, social, political, economic, and cultural conditions to promote health for all its members. However, societies can also do the opposite. The possibility of having enough time for leisure and exercise, eating organic and fresh food, having access to good sources of protein, and being able to pay for blood tests at least once a year is linked to the living conditions, salary, time, and diet of the most exploited class—and the corresponding intersectional forms of exploitation according to ethnicity, sex, age, migration status, and so on. The political economy of disease helps us connect the dots between power relations, social hierarchies, and the socioeconomic production of certain types of diseases, the individual experience of those diseases, and the capacity to extract profit from those diseases.

Glasgow and Schrecker (2015) illustrate how institutionalized cynical reason operates in the field of global health. They emphasize that the increasing prevalence of NCDs in LMICs is one of the most important challenges in global health. But policy decisions taken at the highest levels show “ambivalence about how health policy should approach the social determinants of health . . .

and in particular the role of macro-scale economic and social processes” (279). They also indicate that a high-level UN meeting on NCDs in 2011 “arguably relied on a selective reading of the scientific (including social scientific) evidence and foregrounded a limited number of risk factors defined in terms of individual behaviour: tobacco use, unhealthy diet, alcohol (ab)use and physical inactivity” (279).

The result was that from the highest levels of the most influential institutions in global health, public health policy was directed toward the promotion of initiatives focused on individual responsibility, ignoring “the limited control that many people have over their exposure to these risks factors and the contribution of macro-scale processes like trade liberalisation and the marketing activities of transnational corporations to the global burden of NCDs” (Glasgow and Schrecker 2015, 279).

If there is a global actor whose influence has shaped global health policy as effectively or more than the Big Food corporations, it is Big Pharma. That the pharmaceutical industry lobby has been decisive in promoting the paradigm of medicalization of NCDs is widely known and has been discussed at length. Wouters (2020) found that

[t]he pharmaceutical and health product industry spent \$4.7 billion, an average of \$233 million per year, on lobbying the US federal government; \$414 million on contributions to presidential and congressional electoral candidates, national party committees, and outside spending groups; and \$877 million on contributions to state candidates and committees. Contributions were targeted at senior legislators in Congress involved in drafting health care laws and state committees that opposed or supported key referenda on drug pricing and regulation. (3)

Russ et al. (2022) published “the first comprehensive study of expenditures on lobbying of the US federal government linked to discussions seeking to shape US policy toward, funding of, and participation in the World Health Organization” (37). These researchers identified a link between corporate lobbying expenditures and political actions at the legislative level, directed at restricting funding and undermining the WHO. More worryingly, they found that coordinated actions between big food and big pharmaceutical companies are increasing, to target NCDs programs lead by the WHO.

A recent example of how Big Pharma transforms a neglected public health problem into a business opportunity is the extraordinary economic success of obesity drugs. According to Reuters:

GLP-1 drugs, which work by suppressing hunger and making a person feel full longer, are typically priced around \$1,000 per patient

per month. Earlier this month, US and UK regulators approved Eli Lilly's weight-loss treatment Zepbound, paving the way for a powerful new rival to Novo Nordisk's Wegovy in a market estimated to generate \$100 billion in annual sales by the end of the decade. (Leo and Mandowara 2023)

Understanding health and illness as products that are redistributed in society according to the prevailing criterion of individual value helps us visualize what is known as the social gradient in health. As Donkin (2014) explains, NCDs are connected to "the conditions in which people are born, grow, live, work, and age—and the fundamental drivers that give rise to them: inequities in power, money, and resources" (1).

The WHO (2023) explains how the social gradient of health is a global phenomenon affecting all countries, not just high-income countries. This situation is not unavoidable. It is a consequence of the way in which a society is organized. A well-organized society could at the very least reduce this gradient over time instead of increasing it. Normalizing the social gradient of health is a sign of institutionalized cynical reason.

Governments and institutions that refuse to adopt structural changes to address the NCDs, arguing that those policies will negatively impact the economy, are implicitly accepting to sacrifice health and lives to protect the dominant economic system. When state agents support economic activities that make it difficult for the majority to walk around the city, to use public transportation, to grow food near population centres; when they facilitate access to dead food, when they leave to the *laissez-faire, laissez passer* the intensive use of agrochemicals, and air and water pollution, when they allow extensive export monocultures and deregulate labour relations to make workers' rights inapplicable, when they fail to ensure minimum conditions for a safe pregnancy and childbirth; all this means that the state is applying institutionalized cynical reason to promote the accumulation of benefits in a very small sector of society.

Sir Michael Marmot, in his 2015 book *The Health Gap*, analyzes numerous examples of what I have described. Marmot's examples serve to understand how the life expectancy and quality of life of individuals is determined by social factors, which in turn are determined by economic and political factors. I would add two more elements to this debate, which may seem obvious, but continue to be marginalized in academic and political discussions: (a) privileges "at the top" are impossible to sustain without misery "at the bottom," and therefore, there are powerful incentives at the top to maintain the status quo, and b) the loss of quality of life all the way down to the misery "at the bottom," necessary for the concentration of wealth at the top, generates lucrative business opportunities for many powerful industries.

6. Dead food, dead land, and normalized damage. Cynical reason in public policy.

David Ricardo stated in 1821 that if the maintenance costs of individuals were reduced, lowering the natural price of food and clothing that serve to sustain their lives, wages will naturally fall, even if demand for workers increases (189). The basic food basket, calculated only in terms of price and calorie requirements, forces poor people to live on a diet based on dead food. I call this process the poor's forced diet. It is reinforced through public policies that have internalized cynical reason.

I illustrate this argument with two cases from Latin America. In Costa Rica, the basic food basket is an economic indicator used in defining the poverty line, minimum wage, and as a tool for monitoring basic food prices. However, [Hidalgo Viquez et al. \(2020\)](#) conclude that the composition of the basic food basket is incongruent with the epidemiological profile of the country. Instead of being calculated based on nutritional needs to promote health and prevent NCDs, it is a contributing factor in developing NCDs.

It is revealing that the Chamber of Industries of Costa Rica (ICCR) went so far as to affirm that a bill of law¹ promoting to constitutional rank the right to food, violated business freedoms. Lobbying against this bill was intense, and it was rejected in Parliament. Mario Montero, a member of the Food Industry Association, argued against it saying it had a *socialist orientation* ([Arias 2017](#)).

The Czekalinski Project,² based in Argentina, demonstrated how public policies designed to address poverty following recommendations established by international agencies not only fail to achieve their objectives but also foster a vicious circle of poverty, hunger, and disease. These public policies, which result from institutionalized cynical reason, have been denounced for several years in Argentina. [Maldonado \(2021\)](#), the Czekalinski Project coordinator, explains that the aim was to demonstrate what happens when a person lives only relying on the food included in the Argentinian basic food basket.

The project consisted of maintaining a daily diet restricted to the food items and quantities established by the basic food basket. There were nine participants. This phase was supposed to last six months, but the study had to be suspended for medical reasons. Several of the participants began to suffer significant health problems associated with the diet.

All participants underwent five medical evaluations before, during, and after the experiment: full-body densitometry, lab analysis, anthropometric measurements, general clinical valuation, and psychological monitoring. As [Maldonado \(2021\)](#) explains, the results were worse than expected. Participants rapidly suffered a general deterioration in their health: "The immediate result is overwhelming: eating like a poor person makes you sick in the short term. The general conclusion is no less encouraging: the Basic Food Basket is insufficient in its quantities, unbalanced in its composition, obsolete as a reference for a decent income" (39).

If the only way to obtain food is to buy it (naturalization of the commodification of food), this necessarily leads to the fact that, with a reduced family budget, the only reasonable decision is to buy cheap food with a long shelf life. Foods that deteriorate quickly (fresh vegetables, fruits, etc.) are excluded. In structurally unjust societies, bodies are treated according to their social position. The social position depends on the intersection of power relations based on class, age, sex, gender, ethnicity/race, immigration status, social capital, and so on. This structure determines the allocation of resources among bodies. Some will be able to get the calories necessary for daily work but without getting the optimal nutritional value. Others will not have access to anything but, literally, scraps.

In most regions of the world, the distribution of food within households is also unfair due to the dominant social pattern of gender and age discrimination, which adds to the financial pressure that limits access to food and other essential resources. To keep food expenses as low as possible, women usually eat less (Moradiet al. 2018). This is not because women need fewer calories and nutrients, but because their nutritional needs have less relevance under a patriarchal hierarchy (Martin and Lippert 2013; Silva et al. 2023; Ghatak et al. 2023; Jaggar 2002; Ghose et al. 2016). Worldwide, the needs of older adults and people with disabilities are also of lower priority (Hadfield-Spoor 2023; Schwartz et al, 2019).

To this landscape we must add NCDs associated with pollution and environmental destruction caused by extensive monocultures and intensive cattle production. Latin America has experienced the devastating effects of agro-exports for more than 150 years. Added to this is the explosion of the monoculture agroindustry such as soybeans in Argentina, Paraguay, and Brazil. Similarly, the African continent has been plagued for centuries by a process of exploitation and extractivism. This is the common story of most regions in the world that continue to struggle with colonialist legacies.

Those immense fields of monocultures for export, known today as green deserts, are part of that legacy. In addition to destroying everything that existed on those lands, including local human communities and biodiversity, massive agro-industrial projects use highly toxic pesticides that end up producing *dead land* and *dead water* (Sassen, 2014). This business model is linked to what is known as the homogenization of the diet, causing the loss of ancestral knowledge for cultivating and preserving native seeds, as well as the know-how for preventing soil wear.

This is how Sassen (2014) describes it:

Millions of Brazilian smallholders have been expelled from their farmland, which has been overrun by vast soy plantations that take produce for export. The developers may be national or foreign corporations and individuals. One outcome has been hunger in areas where there

used to be little if any hunger even if they were poor: soya has replaced black beans, which were a source of income and food for poor farmers. And many of them have had no option other than to migrate to the slums of large cities. The new hunger is further accentuated by the toxicity that large plantations bring to the surrounding area . . . (82)

Sassen also points out that the practices underlying these large-scale accumulation processes have a debilitating effect on the sovereignty of these territories and obstruct the right to political self-determination of the people. The inevitable consequence is that individuals are also degraded, their lives end up being devalued and their intergenerational survival is endangered. As a Mayan intellectual, Lorena Cabnal, explains, the body and the territory are one (body-territory). To defend the body implies defending the land (Cabnal 2017).

David Harvey, in his now classic book chapter “The “New” Imperialism: Accumulation by Dispossession” (2004), argues that, in addition to the old mechanisms of accumulation by dispossession (such as the concentration of land through the displacement of local inhabitants), the neoliberal hegemonic model has generated new mechanisms of accumulation by dispossession, channeled through intergovernmental organizations such as the World Trade Organization. The TRIPS (Trade Related Intellectual Property Rights) agreements, for instance, have been key to the commodification of living organisms such as seeds and genetic material. The level of complexity of those mechanisms has only increased in recent years, with devastating effects on global health, as we have seen during the current COVID-19 pandemic (Rossi Silva et al. 2021).

David Harvey (2004) emphasizes a point that is fundamental to the argument I have tried to build in this article:

The escalating depletion of the global environmental commons (land, air, water) and proliferating habitat degradations that preclude anything but capital-intensive modes of agricultural production have likewise resulted from the wholesale commodification of nature in all its forms. . . . The corporatisation and privatisation of hitherto public assets . . . constitutes a new wave of “enclosing the commons.” As in the past, the power of the state is frequently used to force such processes through even against the popular will. . . . The reversion to the private domain of common property rights won through past class struggles . . . has been one of the most egregious of all policies of disposal pursued in the name of neo-liberal orthodoxy. (75)

What Harvey points out is that the setbacks in social and health policy and the new enclosures of the commons share the same structural root: neoliberal orthodoxy. Therefore, acknowledging this causal link is a *sine qua non* for

effectively contributing to sustainable and effective solutions to global problems such as hunger, the NCD epidemic, and the decreasing quality of life of billions of people.

Farshad Araghi (2009), in dialogue with Harvey (2004), offers a nuanced and rich explanation of the global food crisis of 2006. Araghi argues that the global food crisis and the ecological crisis result from a neoliberal rearrangement of global value relations. This entails (a) forced underconsumption (this concept relates to what I call the poor's forced diet) and (b) global enclosures, usually in the form of accumulation by displacement (or what Harvey defines as accumulation by dispossession).

Araghi concludes that

[g]lobal value relations of neoliberal globalism are relations of upward redistribution of value that displace, more than produce, value via a bifurcated food system based on "cheap reproduction" and coerced underconsumption on the one hand, and privileged consumption (green or otherwise) on the other hand. . . . I contextualise the food crisis as a process and relationship that has been developing within the neoliberal phase of contemporary capitalism. The food crisis, in this sense, did not just "happen" in 2006; it has been happening for three decades . . . (142)

The exploitation and destruction that precede the enclosure of the commons and accumulation by dispossession and displacement require the normalization (and, therefore, social toleration) of hunger, disease, and premature death. The global political turn toward neoliberal policies, which began in the 1980s and has intensified in recent years, needs this moral/cultural effect (toleration/normalization) because, otherwise, the social forces of opposition to this devastating injustice could become a threat to institutionalized cynical reason.

By displacing communities from their lands, forcing populations to migrate to already overpopulated slums in the cities, and leaving people no choice but to live off informal jobs, the new hunger (that does not arise from scarcity or limitations but is the result of economic and political decisions) becomes normalized. Meanwhile, climate change threatens most fertile land throughout Latin America and much of the global South.

Together with political instability and violence, these factors are displacing thousands of people from South and Central America. The caravans of migrants, walking for months, to reach the U.S.–Mexican border will only increase in time. Many of these migrants are needed in the United States to keep agricultural activities going. They end up providing cheap labor for growing food, working in restaurants, and providing delivery services. Central American women are employed as nannies, cleaners, cooks, and care providers in long-term care facilities. Their hunger is required by a system of privileges that need

them to provide semi-enslaved labour in the global North. Without hunger and displacement, there would be no massive migration from South America to the United States, and then the United States would be unable to function.

On December 27, 2023, Sir Michael Marmot published an opinion piece titled “Britain’s Hunger and Malnutrition Crisis Could Be Easily Solved—Yet Politicians Choose Not To.” He points out that from June 2021 to June 2023, moderate or severe food insecurity in the United Kingdom increased from 7.3 to 17 percent. This *catastrophic failure*, as Marmot characterizes it, is the result of political decisions, and the United Kingdom has the resources to solve it (Marmot 2023). But there is something else that needs to be said beyond what Marmot explains in this piece. The issue is not only that the government is choosing not to do what needs to be done but also that the reason behind it is institutionalized cynical reason

7. Final reflection

Hunger, disease, and distress have marked human existence since the beginning of our species. But through cooperation and solidarity, humans have managed to survive famines, plagues, and other horrible adversities. Otherwise, our species would have become extinct thousands of years ago.

Power hierarchies, the accumulation of privilege, and injustice have also been part of the history of all human societies. It would be naïve to believe that humans will one day organize in such a way as to eradicate all the suffering we cause ourselves. It is a paradox: we can help each other survive, but we can also do the opposite.

Today humanity faces a dystopic scenario. It is not just the possibility of massive disaster: the disaster has already begun. As powerfully argued by Lawrence et al. (2024):

[T]he world is currently experiencing a global polycrisis and this situation is worsening. Constituent crises include the lingering health, social, and economic effects of the Covid-19 pandemic; stagflation (a persistent combination of inflation and low growth); volatility in global food and energy markets; geopolitical conflict, especially between assertive authoritarian regimes (including China and Russia) and the democratic West, which is leading to a partial decoupling of American and Chinese economies; political instability and civil unrest in countries both rich and poor arising from economic insecurity, ideological extremism, political polarization, and declining institutional legitimacy; and increasingly frequent and devastating weather events generated by climate heating. These crises are destroying livelihoods and lives around the globe and are undoubtedly diminishing humanity’s prospects. (5)

At this crossroads, institutionalized cynical reason acts against our own survival instinct. Many decision-makers, including scientists and academics, who live comfortably, have learned to tolerate the abysmal suffering that hunger, climate change, and exploitation are causing to millions of people at this very moment. Cynical reason is creeping through classrooms, meeting rooms, papers, and policy briefings. The dilution of responsibility that Iris Marion Young described in her work on structural injustice has become more pervasive.

Entitlements that every human being should have and should be able to exercise are being dismantled in the name of economic efficiency, productivity, and, ironically, freedom. Meanwhile, institutions, at the national, regional, and global levels, that should defend human dignity are caught in the trap of cynical reason. The discussion about eradicating global hunger has been going on for decades—but the probability of achieving that goal is getting lower each year.

During the pandemic, the number of billionaires increased while people around the world lost everything, including their lives. Powerful countries became vaccine hoarders while poor countries waited for charity. It was at the peak of the first wave that many in the global North realized which people qualify as “essential workers”: migrants working in agriculture, meat-packing factories, and hospices and as cleaning staff in hospitals.

Institutionalized cynical reason induces a lack of political will and conviction to do what must be done, or at least, to stop pretending that—somehow—the living conditions for the majority are improving. The number of people living in food insecurity both in the global North and the global South should make us all feel profoundly ashamed. According to the report the State of Food Security and Nutrition in the World (FAO, IFAD, UNICEF, et al. 2023):

Global hunger is still far above pre-pandemic levels . . . 2.4 billion people, comprising relatively more women and people living in rural areas, did not have access to nutritious, safe and sufficient food all year round. . . . Millions of children under five years of age continue to suffer from stunting (148 million), wasting (45 million) and overweight (37 million). . . . [T]he world is not on track to achieve the associated 2030 targets, and neither is any region on track to attain the 2030 target for low birthweight, so closely linked to the nutrition of women before and during pregnancy. (vii)

8. A feminist and decolonial bioethical perspective to move forward

Feminist decolonial critique shows how a system of oppression and devaluation of life transforms certain individuals into mere resources, that can be used to maximize profit. Racialized women have been historically treated as private

property, not deserving of the same treatment as individuals who are socially appreciated. A woman (Sonia) I met in an impoverished neighborhood in San José, Costa Rica, works as a domestic worker. She is Nicaraguan and works for a well-off family in an upper-middle-class area. Once she had to stay for a week to take care of the house and the family dog while they went away on holiday. The family left some food for Sonia to eat during the week. But what they left her was barely enough for three days; the dog had more food than she did.

This is the ideological position on which basic food baskets are calculated. They are based on providing the bare minimum for people who are not deemed valuable. What matters is that they can do their job, even if they are tired, malnourished and sick. The vicious circle of creating food policy from a perspective limited to econometric instrumental analysis leads states to legitimize relationships of exploitation and the instrumentalization of bodies. Normalizing this situation in the field of public health and food policy, by promoting mere palliative measures that basically make the individual responsible for their own hunger and disease, is cynical.

Dr. Carmen Cariño-Trujillo (2021) describes how campesino and Indigenous communities in Mexico, and other regions of Abya Yala, have developed relational ontologies that highlight the connection to the “tierra-territorio” (land-territory). Within these ontologies, the idea of commodifying the land, water, lakes, seeds, plants, animals, and so on is, simply put, irrational. Moreover, as Cariño-Trujillo explains, for centuries, Indigenous women have resisted the violence of displacement and dispossession because, in their words, “la tierra no es nuestra, nosotros somos de la tierra” (the land is not ours, we are of the land; 214). It is absurd, almost unthinkable, to transform that on which all living creatures depend into something that can be sold. Cynical reason will probably laugh at this. What I would ask readers to do, based on the evidence I have presented in this article, is to carefully and, from a place of epistemic humility, consider the avenues of critical thinking that can emerge from this clash of ideas.

The logic of exploiting bodies for economic, political, and cultural profit is engrained in colonial legacies that are still in place. Moreover, the social gradient of health, structurally linked to systems of oppression and exclusion, is profoundly intertwined with sex, gender, race, and age hierarchies. Until the connection between the accumulation of well being and its correspondent accumulation of suffering, hunger, and disease is broken, institutionalized cynical reason will continue to present just ways of making moral debacles more palatable as achievements.

NOTES

1. This bill was based on an FAO recommended guide.
2. See www.instagram.com/proyecto.czekalinski/.

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