

Are We
What
We Eat?

By Valerie Mikell

It's 9:00 a.m. on a wintry December day. I have invited Michael LaCombe, Ph.D., associate professor of history, and Douglas London, Ph.D., assistant professor of anthropology, to a large but comfortable conference room to share their opinions of what has been the focus of their research and a controversial topic in recent years: food. The role of food in our lives is extremely complicated and is impacted by so many factors—cultural, economic and political. As I sat down with my large cup of artificially sweetened coffee, and they each with a bottle of water, I realized how much I had been looking forward to—and probably needed to—get some clarity on the very thing that sustains us.

What would you consider to be an optimal meal?

LACOMBE: That begs a series of questions of the word optimal. For me, I'm mostly focused in terms of the way I approach meals as the celebratory aspect of meals. To me, that's more important than questions about local food or diet and nutrition. I will say that what's in my fridge and the kinds of things that I cook are generally informed by those considerations. But for me the optimal meal is one that I eat with my family, period. That's just about it. It's my primary concern or consideration.

LONDON: I focus more on the nutritional aspect of it. I've been working for the last four years in the Amazon rainforest with a group of hunter/gatherers and I'm studying hunter/gatherer diets and comparing them to farmer diets, which is what most of the world eats. These people I work with have no chronic disease or infectious disease. These two communities are in the same rainforest, have the same challenges, same environment and same isolation from a Western type of food system. But they are in very different health and it seems to be related to the food. Part of it is looking at food not just at the nutritional aspect, but also the pharmaceutical aspect. For instance the people I work with don't get staph infections. If they get a spear wound, they cut the two ends of the spear and eventually the spear falls out. No inflammation, no staph infection, no redness, nothing. One of the things they eat is a diet high in antimicrobials and these antimicrobials

work against infection. They eat 80 different fruits and they have meat and that's it. They eat no vegetables, nor dairy or any oils. Their diet would be considered very bad by the USDA and the food pyramid. They eat too much fruit (that would be too acidic), and huge amounts of meat (a pound to a pound-and-a-half of meat a day), which should give them protein poisoning. They eat no grains or anything else, and they're in very good health. The other group is an organic farming community who eat lots of vegetables and have an ideal diet according to the Department of Agriculture. But their health is not very good. There are lots of infections, lots of parasites and some beginnings of diabetes. So there's definitely an optimal diet, but not all of it is nutritional.

A political and economic issue—especially in urban communities—is the inaccessibility of food, or food deserts. There are a growing number of urban farms and farmers markets. Are these the answer? How do we greatly increase food accessibility?



LACOMBE: I think it's an interesting question that plays into the notion that what's going on in our modern food system is an inequality of distribution. However you feel about global capital, if there's a market, it's going to be served. One of our biggest problems in the American food system is that no one knows how to cook. It's not taught in schools anymore. I think we should bring back home economics. I asked my food class and they all would take a cooking class for arts credit. How we "cook" today is we buy a bag of processed chicken and a bag of processed vegetables and a can of some sauce, and we put them in a pot and make it warm. It's loaded with preservatives and chemicals that makes it impossible to control your diet

the focus

or be aware of your diet. Many of the students in my classes say that their family meals are simply people eating at the same time and in the same room, but not eating the same things. They're microwaving this and microwaving that, or bringing home food from somewhere else, and to me that's just appalling. I think the food deserts is really the wrong kind of question. Where I live, in Manhattan, we have a large Dominican community and large African American community to the south of us, and there's no food desert. There are cheap supermarkets and, granted, you can't get organic broccoli rabe there. But if you put broccoli rabe in that supermarket, no one would buy it. We're all dealing with it in our communities, not just minority or underprivileged communities that have cheap supermarkets, but you could talk

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about Nassau County as a food desert in certain areas. People only have one supermarket to shop from. This final link in this chain of food production and food distribution gets deposited in these supermarkets where there really is no choice.

LONDON: For people who are more wealthy, what's in their supermarket is not good either. I think we're just at the beginning of being able to understand what's good for us in terms of food, and what's balanced and what's not. We'll look back in 20 or 30 years and realize that we were way off with a lot of this, and right now if we look back about 20 or 30 years ago we can say the same. I think Professor LaCombe's point about economics is true—if there was enough interest in education in these urban areas that are being called deserts, then people might go and force the market and different foods would come in. But they don't, not only because of economics, but people don't want them.

Is obesity a modern-day problem? Is it the type of food, the portions, the additives? Is it an historical problem or are we just more conscious of it now?

LONDON: There are some very recent articles that question whether or not obesity is as bad as you



THE CREATION of successful, cost-efficient strategies to address food insecurity is one of our region's most critical challenges. A new report by Adelphi University's Institute for Social Research and Community Engagement (iSoRCE) entitled *"The Truth and the Facts: Food Inequality on Long Island,"* provides the first comprehensive look at the day-to-day experiences of living in food poverty, focusing on one Suffolk County community identified as a food desert by the United States Department of Agriculture. The study draws on qualitative methods to present people's perceptions of their food environment as well as their feelings about living in food insecurity. Attempts to bolster personal identity involve a range of coping strategies, but these typically fail to fully address the all-consuming stress of food poverty, placing individuals at constant risk for physical and mental health issues.

By Sarah Eichberg, director of the Institute for Social Research and Community Engagement

"The Truth and the Facts: Food Inequality on Long Island" was funded by Patrick Smalley and Cathy Nelkin Miller.



think it is. Yes, certain diseases are caused by obesity, but some studies show that overweight people actually have less disease than other people. So it's a very confusing picture. That being said, I don't think people were obese in our origins as hunter/gatherers, and I don't think it's just a matter of exercise. We used to have some control over our satiation. Considering the type of diet the Waorani tribe that I'm working with eat, they should be obese. They eat a lot of meat—much more than we'd eat. But it's also the type of fats they're eating. And the fact that we have no ability to taste foods and use our own physiology to control what we eat. We're going to have more serious problems and it's a complicated issue. Throughout history, people weren't as obese, but today, on some islands in the Pacific, there are some very overweight people who pride themselves in being like that. Obesity was not always considered unattractive, and certainly throughout history there were plenty of instances in which it showed that you were well off. But it's not a matter of being obese—it gets back to the root of what you're eating and the ratio in which you're eating it.

LACOMBE: There's an interesting fluctuation over the last few years or so. One interesting feature of our food history is that people were on various diet crazes during the Great Depression. You think of the Great Depression as this era of widespread privation, but at the same time, the more affluent were dieting their way to this sticklike, 1920s body type. In America, we as a nation sort of fluctuate

between viewing obesity as a medical problem or a moral failing. Is it a medical problem? Should we be looking at what kinds of food people are eating? Are they exercising? You hear all these recommendations that kids should play an hour a day, or that you should get off the subway one stop early and walk. Is obesity really a question of willpower? That anyone can achieve that body that we see on a magazine cover if they do enough sit-ups? That six-pack abdomen is a symbol for us today in America as total self mastery and control. So when people are standing there with that abdomen, they are showing complete power over their own bodies. Does everyone have that same power? That's where it turns into a moral question. To me, as a cultural historian, that's what makes food so fascinating. You can never sort of stop it and pin it down.

LONDON: Yes, we hear all kinds of things about fat, too. The nutrition industry is interconnected with the agri-food industry. We get this nutritional information from a few studies and it gets blown up and food is produced to match that. Unsaturated fats and cholesterol are good examples. There's actually very little evidence that saturated fats and cholesterol are particularly bad for you. A few studies came out that said they're bad, and they were replaced with transfatty acids (which are actually far worse and we all sort of backed away from them). The problem is, we're looking

at food as a set of individual components when the fact is that it matters how it enters our bodies—how we put it together. Food is a chemical, so combinations matter and it's not just the amount. Our nutritional science has done us somewhat of a disservice in promoting studies that we find out later are not correct.

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There are so many cases of food poisoning—E. coli, salmonella, etc. Throughout history, have there always been problems with food shelf life and preserving food?

LONDON: Our food originally protected itself, and it always had antibiotics and antifungals. If the food and the plants didn't have them, they wouldn't last—they would start deteriorating really fast. Most of the toxins in our diet come from natural pesticides and not from the artificial ones we're putting in—even in today's diet. We try and preserve food ourselves, and there are times we won't do a good job, and there'll be times we make an error.

LACOMBE: The scale that we're talking about here is one that multiplies the possibilities for various sorts of contamination. When you

the focus

think about E. coli, you're thinking about feedlot beef, and this sort of horrific image of tens of thousands of animals standing knee-deep in their own waste. This is somehow going to be prevented by an FDA inspector stamping carcasses in a meatpacking plant? Of course our food is contaminated, and the challenges that we face now are so different from other sorts of contamination in the past. There are infectious diseases that we can now vaccinate against or treat, but this is a whole different ball game.

How does the American diet compare to diets across the world? As the American diet influences the world, are they seeing the same rise in illness and obesity?

LACOMBE: I think that we mistake diet for recipes. So the American diet, in terms of recipes, is not going to conquer these other, regional and local, food habits. But the American food system, a way of producing and distributing food, has a logic that is built from capital. That if you're going to put fresh spinach in every one of your 5,000 supermarkets, you need an industrial-scale growth. That food system is going to become more and more prevalent. Therefore, it doesn't really matter what the recipe is, because you're going to be eating the same mass-produced food that we've been talking about. The more you go into the world of mass produced, mass distributed—the two go together.

We want to go to a Trader Joe's anywhere in America and buy asparagus any day of the year, but we don't understand that we can't necessarily do that in a sustainable way. But capitalism will give you that. The more the world goes in that direction, with pesticides and chemical fertilizers, feedlot animal slaughtering and the rest, it doesn't matter whether you're making curry or lentils or hamburgers because you're eating the same toxic stuff.

LONDON: It's a systemic problem that we're dealing with that unfortunately we don't have that much control over. We don't have much control over what we're eating because it all comes from the same system, it's produced the same way and has a lot of the same problems. Our agri-food industry is very efficient and it affects us at a systemic level, no matter what culture we're from.

As the interview came to a close and we discussed the mixed messages we receive about the effects of coffee, Dr. London left me with one more nugget of information: "Caffeine is an insecticide, you know. It is something that a plant uses to get rid of insects, so it's a poison." As I took a giant swig of my coffee in parting I gave thanks in secret that I had not lived a bug's life. ♪

Food for Thought

By Brett Spielberg

This year's AU Community Reads selection was *The Omnivore's Dilemma: A Natural History of Four Meals*, an enlightening book about food choices, food production and how food directly affects the future of America.

With obesity and heart disease as our nation's contemporary epidemic, author Michael Pollan delves into the origins, perils and effects of our food system.

Provided to every incoming freshman through the

generosity of the Women's Giving Circle, the book explores the ins and outs of dietary habits and what Mr. Pollan refers to as "our national eating disorder." Readers follow the food chain for a McDonald's hamburger, from the Iowa cornfields to feedlots for the steer, the oil for fries and the syrup for the sweetener.

Mr. Pollan also dissects the myths surrounding organic produce—the differences between corporate organic, like Whole Foods, to a tiny utopian farm in Virginia whose owner has his finger on the pulse of modern farming techniques.

The book urged the campus community to search for answers to what seemed like a simple question: What's good to eat and why? In conjunction, the Performing Arts Center (AUPAC) screened a Food Justice Series including such films as *Food Inc.* and *Supersize Me*, that addressed food transportation and safety, and food production with minimal chemicals. Adelphi students were stuffed with food for thought—realizing that how we eat is the convergence of our economic, cultural and logical choices.

As time passes, our educators, researchers and especially farmers will learn more about what we eat. Just as we look back 30 years and are stunned by our former eating habits, looking into the future we can only imagine the advancements to be made in the realm of food, diet and healthy eating. ♪

