
Food Sovereignty, Health Sovereignty, and self-organised community viability

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Abstract: Food Sovereignty is a vibrant discourse in academic and activist circles, yet despite the many shared characteristics between issues surrounding food and public health, the two are often analysed in separate frameworks and the insights from Food Sovereignty are not sufficiently brought to bear on the problems in the public health discourse. In this paper, I will introduce the concept of 'self-organised community viability' as a way to link food and health, and to argue that what I call the 'Health Security' paradigm requires a 'Health Sovereignty' response modelled on Food Sovereignty.

Keywords: self-organised community viability; Food Sovereignty; Health Sovereignty; Food Security; Health Security; Alma Ata; Karuk; Declaration of Nyéléni; La Via Campesina; public health; globalisation.

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1 Introduction

Public health refers to organised measures to address systems (as opposed to individuals or even specific diseases) in order to promote health and prolong life (World Health Organization, 2013). Food-related issues are an important segment of public health, given the connection of diet to lifelong health prospects. While public health discourse draws on numerous literatures on food, they have not drawn from the literature on food sovereignty. I wish to show in this paper how food sovereignty could improve the ways in which we think about public health, by looking at the concept of community viability. In particular, I show that self-organised community viability can improve interaction with a community's local environment and culture in a way that promotes health. Looking at the case study of the Karuk people of the Klamath River area, I begin in Section 2 with a brief background review of some of the literature on food sovereignty and meaning of community viability. In Section 3, I show how most public health discussions of food rely on a food security framework, which does not include food sovereignty. In Section 4, I make the case for why community viability is needed to help us think better about public health. In Section 5, I argue for the concept of what I call 'Health Sovereignty' as a theoretical platform merging food sovereignty and public health. This paper argues that self-organised community viability is a new and useful way to understand the Food Sovereignty movement, and that the Food Security/Food Sovereignty distinction can be mapped onto public health, with models that I call Health Security and Health Sovereignty. Given this, the paper ultimately argues that Food Sovereignty and what I call Health Sovereignty are useful frameworks for making public health policies more effective and more just.

2 Food Sovereignty

Food sovereignty has been defined in a variety of different ways, but an influential definition comes from the *Declaration of Nyéléni* (2007):

“Food sovereignty is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems.... Food sovereignty implies new social relations free of oppression and inequality between men and women, peoples, racial groups, social classes and generations.”

This is part of a much longer definition coming out of a conference on food sovereignty that included communities from all over the world, and which incorporates the many concerns of its members. Flora (2011, p.545) and others have argued that the inclusion of “All manner of movements for liberation from oppression, from the Zapatistas to the women's movement” is too great a burden for one idea, especially one merely about food, to carry. However, these issues are seen by advocates as inherently interconnected and inseparable. Indeed, advocates of food sovereignty contend that trying to deal with food in isolation will inevitably support currently existing (and unjust) power structures (Via Campesina, 1996, 2001; *Declaration of Nyéléni*, 2007). As we will see in the section below on self-organised community viability, these seemingly disparate goods, seen by activists as inherently connected, can be understood coherently as all adding to the community's self-organised viability. Food Sovereignty activists, then, are using food as

a fundamental, shared base to connect these seemingly disparate issues to the community's viability.

In addition to the definition above, delegates to Nyéléni came up with six principles of how food sovereignty would work in practice. To examine what these principles might actually look like, I will lay out the six principles using a particular example, the Karuk people of the Klamath River area.

2.1 Example: Food Sovereignty for the Karuk people

The Karuk people in the Pacific Northwest of the USA, primarily Northern California, have severe problems of community sovereignty and viability, many of which can be analysed as being focused around food. Their traditional food practices have been curtailed, illegalised, and/or made impossible. Dams are exterminating salmon runs. Hunting game and fishing is strictly regulated by wardens, leading to altered hunting patterns (at night, in secret, and alone), the arrest of many Karuk people, and a great reduction in food from hunting. Karuk people also do not have access to their land which now 'belongs' to private owners or state parks, making foraging for mushrooms, acorns, etc. impossible to do in sufficient quantities to supplement their food, and making traditional practices to increase the fertility of their land such as burning illegal (Karuk Tribe of California, n.d., 2007; Pierce, 1998; Norgaard, 2004; Reed and Norgaard, 2010).

Attempts by authorities to alleviate these problems in response to activism have not been in a food sovereignty paradigm. For example, the US Government and the California and Oregon State Governments have given food aid directly to the Karuk people such as free canned goods, cereals, and the like, and indirectly via food stamps and other food aid programmes. Thus far, the outcomes from these programmes have not been positive. Many Karuk people feel that their culture and way of life is being eroded by their inability to obtain the kind of food in the manner that has been co-constituted with their culture (Karuk Tribe of California, n.d., 2007; Pierce, 1998; Reed and Norgaard, 2010) 42% of Karuk respondents living in the Klamath River area are 'food insecure' or 'hungry' despite relying on food assistance (Norgaard, 2004). At the same time, they are also suffering from obesity and diabetes (Reed and Norgaard, 2010). Poverty rates are nearly three times the US average (Norgaard, 2004).

2.2 Nyéléni Declaration principles of Food Sovereignty

With this background in mind, we can now look at the six principles of food sovereignty from the *Declaration of Nyéléni* (2007) and how these would play out in this particular case. According to that document, food sovereignty:

- *Focuses on food for people:* Food Sovereignty advocates argue that food is often at the base of the various problems a community faces. For the Karuk people, this includes the problems of poverty, ill health, cultural erosion, etc. described above, even if it might not be immediately obvious that food lies at the base of some of these problems.
- *Values food providers:* Food Sovereignty advocates insist that food providers and their methodologies, rather than just the amount or even quality of food itself, be understood as highly important. For the Karuk people, this might include recognising

the value of their cultural food practices for their identity and no longer seeing their problems as just a food supply issue on the one hand and a matter of criminal poaching on the other.

- *Localises food systems:* Food Sovereignty advocates see localised food systems as an important part of decreasing a community's vulnerability and dependence. In this case, supporting this principle might include stopping the practice of dumping food aid onto the Karuk people, and instead helping them get more food from their surrounding areas.
- *Puts control locally:* An important part of localising the food system is localising control of it, rather than, e.g., an externally mandated and controlled local food distribution system. This principle might include respecting the Karuk people's traditional land rights to sustain themselves from what is now designated as private property or state or national park.
- *Builds knowledge and skills:* Food Sovereignty does not imply the fetishisation of traditional practices for a museum culture. Rather, it supports community members in both preserving and increasing their food-related knowledge and skills. As Reed and Norgaard (2010) state, many of the cultural food practices of the Karuk People are dying out from a history of forced assimilation that includes forcing children into Bureau of Indian Affairs boarding schools in the past, and illegalising many cultural food practices in the present. A redress of this would require helping these practices flourish again and providing access to any other food-related skills the Karuk people wanted to acquire.
- *Works with nature:* This principle can be understood in one way as a commitment to sustainability for the community as it does not erode its landbase, and a commitment to adaptability as it works with the changes nature might bring (particularly given issues like global climate change). Another way to understand this principle is as a commitment to an expansive definition of 'community', which includes non-human elements to whom human members of the community see responsibilities. In the example of the Karuk people, this principle might include eliminating the dams, forestry practices, pollution, and other industrial assaults on the local ecosystem which are rendering the food system there highly vulnerable (Karuk Tribe of California, n.d.; Reed and Norgaard, 2010).

It is important to note that a Food Sovereignty approach does not require some idealised autonomous independence on the part of the Karuk people. They can be part of a food network that shares with their neighbours and even perhaps quite distant communities. What is necessary is that this network be one of just relations that increases the viability of their community and is organised by the community itself, rather than one that perpetuates or promotes unjust relationships and acts via top-down, external principles and values. Indeed, as we will see in the next section, I argue that self-organisation and viability for the community can be seen as unifying principles underlying all of the commitments of Food Sovereignty, and thus are a useful tool for understanding the often seemingly unrelated commitments in the movement.

2.3 *Self-organised community viability*

In order to understand the discourse on Food Sovereignty, and why public health can benefit from concepts coming out of this literature, it is useful to analyse what Food Sovereignty advocates are fighting for. As suggested above, this can at first look like a dizzying array of disparate ends. To help clarify the underlying stakes of food sovereignty I suggest the concept of self-organised community viability. By *self-organised community viability*, I mean the internally developed capacities of a community to flourish in the future, which must include balancing the many disparate needs important in the food sovereignty movement. Viability will of course look different for different communities, and will require a plurality of shifting strategies, but it is not an entirely unconstrained concept. The framework problematises dependency on external powerful groups (as opposed to self-organisation) on the one hand, and fragility to shock (as opposed to adaptable viability) on the other.

Community viability *simpliciter* was put forward as a framework for understanding why attempts to integrate ecosystem conservation with community development succeed or fail. Michaelidou et al. (2002) argued that ecosystem viability – understood by ecologists as including elements like species richness and trophic links, as well as more mundane necessities like soil fertility and water (Ebenman and Jonsson, 2005; Ebenman et al., 2004) – was necessarily interconnected with *community viability*. Community viability was defined to require cultural health, well-being (including economic, physiological, and psychological), participation (in policy decisions), and community capacity (to manage the natural resources around them) (Michaelidou et al., 2002).

This is a useful framework, both in valuing community identity and in understanding community as being inextricable from the ecosystem in which it exists. However, by itself it is not enough to understand what is motivating food sovereignty advocates. Perhaps because the community viability framework comes out of resource management and development discourses, it misses the importance of self-organisation, which is vital to the Food Sovereignty literature. The difference here is important, because an externally imposed viability is likely to include values and concepts which run counter to the community in which one is intervening. This may well lead either to failure, as the community rejects the policies designed to help it, or to the eradication of important elements of the community as it must change fundamentally in order to benefit from the policies. Recall the example of the Karuk food production practices – they are often faced with the choice of suffering criminal and other penalties for rejecting externally imposed viability plans, or losing elements which they see as fundamental to their identities. If the plan to increase community viability is self-organised, on the other hand, the community itself can match strategies to its needs and values, and better implement policies that were internally generated. These plans may sometimes include not mere participation with powerful agents and institutions in mainstream discourse as traditional community viability models advocate, but may instead include abandonment, opposition to, or revolutionary changes of those institutions.

With this framework in mind, it will be easier to understand what contributions food sovereignty can make as we examine the discourse on public health. In the next section, I will discuss how food is currently conceived of in the public health discourse, and show that food sovereignty and its commitment to self-organised community viability is missing.

3 Public health – Food Security and Health Security

The model of food and food aid in public health discourse is one of food security (rather than food sovereignty). There is some confusion with the term ‘food security’, which can describe both a goal (secure access to food) and a particular method of achieving that goal (the dominant method employed by most global political and economic institutions). In keeping with the first principle of Food Sovereignty discussed above, food security as a goal is also pursued in a Food Sovereignty model, but Food Sovereignty activists see themselves as explicitly opposed to the methods known as ‘food security’ (Via Campesina, 1996, 2001; *Declaration of Nyéléni*, 2007). For ease of understanding in this paper, I will use the capitalised term ‘Food Security’ to refer to the methods advocated by governmental and non-governmental institutions to pursue the goal of ‘food security’ (much in the same way as I have been using capitalised ‘Food Sovereignty’ to refer to that movement and methodology). The goal of Food Security, then, is a form of food security in which “All people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life” (FAO, 2002). Its focus is on making sure that food is *available* and *accessible* to people everywhere, and often uses globalised, market-based approaches to increase availability and accessibility.

Food Security is the dominant model in the economic, governmental, and non-governmental institutions of globalisation. This model is pursued in different ways depending on the institution, but the dominant bifurcation is between institutions that try to compel governments to alter their policies to promote Food Security, and institutions that try to directly provide food to people that do not have enough, in order to increase their security. The World Bank and IMF on the one hand push poorer countries to adopt structural changes which are aimed at increasing the food security of the country in exchange for financial aid to that country. This includes pushing for privatisation of food and water services, consolidation of agriculture into a few large companies (often purchased by international corporations), shifting production from staples to cash crops, and getting as many people as possible off the land and into wage work in cities. The idea behind these policies is that they will help the economy of the country, and people will then be able to buy the much cheaper staples from the consolidated agricultural corporations in their own country and subsidised agriculture in the USA and other wealthy countries, thereby increasing both availability and access (at least for those with jobs) (Schanbacher, 2010; Whittman et al., 2010).

On the other hand, organisations like the FAO, UNICEF, USAID, etc. also work for Food Security, by distributing aid to food-insecure countries. This aid primarily takes the form of food from wealthier countries given to the poor for free. This process, known by critics as ‘dumping’, not only relieves short-term food shortages, but also works hand-in-hand with the goals of the economic institutions like the World Bank and IMF, because the food makes small-scale farming in the countryside (seemingly) unnecessary and economically impossible, as farmers go out of business unable to compete with free food. Farmers are pushed, then, to move into salaried labour allowing them to buy food from global sources, and thereby no longer depending on the success or failure of their own crops. The other primary type of aid is in the form of programmes to help smallholding farmers and villagers enter the cash-based economy. This has the effect of shifting what the farmers grow to cash crops rather than growing subsistence food, and

shifts the farmers to depend on markets rather than non-monetised community relations. These changes allow the farmers to purchase what they cannot provide on their own or in their community (Pimbert, 2011; Schanbacher, 2010; Whittman et al., 2010).

It is important to emphasise that from the perspective of these institutions, this all increases food security, because they are increasing both the absolute amount of food available in the country, and the accessibility to this food for many if not all of its citizens. That the food is grown in another country is seen as either irrelevant or a positive, in that the country is more integrated in the global economy, which proponents of Food Security argue increase its resiliency against local disasters. As an example of this philosophy, the FAO (2012) Rome report says that we must improve access to food by “creating decent jobs, paying better wages, giving them access to productive assets, and distributing income in a more equitable way.”

The assumptions in Food Security also inform public health actors, in what we might call a *Health Security* model (though this term is not in common usage in the public health discourse, as we will see the parallels with Food Security make it apt). The World Bank and IMF, since the 1990s, “Took over the initiative from the World Health Organization and became the dominant international institution for health policy formation” (De Vos et al., 2009). The World Bank wants to ‘Invest in health’, and in so doing has privatised many health services in poor countries. Their model is based on individuals using a wage to access healthcare from for-profit corporations, which are part of the global healthcare industry. When communities are spoken about at all, they are seen at best as a way of “contributing to overall goals of cost reduction for the public sector” (Mayo and Craig, 2009).

In the Health Security model, the WHO, the Red Cross/Red Crescent, and other public health organisations focus on distributing healthcare. These organisations primarily pursue their goals by giving medicine produced by major pharmaceutical and medical supply companies away to poor countries to combat epidemics, bringing in doctors in times of crisis who will work until the crisis is resolved and then leave, and similar measures (De Vos et al., 2009). Like the organisations distributing food discussed above, these groups’ work is not as directly focused on changing policies as that of financial institutions like the World Bank and IMF, but their goals are concomitant. They have the potential of undermining local healthcare practices and dependence on local healthcare experts in favour of modern, industrial, Western medicine, which can only be obtained by integration into that system.

In public health discourse then, whether focusing narrowly on food or health more broadly, ‘security’ is pursued through dependency on a system where wealthy countries produce necessities that people in poorer countries must acquire via what little power they have in a global marketplace. As we will see, these policies have had negative outcomes for the people they are purportedly designed to help, in part because they undermine community viability and self-organisation.

4 The need for Food Sovereignty

There are two significant problems with this model of Food Security and Health Security: that it fails by its own lights as its methods actually harm its goals, and that by ignoring the importance of self-organised community viability, this model damages people and communities.

Despite the promise of reliable access to food, many critics have pointed out that the Food Security paradigm has done little if anything to reduce the prevalence of famine and food shortages globally (Pimbert, 2011; Sasson, 2012). Likewise, public health policies based on a Health Security model have not been effective in solving the serious health problems facing people in poor countries (WHO, 2010; World Bank, 2012). In fact, the increased dependence on the market has had terrible consequences when economic, environmental, or political factors cause the prices of commodities to rise and first-world countries reduce their aid, as happened globally in 2007 to 2008 (Dauvergne and Neville, 2010; Magdoff, 2008; von Braun, 2008). The claim by Food and Health Security advocates that integration gives resilience overlooks the power dynamics that can make belonging to an unjust system lead to fragility (characterised by a lack of adaptability) and dependence for some actors in the system (McMichael, 2009; Rosset 2008).

Critics of Food Security argue that the policies pursued by development and aid organisations increase the dependency of poorer countries on their wealthier neighbours, and increase the dependency of poorer people on wealthier ones within countries as well. Both the country and communities within it are undermined in their ability to provide for themselves and each other, and are therefore unable to pursue their own self-organised interests. Food Security often leads to social problems as members of small landed communities disperse to major cities, and environmental problems as the demands of the global economy for factories and cash crops degrade the soil and pollute the land and water. As Whittman et al. (2010) argue: “These contemporary policies aimed at food security offer no real possibility for changing the existing inequitable, social, political and economic structures and policies that peasant movements believe are the very causes of the social and environmental destruction in the countryside in both the North and South.” Given these problems, it is perhaps not surprising that critics call for a different paradigm for how to address the issues of food shortages in the world. Food Sovereignty does that, and in the process attempts to address the aspects of self-organisation and community viability that Food Security overlooks. These concepts are equally important to the larger public health discourse, which is similarly committed to a security paradigm.

5 Health Sovereignty

The discourse on public health has much to learn from the literature on Food Sovereignty. Whereas Food Sovereignty is a vibrant alternative to Food Security today, virtually nothing has been written on what we might call Health Sovereignty. By *Health Sovereignty* I am describing a model of public health that takes its goals and commitments from Food Sovereignty, in particular self-organised community viability. It is defined in opposition to what we have been calling *Health Security*, which is informed instead by the framework of food security.

There was one declaration that might be interpreted as calling for Health Sovereignty, in language quite similar to the Nyéléni Declaration on Food Sovereignty. This is the *Declaration of Alma Ata* (1978), which says ‘primary health care’, a basic human right, requires (among other things in the full declaration):

“Maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources, and to this end

develops through appropriate education the ability of communities to participate.”

To anyone aware of the discourse on Food Sovereignty, this sounds familiar. If Alma Ata already exists as a stated policy, then, one might wonder what the purpose of introducing a new concept, Health Sovereignty, is.

One reason is the different trajectories sovereignty and this kind of healthcare justice is on. The Alma Ata declaration is from 1978, and was produced in part due to the influence of the USSR and China (Cueto, 2004). Almost immediately after it was drafted, Western Governments moved to undermine it (Walsh and Warren, 1979; Werner and Sanders, 1997; Baum, 2007), and it is now widely seen as being outmoded by the vision put forward by the major institutions of globalisation (Baum, 2007; Navarro, 2008; De Vos et al., 2009). The Nyéléni Declaration, on the other hand, was written in 2007, and was created by networked communities from the so-called ‘developing world’ working in concert as part of a burgeoning movement. By adding community-viability- and justice-focused approaches to public health inspired by the Food Sovereignty movement, it is to be hoped that the lessons learned from the latter movement (such as a self-organised approach) can reinvigorate the former. Likewise, the work that already has been done by approaches to public health such as Alma Ata can be taken up by the Food Sovereignty movement as they expand to encompass health as a necessary part of addressing the problems relevant to their communities.

Another reason to think that Health Sovereignty ought to supersede the Alma Ata Declaration is that the declaration lacks many aspects of justice which are at least in more modern discourses on social justice seen as extremely important, particularly by activists. Partly as a result of its age, Alma Ata does not sufficiently account for issues like cultural practices, traditional ecological knowledge, or environmental sustainability. Food Sovereignty’s insistence on the interconnection of many issues “From the Zapatistas to the women’s movement” [Flora, (2011), p.545] can fill in these missing pieces and make health sovereignty understand the interrelations that are necessary for justice.

5.1 Recasting the principles of Health Sovereignty

Though it seems that Food Sovereignty can offer a useful model for thinking about public health, it is not immediately obvious that the framework can be exported as directly as I have been suggesting. After all, arguing for local food might sound like a reasonable justice claim in a way that arguing for local medicine might not. The six principles of food sovereignty from Declaration of Nyéléni (2007) can be recast to show what a model of Health Sovereignty might look like and how it would contribute to self-organised community viability. Health Sovereignty, then, would:

- *Focus on health for people:* In a health sovereignty model, health, defined by the Alma Ata declaration as “A state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity” would have to be the primary focus, over and above goals like global economic integration.
- *Value health providers:* All health providers, including parents, grandparents, respected healers in the community, and other non-mainstream caregivers (as well as ordinary doctors and nurses) should be respected as contributing to the health of community members. Further, traditional and culturally co-constituted health

practices should be recognised as important to people's and communities' identities and their overall viability.

- *Localise health systems:* Medical providers (again of all kinds) should be as localised and as integrated into communities as possible, as should their treatments (as opposed to doctors dropped in from another country for a short stay and the administration of distantly manufactured pharmaceuticals). Another aspect of this is that local health practices do not need to be shared, but if they are, then they are shared between communities; the mining of indigenous knowledge for pharmaceuticals which are then patented by corporations has no place in this model.
- *Put control locally:* Local communities, in connection with their neighbours, should have the power to control their health systems. This should not be done from a Health Security perspective's focus on mere participation, such as the World Bank's definition of empowerment: "The expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives" (De Vos et al., 2009). Rather, control should be seen from the perspective of a sovereign, self-organised viability, where control is seen as: "A social action process by which individuals, communities, and organizations gain mastery over their lives in the context of changing their social and political environment to improve equity and quality of life" (Wallerstein, 1993). This is something which might entail building alternatives to and resisting those institutions which affect the lives of community members.
- *Build knowledge and skills:* Rather than bringing in outside aid in the form of experts and unreproducible pharmaceuticals, knowledge and skills of health work, particularly prevention and cultural health practices, should be encouraged for everyone in the community. The more knowledge that non-experts in the community have, the less burden is placed on the experts, and the less dependent the community is on their expertise.
- *Work with nature:* Cancer treatments with carcinogenic by-products, after-the-fact treatments of preventable diseases, intensely polluting medical industrial waste, and the other horrors of the industrial health system should be shunned in favour of health systems that work with the (local) natural world. Given that environmental degradation and pollution is a source of many health risks, this principle also requires that the natural world's health be taken seriously as part of our own health.

Because this is a call for a new model, there are few if any examples of what this might look like in practice, though there are some partial examples of moves in the direction of increased health sovereignty as a means of addressing issues of public health in the community (e.g., perhaps, Brown, 1993; Farmer, 2004; Georgiadis et al., 2007). Thinking back to the example of the Karuk people discussed earlier, it is clear that this approach would benefit them, and help their community to have a longer horizon of viability both by addressing the serious health problems they face and helping to revitalise and reproduce their cultural practices, much as food sovereignty would do in the arena of food.

6 Conclusions

We have seen how Food Security and what I have called Health Security are run by the same institutions from the same outlook, which reduce a community's self-organisation and viability by increasing their dependence on neoliberal, global institutions, and which fail to achieve the stated ends of preventing famine and public health crises. We have also seen that Food Sovereignty increases the self-organised viability of a community, and does so in a way that provides a useful model for issues of public health. Health Sovereignty, which would see public health as intimately bound up in how people create and replicate their communities, can leverage local knowledge, values, and interconnections to better address emergent health problems and decrease environmental injustice.

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