

Slow Death (Sovereignty, Obesity, Lateral Agency)

Lauren Berlant

The phrase *slow death* refers to the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence. The general emphasis of the phrase is on the phenomenon of mass physical attenuation under global/national regimes of capitalist structural subordination and governmentality. It takes as its point of departure David Harvey's polemical observation, in *Spaces of Hope*, that under capitalism sickness is defined as the inability to work. This powerful observation about the rationalization of health is an important part of the story, but it is not the whole story either.¹ Through the space opened up by this concept I offer a development in the ways we conceptualize contemporary historical experience, especially when that experience is simultaneously at an extreme and in a zone of ordinariness, where life building and the attrition of human life are indistinguishable, and where it is hard to distinguish modes of incoherence, distractedness, and habituation from deliberate and deliberative activity, as they are all involved in the reproduction of predictable life.

The shift I am proposing reframes the ways we think about sovereignty, emphasizing in particular an attenuated, nonmimetic relation between po-

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1. See David Harvey, "The Body as Accumulation Strategy," *Spaces of Hope* (Berkeley, 2000), pp. 97–116. To call Harvey polemical is not to devalue his profound contributions to understanding the productive destructiveness of capital; in his work, a polemic is a call for precision, not a way of drowning it out.

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litical and personal or practical sovereignty. From Schmitt to Agamben and Bataille to Mbembe, the current discussion of sovereignty as a condition of and blockage to justice recapitulates the widespread contemporary projection of sovereignty onto events of decision making. Mbembe: "To exercise sovereignty is to exercise control over mortality and to define life as the deployment and manifestation of power."² But, phrased as such, the sovereignty concept has a few problems that are related but nonidentical. For one thing, this model's image of control derives from an archaic tradition of theologically based royal or state privilege, and while that form of sovereignty has a limited perdurability (in clemency proceedings, for example) it masks the wide variety of processes and procedures involved historically in the administration of law and of bodies, even during periods when sovereign rulers exerted their wills by fiat.³ Similarly, sovereignty described as the foundation of individual autonomy (represented and secured, for some, by the General Will) overidentifies the similarity of self-control to sovereign performativity and state control over geographical boundaries.⁴ It thereby encourages a militaristic and melodramatic view of agency in the spectacular temporality of the event of the decision; and, in linking and inflating consciousness, intention, and decision or event, it has provided an alibi for normative governmentality and justified moralizing against inconvenient human activity. Even Bataille's radically alternate version of sovereignty—as an ecstatic departure from a strong notion of intentionality and agency—reproduces personhood as a drama, just this time a drama of heterogeneity rather than subjective overorganization.⁵

2. Achille Mbembe, "Necropolitics," trans. Libby Meintjes, *Public Culture* 15, no. 1 (2003): 12. See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford, Calif., 1998), *Remnants of Auschwitz: The Witness and the Archive*, trans. Heller-Roazen (New York, 1998), and *State of Exception*, trans. Kevin Attell (Chicago, 2005).

3. See Austin Sarat and Nasser Hussain, "On Lawful Lawlessness: George Ryan, Executive Clemency, and the Rhetoric of Sparing Life," *Stanford Law Review* 56 (Apr. 2004): 1307; see also Hussain, *The Jurisprudence of Emergency: Colonialism and the Rule of Law* (Ann Arbor, Mich., 2003).

4. For a related critique of the metaphysicalization of the sovereignty concept, see Friedrich Balke, "Derrida and Foucault on Sovereignty," *German Law Journal* 6 (Jan. 2005), www.germanlawjournal.com/print.php?id=539. Daniel Morris, "The Life and Times of Sovereignty" (unpublished paper) helped me to elaborate and clarify what it might mean to temporalize this concept.

5. See Georges Bataille, *Literature and Evil*, trans. Alastair Hamilton (London, 1973), p. 173 and *The Unfinished System of Nonknowledge*, trans. Michelle Kendall and Stuart Kendall (Minneapolis, 2001).

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Third, while Mbembe's definition renders life and mortality transparent, Foucault argues that the relation of sovereignty to biopower involves a significant recasting of what those referents mean, even before the apparition of decision making is raised. It would seem at first that the most variable term is *life*. Foucault's phrasing is precise. Sovereignty "is not the right to put people to death or to grant them life. Nor is it the right to allow people to live or to leave them to die. It is the right to take life or let live."⁶ Life is the apriority; sovereign agency signifies the power to *permit* any given life to endure, or not. But biopower, he argues, which does not substitute for but reshapes sovereignty, is the power to *make* something live or to let it die, the power to regularize life, the authority to *force* living not just to happen but to endure and appear in particular ways. The difference between sovereign agency under a regime of sovereignty and under a regime of biopower, then, can be thought of as a distinction between individual life and collective living on, where living increasingly becomes a scene of the administration, discipline, and recalibration of what constitutes health. Yet the relative passivity of letting die in the context of shaping living changes entirely as the decision and the event of agency in proximity to life and mortality evolve. Foucault focuses on biopower's attempt to manage what he calls "endemics," which, unlike epidemics, are "permanent factors . . . [that] sapped the population's strength, shortened the working week," and "cost money." In this shift Foucault dissolves the attention to scenes of *control* over individual life and death under sovereign regimes and refocuses on the dispersed *management* of the biological threat posed by certain populations to the reproduction of the normatively framed general good life of a society.⁷ Slow death occupies the temporalities of the endemic.

Because of these convolutions and variations sovereignty is an inadequate concept for talking about human agency outside of the power of the king's decree or other boundary acts in proximity to certain performances of law, like executions and pardons. For so many reasons the ordinary subjects of democratic/capitalist power might best be redefined as only partially (that is to say phantasmatically or *not*) sovereign. But some may want to continue using the concept because of the history of investment in it as a marker for the liberal sense of personal autonomy and freedom or because of the association of democracy with the legal protection of the body politic and subgroups within it.⁸ Or, to take a page from Ernesto Laclau's or Paul

6. Michel Foucault, "17 March 1976," "Society Must Be Defended": *Lectures at the Collège de France, 1975–76*, trans. David Macey, ed. Mauro Bertani et al. (New York, 2003), pp. 240–41.

7. *Ibid.*, pp. 243, 244. Ultimately Foucault's model of the endemic and of biopower is far more focused on power distributed through delegated state practices than is this essay.

8. See, for example, the place of sovereignty in the conceptualization of sociality and publicness throughout Michael Warner, *Publics and Counterpublics* (New York, 2005). Balke, "Derrida and

Gilroy's strategic defenses of universality, one might argue legitimately that renouncing a politics of sovereign persons and publics in self-relation and relation to the state would cede to the groups who benefit from inequality the privilege to define the procedures of authority and conceptualization of the human in a self-ratifying way.⁹ I am persuaded enough by these kinds of reservations not to push for a wholesale exorcism of sovereignty's spirit in some fantasy of taxonomic substitution; legal and normative ghosts have precedential power, after all. But we need better ways to talk about activity oriented toward the reproduction of ordinary life: the burdens of compelled will that exhaust people taken up by managing contemporary labor and household pressures, for example; or spreading-out activities like sex or eating, oriented toward pleasure or self-abeyance, that do not occupy time, decision, or consequentiality in anything like the registers of autonomous self-assertion.

Indeed, practical sovereignty would be better understood not to take the mimetic or referred shape of state or individual sovereignty but a shape made by mediating conditions of zoning, labor, consumption, and governmentality, as well as unconscious and explicit desires *not* to be an inflated ego deploying and manifesting power. This essay looks at the not necessary continuity between pragmatic (life-making) and accretive (life-building) gestures and tracks the relation of that activity to the attrition of the subject. It focuses on what's vague and gestural about the subject and episodic about the event. It presumes nothing about the meaning of decision or the impact of an act. Without attending to the varieties of constraint and unconsciousness that condition ordinary activity we persist in an attachment to a fantasy that in the truly lived life emotions are always heightened and expressed in modes of effective agency that ought justly to be and are ultimately consequential or performatively sovereign. In this habit of representing the intentional subject, a manifest lack of self-cultivating attention can easily become recast as irresponsibility, shallowness, resistance, refusal, or incapacity; and habit itself can begin to look deeply overmeaningful, such that addiction, reaction-formation, conventional gesture clusters, or just being different can be read as heroic placeholders for resistance to something,

Foucault on Sovereignty," argues that the late Derrida also presumes the metaphysical and foundational equivalence of self-mastery, autonomy, and sovereignty in the operation of the Western polis and its individuals.

9. See Ernesto Laclau, "Universalism, Particularism, and the Question of Identity," in *The Identity in Question*, ed. John Rajchman (London, 1995), p. 107, and Paul Gilroy, *Against Race: Imagining Political Culture beyond the Color Line* (Cambridge, Mass., 2000), pp. 220, 230. See also Isobel Armstrong, *The Radical Aesthetic* (Oxford, 2000), p. 236. The antinomian activity of the contemporary U.S. state shows how powerful an as-if or phantasmatic assumption of sovereignty can be in the hands of those otherwise bound by an obligation to legal proceduralism.

affirmation of something, or a transformative desire. I am not saying that any given response or evidence of sentience is not these things, but one should not take for granted, either, that subjects are always involved, universally and in full throttle, in projects of self-extension according to the will-have-been of future anteriority.¹⁰ Self-continuity and self-extension are different things. Another way to say this might be that lives are not novels, and no critic has ever accounted for all the details in a novel either.

Through the space opened by slow death, then, I mean to rethink some taxonomies of causality, subjectivity, and life making embedded in normative notions of agency. More particularly, I want to suggest that to continue to counter the moral science of biopolitics, which links the political administration of life to a melodrama of the care of the monadic self, we need to think about agency and personhood not only in normative terms but also as activity exercised within spaces of ordinariness that does not always or even usually follow the literalizing logic of visible effectuality, bourgeois dramatics, and lifelong accumulation or fashioning. The first part of this essay emphasizes questions of sovereignty in the time and space of ordinary living and then unfolds tactically into an unheroizable case, the so-called obesity or “globesity” phenomenon that is said to be sweeping the U.S. and the Westernizing globe.¹¹ This so-called epidemic, seen as a shaming sickness of sovereignty, a predicament of privilege and of poverty, a crisis of choosing and antiwill,¹² and an endemic disease of development and underdevelopment, engenders strong data, florid prose, and sensational spectacles that I have no intention of reducing to their proper analytical and affective scale.¹³ I recast these within a zone of temporality we can gesture

10. The future anteriority of the subject is central to the problematics of death-in-life in Roland Barthes, *Camera Lucida: Reflections on Photography*, trans. Richard Howard (New York, 1981) and *A Lover's Discourse*, trans. Howard (New York, 1978), and Drucilla Cornell, *The Imaginary Domain: Abortion, Pornography, and Sexual Harassment* (New York, 1995). Seen as a problem, this mode of the will-have-been is confronted by Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham, N.C., 2005).

11. Available in World Health Organization documents as early as 1998 and registering typical anxiety about the joke-and-threat status of obesity in public-sphere Western rhetoric, *globesity* is now in wide circulation in medical and commercial venues; see, for example, George Anderson, “Buzzwords *du Jour*: Prosumers, Metrosexuals, Globesity,” *Retail Wire*, 26 Sept. 2003, retailwire.com/Discussions/Sngl_Discussion.cfm/9272; Donna Eberwine, “Globesity: The Crisis of Growing Proportions,” *Perspectives in Health Magazine* 7, no. 3 (2002): 6–11, www.paho.org/English/DPI/Number15_article2_5.htm; Stuart Blackman, “The Enormity of Obesity,” *The Scientist*, 24 May 2004, www.the-scientist.com/article/display/14698; and multiple articles in *Journal of the American Medical Association (JAMA)* and other medical journals. For a recent academic deployment, see Don Kulick and Anne Meneley, introduction to *Fat: The Anthropology of an Obsession* (New York, 2005).

12. “Antiwill” is Patricia Williams’s brilliant phrase for the mass personality or collective identity deemed so instinctive and appetitive that it is defined by its compulsions (Patricia Williams, *The Alchemy of Race and Rights* [Cambridge, Mass., 1991], p. 219).

13. For the actuarially based establishing arguments, see National Center for Health Statistics (a subdivision of the Centers for Disease Control and Prevention), “Prevalence of Overweight and

toward as that of ongoingness, getting by, and living on, where the structural inequalities are dispersed, the pacing of their experience intermittent, often in phenomena not prone to capture by a consciousness organized by archives of memorable impact. I want to prompt a thought about a kind of interruptive agency that aspires to detach from a condition or to diminish being meaningful. Crisis management produces dramas that obscure the motives and temporalities of these aspects of living. This recasting of sovereignty provides an alternative way to talk about phrases like “self-medication” when we imagine what someone is doing when they are not acting in a life-building way—the way that liberal subjects are supposed to. The essay closes with a meditation on lateral agency, speculating about subjectivity and self-interruption. It argues that in the scene of slow death, a condition of being worn out by the activity of reproducing life, agency can be an activity of maintenance, not making; fantasy, without grandiosity; sentience, without full intentionality; inconsistency, without shattering; embodying, alongside embodiment.¹⁴

1. Conceiving the Case

Slow death prospers not in traumatic events, as discrete time-framed phenomena like military encounters and genocides can appear to do, but in temporal environments whose qualities and whose contours in time and space are often identified with the presentness of ordinariness itself, that domain of living on, in which everyday activity; memory, needs, and desires; diverse temporalities and horizons of the taken-for-granted are brought into proximity.¹⁵ I distinguish environment from event here not to choose a model of space over time but precisely to describe space temporally, as a back-formation from practices.¹⁶ An event is a genre calibrated according to the intensities and kinds of impact.¹⁷ *Environment* denotes a dialectical

Obesity among Adults: United States, 1999–2002,” www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99.htm; the CDC general obesity homepage, www.cdc.gov/nccdphp/dnpa/obesity/index.htm; International Obesity Task Force, www.ioff.org; the several World Health Organization obesity reports at www.who.int/nutrition/publications/obesity/en/index.html; and Ali H. Mokdad et al., “The Spread of the Obesity Epidemic in the United States, 1991–1998,” *JAMA*, 27 Oct. 1999, pp. 1519–22. For debunking arguments, see J. Eric Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (New York, 2006); Paul Campos, *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health* (New York, 2004); and the prescient Richard Klein, *Eat Fat* (New York, 1996). For geopolitically relativizing arguments, see Helen Gremillion, “The Cultural Politics of Body Size,” *Annual Review of Anthropology* 34 (2005): 13–32.

14. This is part of a longer project on negative affects and the agency of self-interruption. A related essay is Lauren Berlant, “Two Girls, Fat and Thin,” in *Regarding Sedgwick*, ed. Stephen M. Barber and David L. Clark (New York, 2002), pp. 71–108.

15. See Thomas L. Dumm, *A Politics of the Ordinary* (New York, 1999), pp. 10–49.

16. For a great habitation of the Lyotardian “temporalization of space and spatialization of time,” see Andrew Quick, “Time and the Event,” *Cultural Values* 2 (Apr. 1998): 223–42.

17. The event has been accumulating much critical attention via Lyotard, Deleuze, Nancy, and the post-Freudians, all of whom focus on the event as an experience that manifests radical

scene where the interaction reified as structure and agency is manifest in predictable repetitions; an environment is made via spatial practices and can absorb how time ordinarily passes, how forgettable most events are, and, overall, how people's ordinary perseverations fluctuate in patterns of undramatic attachment and identification.¹⁸ In an ordinary environment, most of what we call events are not of the scale of memorable impact but rather are *episodes*, that is, occasions that make experiences while not changing much of anything. They are closer to what Teresa Brennan calls an "atmosphere," but an atmosphere managed and mediated by temporal, physical, legal, rhetorical, and institutionally normative procedures.¹⁹

But more than establishing the episodic nature of most events and the absorptive function of most environments is at stake in making out the scene of slow death. Often when scholars and activists apprehend the phenomenon of slow death in long-term conditions of privation they choose to misrepresent the duration and scale of the situation by calling a *crisis* that which is a fact of life and has been a defining fact of life for a given population that lives it as a fact in ordinary time. (Etymologically, *crisis* denotes a crisis in judgment, which is to say that at the heart of a crisis-claim is not the quality of the object in question but the condition of a spectatorial mind.) Of course this deployment of crisis is often explicitly and intentionally a redefinitional tactic, a distorting or misdirecting gesture that aspires to make an environmental phenomenon appear suddenly as an event because as a structural or predictable condition it has not engendered the kinds of historic action we associate with the heroic agency a crisis seems already to have called for.²⁰

contingency. I concur with this sense to the extent that the event always points to an impactful experience. But, with the exception of Freud's *après coup* and Deleuze's perturbation, event theorists use extreme and melodramatic antifoundational languages of nothingness, shattering, cleavage, and so on to describe impact, disregarding what about the event is at the same time ordinary, forgettable, charming, boring, inconsequential, or subtle. I am thinking with Jameson's work on genre here to initiate a way of describing events that allows calibrations of their resonance to articulate different registers of impact (including the vagaries of the vague, the null, and the whatever) and the conventionality of even memorable affective experiences. See Fredric Jameson, *The Political Unconscious: The Narrative as a Socially Symbolic Act* (Ithaca, N.Y., 1981). For kindred views, see Douglas Collins, "The Great Effects of Small Things: Insignificance with Immanence in Critical Theory," *Anthropoetics* 8 (Fall 2002–Winter 2003), www.anthropoetics.ucla.edu/apo802/collins.htm, and Kathleen Stewart, *Ordinary Affects* (Durham, N.C., forthcoming). See also the ruminations on the ongoingness of the historical event in William H. Sewell, *Logics of History: Social Theory and Social Transformation* (Chicago, 2005).

18. A related view on how to think about the temporality of environments in late capitalism, focused on the environment in its natural sense along with its epistemological one, can be found in Barbara Adam's wonderful *Timescapes of Modernity: The Environment and Invisible Hazards* (New York, 1998).

19. See Teresa Brennan, *The Transmission of Affect* (Ithaca, N.Y., 2004).

20. In the nineteenth century it might have been called morbidity, that is, death as a way of life, but in this instantiation, in slow death, the focus is on the articulation of the structural and the

Meanwhile, having been made radiant with attention, compassion, analysis, and sometimes reparation, the population wearing out in the space of ordinariness becomes a figure saturated with emotion generated by a lack of or need for the responsibility of the privileged in the face of the cold facts. This is why, to turn ordinary life into crisis ordinariness, social justice activists engage in the actuarial imaginary of biopolitics; what seem like cool facts of suffering become hot weapons in arguments about agency and urgency that extend from imperiled bodies.²¹ Even as this rhetoric often makes bizarre intimacies between unthinkable harshness and the ordinary work of living on, it becomes a way of talking about what forms of catastrophe a world is comfortable with or even interested in perpetuating and how the rhetoric of crisis effects a slippage or transfer of the notion of the urgency of a situation to the level of the temporalities of the lives of those who are deemed the locus of the crisis. Yet since catastrophe means change, crisis rhetoric belies the constitutive point—that slow death, or the structurally motivated attrition of persons notably because of their membership in certain populations, is neither a state of exception nor the opposite, mere banality, but a domain of revelation where an upsetting scene of living that has been muffled in ordinary consciousness is revealed to be interwoven with ordinary life after all, like ants revealed scurrying under a thoughtlessly lifted rock.²² It is as though the very out-of-scaleness of the sensationalist

experiential. Not defining a group of individuals merely afflicted with the same ailment, slow death describes populations *marked out for wearing out*. Thanks to Dana Luciano for discussions about this.

21. For more on the anti-intellectual utility of an actuarial imaginary in the orchestration of public politically related emotion, see Berlant, "The Epistemology of State Emotion," in *Dissent in Dangerous Times*, ed. Austin Sarat (Ann Arbor, Mich., 2005), pp. 46–78.

22. Such a description as this, pointing to disavowed ways of living that thrive within the "same" temporal regime or horizon of history, resonates with Agamben's use of "zone of indifference" or undifferentiation [*zone di indifferenza*] to describe the thriving antinomianism within political life under contemporary regimes of national/global law (Agamben, *State of Exception*, p. 23). At the same time as a discourse and practice of obligation to the law endure to resanctify the sacred rights of human subjects, a variety of zones in which the law is suspended also emerges, negating conventions of rights protection in order to protect the *idea* of protection. This is not just a phenomenon of state practices but also of popular support for the suspension of legal protections on behalf of legal freedom. The problem in Agamben's important description of this multiplication of distinctions into a zone of incoherence is that a structuralism perdures in the idea of bare life as that which is included as the excluded. Agamben overterritorializes what is fundamentally a temporal, symbolizing, and expanding penumbra suffusing and confusing the law. The concept of indistinction should be much stronger, enabling discussion of the foundational disavowals within democratic practice of parceling out freedom and unfreedom, legitimacy and all its formal and informal others. This argument about the activity of displacement is akin to Talal Asad's argument about the institutions of hypocrisy that protect cruel and unusual punishment within liberal legal regimes. Asad shows powerfully how out of sight *is* not out of mind. See Talal Asad, "On Torture, or Cruel, Inhuman, and Degrading Treatment," in *Social Suffering*, ed. Arthur Kleinman, Veena Das, and Margaret M. Lock (Berkeley, 1997), pp. 285–308.

rhetoric around crisis ordinariness measures the structural intractability of a problem the world can live with, which just looks like crisis and catastrophe when attached to freshly exemplary bodies. While death is usually deemed an event in contrast to life's "extensivity," in this domain dying and the ordinary reproduction of life are coextensive, opening to a genealogy of a contemporary way of being that is not just contemporary or solely located in the U.S. but takes on specific shapes in this time and space.

In the contemporary U.S. context, obesity figures as the freshest case of slow-death crisis-scandal management, although its origin is not in the work of social justice advocates exhorting for compassion to extort political transformation, but rather of insurance companies, health departments, and corporate PR offices. If this paper were a living organism, its footnotes would expand daily with a diet of crisis and response headlines from mainstream and professional papers, journals, newspapers, and magazines. The first time I gave this essay as a talk, morning headlines heralded a crisis for Kraft Foods, whose profit was depressed by a fall in the rate of increase in Oreo sales stemmed only by gains in the equally unhealthy breakfast pseudo-health bar market; then news came of a hastily written "cheeseburger bill" introduced in the U.S. House of Representatives to protect companies from litigation stemming from charges that corporate food produced obesity-inducing addiction (this bill was passed, finally, as the "Personal Responsibility in Food Consumption Act of 2005");²³ the third time I gave this paper, I was greeted by an AOL headline, "Would You like a Serving of Obesity with That?" which talked about a voluntary trend towards putting nutrition labels on the menus of franchise restaurants; and recently, while I was revising this essay, an article appeared in the *New York Times* stating that the French fry is now the most frequently and voluminously eaten vegetable by all children in the United States over fifteen months old, an article soon succeeded by a controversial claim that childhood consumption of French fries leads to increased incidence of adult breast cancer.²⁴

23. See U.S. Congress, "Personal Responsibility in Food Consumption Act of 2005," HR554, 109th Cong., 1st. sess., *Congressional Record* (19 Oct. 2005). See also "Personal Responsibility in Food Consumption Act of 2005," http://www.foodconsumer.org/777/8/printer_Personal_Responsibility_in_Food_Consumption_Act_of_2005.shtml. For a legal/cultural reading of this event, see Dahlia Lithwick, "My Big Fattening Greek Salad: Are French Fries the New Marlboros?" *Slate*, 14 Aug. 2003, www.slate.com/id/2086970/

24. See Laurie Tarkan, "Bananas? Maybe. Peas and Kale? Dream On," *New York Times*, 21 June 2005, www.nytimes.com/2005/06/21/health/nutrition/21pick.html?ex=1130126400&en=e8330837b26798fi&ei=5070; Melanie Warner, "California Wants to Serve a Health Warning with That Order," *New York Times*, 21 Sept. 2005, p. C1; and Roni Rabin, "Study or No, Fries Are Still Bad News," 20 Sept. 2005, p. B13. See also the response from business, "California's Low-Fat Diet," *Investors Business Daily*, www.ncpa.org/sub/dpd/index.php?page=article&Article_ID=2397

In short, every day more and more advice circulates about how better to get the fat (the substance and the people) under control. It would be easy and not false to talk about this as an orchestrated surreality made to sell drugs, services, and newspapers and to justify particular new governmental and medical oversight on the populations whose appetites are out of control (a conventional view of the masses, subalterns, the sexually identified, and so on).²⁵ We learned most recently from AIDS, after all, that the epidemic concept is not a neutral description; it's inevitably part of an argument about classification, causality, responsibility, degeneracy, and the imaginable and pragmatic logics of cure.

But that there are debates over what constitutes health and care does not mean that there is no problem. So what is our object, our scene, our case? The following description mobilizes the catalogue as a genre, aiming toward clustering disparate explanations of the phenomenon; this is the state of analytic improvisation our case requires even from the most scientific experts, as analysis cannot help but cross over dissimilar domains of bodily, subjective, and institutional practice. When does it matter, for example, that overweight, obesity, morbid obesity, and a mass tendency, in industrialized spaces, toward physically unhealthy bodily practices amass as a weirdly compounded symptom of a system and persons gone awry? The case is not a thing, but a cluster of factors that only looks solid at a certain distance.

While for insurance purposes obesity has been deemed an illness, the rest of the literature calls it something else, a "chronic condition," etymologically a disease of time, and vernacularly a condition that can never be cured, only managed. The transaction between persons and the ethics, politics, and economics of management or administration makes this phenomenon resonate in many domains as the scene for playing out structural antagonisms. For example, mass overweight is deemed an international phenomenon of the UK and the U.S. and progressively other intensively commoditized places.²⁶ In the U.S. it is deemed a national epidemic because it serves institutional interests of profit and control while taxing local health

25. Oliver, Campos, and Klein fight the "cold facts" of the obesity epidemic with their own cold facts, many of which are taken from "fat activists" who proffer their own antinormative analyses of what should constitute definitions of health and sickness. Speaking a debunking language in the register of scandal to drown out the register of crisis, they do not write with a nuanced understanding of their participation in the discursive and always processual construction of disease historically. See Oliver, *Fat Politics*; Campos, *The Obesity Myth*; and Klein, *Eat Fat*.

26. See World Health Organization, "Controlling the Global Obesity Epidemic," www.who.int/nut/obs.htm; "'Globesity' Gains Ground as Leading Killer: Weight Problems Spreading to Even Poorest Countries," 10 May 2005, msnbc.msn.com/id/4900095/; Geoff Dickson and Grant Schofield, "Globalisation and Globesity: The Impact of the 2008 Beijing Olympics on China," *International Journal of Sport Management and Marketing* 1, nos. 1-2 (2005): 169-79; and Eberwine, "Globesity."

care systems; at the same time the medical literature sees the patterns of overweight in terms of the global circulation of unhealthy commodities. Meanwhile the United Nations has taken it on as a global political problem. Likewise, in the U.S., in an era of intense antistate sentiment, making weight trends into an epidemic has provided an opportunity for liberals to reinvigorate the image of the state as a resource and the corporation as an entity with social and economic responsibilities to citizens. Yet, simultaneously, these problems of reimagining public health and recalibrating health insurance conjoin habits and styles of intervention that focus on how to recharacterize, moralize about, and reimagine agency among consumers, especially the relatively poor and young. Serious and opportunistic social change agents alike flail away at the obesity endemic by amplifying moral and political urgencies in any and every possible register.

Still. In addition to this congeries of concerns, another story pulsates without making headlines, a story older and more complex than could be effected by the eradication of this symptom: the destruction of bodies by capitalism in spaces of production and in the rest of life. The obesity epidemic is also a way of talking about the destruction of life, of bodies, imaginaries, and environments by and under contemporary regimes of capital. *Capitalism* here stands in for the relations between capitalists and workers and capitalists and consumers amid the shifting character of capitalist strategies and the net effect of the interaction of those strategies on the relevantly vulnerable populations, which include people of color and the aged, but more broadly, too, the economically crunched. Capitalism points to a variety of phenomena related to the physical experience of production and consumption throughout a life cycle, the privatization of schools and public metropolitan spaces, and the pushing out of the political from concepts of publicness, now saturated by the logic and activity of markets.

Many of the players in this discussion are genuinely worried about the diminution of the quality of life in the United States, especially for poor and young people. However, the rhetoric of policy requires an understanding of institutional and individual agency on the model of the adjustment clothed as dramatic act (is eating a disease of the will or an addiction or compulsion? And what should *we* do *now*?). Long-term problems of embodiment within capitalism, in the zoning of the everyday and the work of getting through it, are less successfully addressed in the temporalities of crisis and require other frames for understanding the contexts of doing, being, and thriving.

How else, then, to understand the intersection of the long history of poor people's shorter lives and the particular conditions of contemporary speed-up? What does it mean for thinking about the ethics of longevity when, in

an unequal health system, the poor and less poor are less likely to live long enough to enjoy the good life whose promise is a fantasy bribe that justifies so much exploitation? How do we think about labor and consumer-related subjectivities in the same moment, since, in my view, one cannot talk about these scandals of the appetite—along with food, there's sex, smoking, shopping, and drinking as sites of moral approbation, social policy, and self-medication—without talking about the temporality of the workday, the debt cycle, consumer practice, and fantasy? Finally, what does it mean that African Americans and Latino/as are especially bearing this body burden along with the symbolic negativity long attached to it, so much so that one physician, a member of the Black Women's Health Network, observes that the "most lethal weapon" against black people in the contemporary U.S. is the fork?²⁷

Frequently, when such mass patterns are recognized at all, they are strategically dramatized in contradictory ways: as the effects of an enemy institution's genocidal intent, the unintended consequences of capitalism, and/or the shameful toxic habits of individuals who, not knowing or caring, and having financial resources, undermine their own health one bad decision at a time. But, as the concept of biopower indicates, there is no corporate or individual sovereign acting deliberately to implant qualities in a collection of bodies, and we also know that people are neither dupes to the interests of power as such nor gods of their own intention, unless they are merely hedonistic or compulsive.²⁸ Biopower operates when a hegemonic bloc organizes the reproduction of life in ways that allow political crises to be cast as conditions of specific bodies and their competence at maintaining health or other conditions of social belonging; thus this bloc gets to judge the problematic body's subjects, whose agency is deemed to be fundamentally destructive. Apartheid-like structures, from zoning to shaming, are wielded against these populations, who come to represent embodied liabilities to social prosperity of one sort or another. Health itself can then be seen as a side effect of successful normativity, and people's desires and fantasies are solicited to line up with that pleasant condition. But to call embodiment biopolitical is only to begin a discussion, not to end it.

2. Obesity's Actuarial Rhetoric

The case commonly referred to as the obesity epidemic burdens the working classes of the contemporary United States, the United Kingdom,

27. Patricia Davidson, "Unequal Burden," www.kaisernetwork.org/health_cast/uploaded_files/041103_nbwhp_morning.pdf

28. For wonderful analyses of addiction's disruption of the agency/intentionality phantasm, see *High Anxieties: Cultural Studies in Addiction*, ed. Janet Farrell Brodie and Mark Redfield (Berkeley, 2002).

and, increasingly, all countries in which there is heavy participation in the global processed-food regime. Scientific and journalistic studies recite the phrases in scandalized disbelief: “The number of extremely obese American adults—those who are at least 100 pounds overweight” or who have a BMI of fifty or above “has quadrupled since the 1980s” and “works out to about 1 in every 50 adults.”²⁹ Likewise, the slightly less obese percentages (a BMI of forty to fifty) grew to one in forty; and the percentage of ordinary overweight grew to one in five. The problem requires no hyperbole to match its scale rhetorically. For the first time in the history of the world there are as many overfed as underfed people, and for the first time in the history of the world the overfed are no longer the wealthiest compared to the poor and starving.³⁰ All Americans, the absolute and relatively well-off and the poor, are getting fatter. But it is specifically the bodies of U.S. working-class and subproletarian populations that fray slowly from the pressure of obesity on their organs and skeletons. Meanwhile U.S. and corporate food policy continues to emaciate drastically the land and the bodies of our food producers to the south, in Mexico and South America, as well as in Africa and rural China.³¹

These inversions are more than an irony or a paradox. Each is distinguished by its own trajectory of slow death. Mass emaciation and obesity are mirror symptoms of the malnourishment of the poor throughout the

29. “Fat Americans Getting Even Fatter: Extreme Obesity Is Ballooning in U.S. Adults,” 14 Oct. 2003, www.cnn.com/2003/HEALTH/diet.fitness/10/13/extreme.obesity.ap/index.html. See Roland Sturm, “Increases in Clinically Severe Obesity in the United States, 1986–2000,” *Archives of Internal Medicine*, 13 Oct. 2003, pp. 2146–48. The UK is comparably described; see “Diet and Obesity in the UK,” www.esrcsocietytoday.ac.uk/ESRCInfoCentre/facts/index55.aspx?ComponentId=12741&SourcePageId=6970. This increase is also being tracked among adolescents; see Richard A. Miech et al., “Trends in the Association of Poverty with Overweight among U.S. Adolescents, 1971–2004,” *JAMA*, 24–31 May 2006, pp. 2385–93.

30. See Gary Gardner and Brian Halweil, “Underfed and Overfed: The Global Epidemic of Malnutrition,” *Worldwatch* (Mar. 2000), www.worldwatch.org/note/840. The pandemic nature of unhealthy overweight is registered in countless places. See research summaries in Sue Y. S. Kimm and Eva Obarzanek, “Childhood Obesity: A New Pandemic of the New Millennium,” *Pediatrics* 110 (Nov. 2002): 1003–7; Barry M. Popkin, “Using Research on the Obesity Pandemic as a Guide to a Unified Vision of Nutrition,” *Public Health Nutrition* 8 (Sept. 2005): 724–29; and Alexander R. P. Walker, “The Obesity Pandemic: Is It beyond Control?” *Journal of the Royal Society for the Promotion of Health* 123 (Sept. 2003): 150–51. While increasing homogeneity of food distribution in global urban and suburban contexts has made unhealthy weights a global medical concern, at the same time the norms of what constitutes evidence of bodily thriving remain resolutely local. See Natalie Angier, “Who Is Fat? It Depends on Culture,” *New York Times*, 7 Nov. 2000, p. F1.

31. A huge literature exists on the translocal impact of U.S. food policy and neoliberal market practices (often called reforms) on global food production. A good general introduction to the field is Tim Lang and Michael Heasman, *Food Wars: The Global Battle for Mouths, Minds, and Markets* (London, 2004). But for a sense of the texture of the debates, it is most instructive to track the series of reports on food production politics, policies, and consequences at the World Trade Organization and World Social Forum Meetings at alternet.org and opendemocracy.org.

contemporary world. But how does the recognition of the contours of a case organize our imagination for responding to it? We understand the need to get food to the underfed poor, and quickly, for that is what they would do if they had the means of production in their own hands. As for the overfed, owning the means of production might well produce more overfeeding, more exercise of agency towards death and not health, and certainly not against power. Unless one wants to see being overweight as a protest against hegemonic notions of health and wealth, there is nothing promising, heroic, or critical about this development.³²

In the context of this singular mix of privilege and negativity, the overweight populations of industrialized societies thus challenge any cultural-historical analysis rooted in notions of sovereignty or its denial. Aversion to fatness increases along with fatness; aversion to fatness is aesthetic and health related; it imbues the word *cost* with psychological, social, and economic inflections. The history of this dynamic anxiety begins with the cold war.

Although concern about the decline of physical health and the increase in weight of Americans has been a public topic since the turn of the twentieth century, it became a state and federal topic during the cold war when Sputnik and the rise of product plenitude in the U.S. combined to create anxiety about the weaknesses of America's children.³³ While Sputnik helped launch an era of massive federal funding of public education, the component of cold-war readiness related to health produced more in the way of symbolic than economic responses: inspirational gestures from state entities like Kennedy's President's Council on Fitness, whose intention to whip up strong national bodies has led to programs like America on the Move, Health Secretary Tommy Thompson's 2003 collaboration with Dr. Joyce Brothers and local pharmacies and health clubs to provide free testing to determine health plans for any participating citizen, and inspirational slogans to encourage youths to exercise.³⁴ But the national discourse about

32. Each time I gave the talk on which this essay is based sensible people have argued back that obesity and being overweight are forms of resistance to the hegemony of the productive/bourgeois body as well as to white, class-aspirational beauty culture. My counterargument is that while many forms of ordinary behavior can be phrased in terms of blockage, defense, or aggression, people are more vague and incoherent than that characterization would suggest. There is, in any case, a difference between eating and being fat, and both kinds of activity can be noncommunicative gestures, or ways of detaching from or merely interrupting a moment. Tracking this activity of the shifting subject requires quite a different imaginary in reference to what it means to do something other than the transformative fantasy that saturates the concept of resistance and protest. The case is an obstacle to our appetite for drama. So, maybe, and sometimes—but mainly not.

33. For a valuable European history of state and medical moralization around bodies as manifest in food, see Bryan S. Turner, "The Government of the Body: Medical Regimens and the Rationalization of Diet," *British Journal of Sociology* 33 (June 1982): 254–69.

34. See Bernard Hicks, "America on the Move: The National Health Campaign for 2003," *American Fitness* (Jan.–Feb. 2003), www.findarticles.com/p/articles/mi_m0675/is_1_21/ai_97115843

weight's relation to collective well-being entered its current stage of intensified concern when, in 2001, Surgeon General David Satcher produced a report calling obesity an epidemic, claiming it caused 117 billion dollars in health-care costs and lost wages and killed 300,000 people a year.³⁵ Other numbers go as high as 240 billion dollars, a figure that does not include the 33 billion dollars spent yearly on weight-loss products and diet regimes.³⁶

For a change, this health crisis was phrased not simply on behalf of children and the national future but also in terms of the next few decades of increasingly infirm adult bodily experience. Specters were raised of multiple generations of obese members of the same households unable to care well for themselves or each other, let alone participate in the labor economy.³⁷ In the initial justification for action by an administration dedicated to shrinking the domestic government as a resource for the socially, physically, or economically disabled, we get images of stressed-out, overworked bodies responding biologically by hoarding even healthy food in the body's fat stores. This physiology of stress is translated into increasing anxieties about the health care costs that businesses have to face.

Of course the reduced fate of the body under regimes of the production of value for others has long been a topic of discussion. Harvey, summarizing Marx, details extensively the costs of

harnessing basic human powers of cooperation/collaboration; the skilling, deskilling, and reskilling of the powers of labor in accord with technological requirements; acculturation to routinization of tasks; enclosure within strict spatiotemporal rhythms of regulated (and sometimes spatially confined) activities; frequent subordinations of bodily rhythms and desires "as an appendage of the machine"; socialization into long hours of concentrated labor at variable but often increasing intensity; . . . and, last but not least, the production of variability, fluid-

35. See Surgeon General, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," www.surgeongeneral.gov/topics/obesity/; for the current emendations of Satcher's plan, see "Surgeon General: Obesity Rivals Tobacco as Health Ill," *USA Today*, 13 Dec. 2001, www.usatoday.com/news/health/diet/2001-12-12-obesity.htm. There is a vast clinical literature responding to this cluster of empirical claims; see, for example, JoAnn E. Manson et al., "The Escalating Pandemics of Obesity and Sedentary Lifestyle: A Call to Action for Clinicians," *Archives of Internal Medicine*, 9 Feb. 2004, pp. 249–58.

36. Eric Schlosser, *Fast Food Nation: The Dark Side of the All-American Meal* (Boston, 2001), pp. 242–43.

37. The literature on pangenerational disability from obesity and obesity-related illnesses is often focused on diabetes and hypertension. See for example the front-page *New York Times* series on diabetes: Ian Urbina, N. R. Kleinfield, and Marc Santora, "Bad Blood," *New York Times*, 9–12 Jan. 2006, and Melissa Scollan-Koliopoulos, "Consideration for Legacies about Diabetes and Self-Care for the Family with a Multigenerational Occurrence of Type 2 Diabetes," *Nursing and Health Sciences* 6 (Sept. 2004): 223–27.

ity, and flexibility of labor powers able to respond to those rapid revolutions in production processes so typical of capitalist development.

This cyborgian regime “makes the recognition of variation of labour and hence of the fitness of the worker for the maximum number of different kinds of labour into a question of life and death,” Marx writes.³⁸ Thus the destruction of bodies by capital isn’t just a “crisis” of judgment in the affective present but an ethicopolitical condition of long standing now congealed in the phrase “obesity epidemic.” At the same time this “epidemic” marks a limit, not in the public, state, or corporate conscience about whether or how extensively the working body should be sacrificed to profit, but to what kinds of sacrifice best serve the reproduction of labor power and the consumer economy. Additionally, partly at issue in the obesity crisis is the definition of adequate food and the choice among conflicting models of health. Is it a biological condition, the availability for work, or a scene of longevity? Compassion and corporatism collaborate in these particular epidemics of the failing will and body as long as concern for the health of profits “balances” concerns for the health of persons.

These particular facts that cluster around obesity echo other epidemiologic crisis pronouncements by the federally supported health apparatus, such as the designation of National Depression Screening Day (in 1991), which established its claim on crisis consciousness explicitly on the basis of the costs of human mental suffering not just to humans but to “productivity” at work, business profits, insurance, health care providers, and the state.³⁹ The disease became an epidemic and a problem when it interfered with reigning notions of what labor should cost; the disease is now too expensive, which is why privatized health care and business-oriented programs of education are the usual means of diminishing the cost of the symptom. The popular initiatives around depression are linked with the national obesity initiative for other reasons, too. Depression Day stakes out a public interest in getting persons to feel better by changing their behaviors and therefore to be more reliable to themselves, their families, and their bosses. To do so the invested partner provides pedagogical resources for those who need them and advocates in state and federal legislatures for resources to that end. Antidepressant and antiobesity initiatives both seek to

38. Harvey, “The Body as Accumulation Strategy,” pp. 103, 104.

39. The National Depression Screening Day website is www.mentalhealthscreening.org/events/ndsd/index.aspx. See also Miriam Jacobson, “The Epidemic of Obesity: The Costs to Employers and Practical Solutions,” www.wbgh.com/pdf/costs.pdf; Mary Shomon, “National Depression Screening Day Offers Public an Open Invitation to Learn about Treatment Options, Expectations,” thyroid.about.com/library/news/bldepressionscreen.htm; and Gregory E. Simon et al., “Depression and Work Productivity: The Comparative Costs of Treatment Versus Nontreatment,” *Journal of Occupational and Environmental Medicine* 43 (Jan. 2001): 2–9.

orchestrate a translocal, collective environment for personal social change, involving families, friends, teachers, colleagues, and medical professionals.

In other words, in both cases medicalization did not just mean privatization; and, for that matter, privatization itself is a rerouting of the relations of governmental, corporate, and personal responsibility rather than, as it often seems to be, the ejection of the state from oversight of the public good in deference to corporations. The Clinton and Bush administrations imagined this crisis and reacted to it within the norms of the social contract forged during the period of welfare-state liberalism of the 1960s. (This is why the obesity initiative has outraged conservative pundits and groups, which recognize accurately the centrality of a nonsovereignty-based notion of personal agency in the explicit state and state-related discourse of crisis and cure.)⁴⁰ Yet the neoliberal shift within the entitlement activity of the state is evident in many of the policy formulations adjacent to the specifically ameliorative programs that have been developed. The current administration continues to support a 1996 statement by the U.S. at the World Food Summit, which declared that “the right to adequate food is ‘a goal or aspiration’ but not an international obligation of governments.”⁴¹ It also continues many previous administrations’ intimacy with the sugar lobby.

The depression and obesity epidemics also share the idea of the genetic component in the public discussion of responsibility. This factor too not only confuses mainstream analyses of personal and corporate responsibility, intention, and cure but makes questions of causality effectively moot. What does it imply genetically that around 60 percent of American adults and 20 percent of American children are overweight to obese and that one out of every three children born during or after the year 2000 will be afflicted with an obesity-related disorder such as diabetes mellitus, or type 2 diabetes?⁴² As Kelly Brownell and Katherine Battle Horgen argue, if over 60 percent of

40. See, for example, the argument against setting “moral panic” versus the obesity epidemic in the blog *Inquisition Twenty-First Century*, www.inquisition21.com/article103.html?&MMN_position=78:78, and the hundred-plus articles on the libertarian Cato Institute website at www.catoinstitute.org, with titles such as “Obesity and ‘Public Health?’” “Fat Scare Leads to Government Girth,” “What You Eat is Your Business,” and “Big Reasons for Fat Skepticism.” Rush Limbaugh even blamed the obesity epidemic on the Left, the welfare state, and the United Nations; see “Limbaugh Blamed the Left for Obesity Crisis,” 29 Aug. 2006, mediamatters.org/items/200608290013

41. There have been two “Declaration of the World Food Summit” instantiations, in 1996 and 2002. The archive of the transnational collaboration mostly among financially stressed nations, but including the United States, is located on the United Nations website at www.un.org/esa/devagenda/food.html. The U.S. government’s speeches focus on bank financing of entrepreneurial initiatives. The 2002 declaration explicitly acknowledges that no progress is being made in the eradication of world poverty despite all of the money, planning, and good intentions directed toward that end at these meetings.

42. All statistics on obesity are debated, especially those about children. See, for example, the special issue on the obesity epidemic of *Journal of Clinical Endocrinology and Metabolism* 89 (June

the American people are overweight or obese, the other 40 percent are not; as far back as 1995 the Institute of Medicine was releasing studies “saying that the environment, and not genetics, was responsible for increasing obesity.”⁴³ The explanation from genetic predisposition often attempts to deshame individuals for their body size/mental state and to release them from paralyzing burdens of responsibility for it, to be substituted for by well-intended medicalization. But percentages give a misleading shape to this amorphous phenomenon, obscuring other impersonal factors that might be contributing to the increase in bad American health.

Apart from the genetic solution, other structural or impersonal conditions or etiologies have been assembled. I can only gesture toward these here: urban development; longer working days; an increase in temporary and part-time labor with increasingly more workers working more than one job or juggling work and family in a way that relegates exercise to a leisure time people barely have; the refocusing of the food industry as the immediate gratifier for energy for service-sector workers of the working classes and the professional managerial class, both of which increasingly eat fast food at lunch, live off of vending machines, multitask while eating, work during lunch, the coffee break, and so on; the expansion of fast food availability and of the snack culture generally, of frozen food franchising, and of microwaves at work and at home; and finally the increasing percentage of the U.S. budget spent in restaurants rather than at home.⁴⁴ As Marie Nestle and Michael F. Jacobsen observe, “Americans spend about half of their food budget and consume about one-third of their daily energy on meals and drinks consumed outside the home. . . . About 170,000 fast-food restaurants and three million soft drink vending machines help ensure that Americans are not more than a few steps from immediate sources of relatively non-nutritious foods.”⁴⁵ Moreover, when low-fat versions of these kinds of foods are made available, people tend to purchase double what they ordinarily would to provide that full fat feeling.

2004), featuring many articles focusing on the debate about how to diagnose and treat children. See especially Arnold H. Slyper, “The Pediatric Obesity Epidemic: Causes and Controversies,” pp. 2540–47. These debates in the medical literature produce popular literature, such as Grant Pick, “Slim Chance,” *Chicago Tribune Magazine*, 25 Apr. 2004, pp. 12–17, 26; and Harriet Brown, “Well-Intentioned Food Police May Create Havoc with Children’s Diets,” *New York Times*, 30 May 2006, www.nytimes.com/2006/05/30/health/nutrition/3oessa.html?ex=1306641600&en=6af8d736aco673bd&ei=5090&partner=rssuserland&emc=rss

43. Kelly Brownell and Katherine Battle Horgen, *Food Fight: The Inside Story of the Food Industry, America’s Obesity Crisis, and What We Can Do about It* (Chicago, 2004), p. 15; see pp. 23–24.

44. There is a vast literature on constrained physical environments and the obesity increase; a good place to begin is the *Obesity and the Built Environment* website of the National Institute of Environmental Health Sciences, www.niehs.nih.gov/drcpt/beamconf/home.htm

45. Marion Nestle and Michael F. Jacobson, “Halting the Obesity Epidemic: A Public Health Policy Approach,” *Public Health Reports* 115 (Jan.–Feb. 2000), cspinet.org/reports/obesity.pdf

The reference to zoning above reminds us that countless local, state, and federal regulations and programs contribute to the U.S. fat count. Decisions on behalf of sustaining the attraction of capital to particular tax bases and the shaping of regulations favoring that attraction have had significant effects on the increase in obesity, especially in the inner city. Fast food outlets, like other franchises, are a highly valued part of empowerment-zone developments; schools are not penalized but rewarded for their increasing reliance on creative corporate “partnerships” with fast-food and soda franchises and the like, since these partnerships compensate for the enormous cuts in the percentages of spending on education most states have realized even during the growth in collective wealth of the Clinton era. One new federal program aimed at teaching nutrition to children is sponsored by Gatorade. At the same time that the high-fat, high-fructose world of cheap pleasure food becomes the ordinary American’s frequent lunch and dinner, schools have cut back severely on physical education programs, and adults work at desks or do errands in cars when they otherwise might walk. The U.S. Department of Health and Human Services argues that ten minutes of extra walking during the day would solve the obesity crisis; but it also claims that this is difficult to schedule given the time constraints faced by workers with families, commutes, or multiple jobs.⁴⁶

Lest one feel conspiratorial about it, what becomes clear as one reads the history of agricultural policy and the development of tax and zoning codes is that they have diminished the health of the U.S. wage and low-salaried worker mainly through indirect means. The chapter subtitled “Where the Calories Come From,” opening Greg Critser’s *Fat Land: How Americans Became the Fattest People in the World*, begins with the words “Earl Butz” and tells a tragicomic story about the politically driven promotion of fructose over sucrose and palm oil over soy oil during the Nixon administration’s crisis over inflation in the early 1970s.⁴⁷ No one who was making these decisions meant to do anything to harm individuals’ or the working-class population’s bodies; the aim was to control international markets, bankrupt struggling southern and Pacific Rim production communities, and drive food prices down, a paradoxical aid to the poor who were about to be poisoned by the food to come. No one meant to fatten up the world population scarily. Nonetheless, Critser reports that congressional testimony to these eventualities was provided and promptly disregarded by politicians and bureaucrats. The unintentional effect of this shift was the inculcation in chil-

46. See U.S. Department of Health and Human Services, “Overweight and Obesity: What Can You Do,” www.surgeongeneral.gov/topics/obesity/calltoaction/fact_whatcanyou.do.htm

47. Greg Critser, *Fat Land: How Americans Became the Fattest People in the World* (Boston, 2003), p. 7.

dren of a taste for salt, sugar, and fat and, after the 1980s, the spread of cheap fast food in supersized containers that lowered the per-unit profit margin for, say McDonald's, but actually increased sales. During the twentieth century the per capita consumption of sugar products increased nearly 100 percent, mostly after 1970. Fat consumption has increased at a much slower rate, but, with the increasing inactivity of children and adults and the lack of exercise habits as a part of habits of living, consumption has had a more profound effect on bodily well-being. Researchers have shown that these particular molecular modes of sweetness and fat are metabolized with particular inefficiency and toxic effect by the human body, and, since they produce more fat storage and cravings for more both in terms of mouthfeel and in terms of insulin instability, the phrase *supply and demand* could easily be replaced with *supply and need*.⁴⁸

These figures would suggest that most Americans increasingly eat quickly and badly, often away from home. But researchers emphasize the class and racial dimensions of this expansion. A Google image search on *obesity* calls up countless images of fat statues and of large white people in standard "before" postures; often they advertise diet schemes and, most notably, bariatric surgery. Given their significant internet presence, these images are helping drive one of the fastest growing areas of U.S. medical practice: the varieties of stomach stapling. Generally, these advertising images mean to be iconic or universal, each relatively deracinated from any historical environment. No doubt this quasi classicism too is a strategy for deshaming obesity.

But there is a more complicated genealogy of the aversion to fat, which has to do with the specter of downward class mobility or stasis for most of the U.S. working population. For the large part of this century the default image of the obese was of white people—the aged and the southern—just as the usual image of the poor was also white, appearing as an iconically emaciated rural person or an urban immigrant. Both trends shifted in the 1970s, when poverty became associated with debates over the welfare state and representations of the poor became disproportionately African American.⁴⁹ To the extent that emaciation in the U.S. remains coded as white and weight excess coded as black, the so-called crisis of obesity continues to juggle the symbolic burden of class signified through the elision of whiteness from the racial marking of poverty; these markings, at minimum, shape not only particular aversions to people of excess (already negated as both too much and too little for ordinary social membership) but also the topic of

48. See *ibid.*

49. See Tim Wise, "Collateral Damage: Poor Whites and the Unintended Consequences of Racial Privilege," *Z Magazine*, 5 Oct. 2003, www.zmag.org/Sustainers/Content/2003-10/05wise.cfm

excess as a general issue of public health. One way around this racialization of obesity has been the obfuscation of distinctions among the merely overweight, the obese, and the morbidly obese in the crisis rhetoric of care; still, the phrase *morbidly obese* seems so frequently to raise the African-American specter in ways that reinforce the image of African Americans as a population already saturated by death and available for mourning, compelled by appetites rather than by strategies of sovereign agency toward class mobility. People of color generally stand in, in the discourse of obesity, for the entire culture of U.S. nonelites. The word *culture* here is no accident; as food practices seem more cultural, obesity can seem less related to the conditions of labor, schooling, and zoning that construct the endemic environment of the “epidemic’s” emergence.

This symptom of unhealth does characterize, disproportionately, the bodily propensities of working-class and subproletarian Americans of all races and regions, and especially people of color. At the same time, the number of poor Americans going without meals, requiring emergency food assistance, or experiencing fairly constant hunger has also increased dramatically, especially since the late 1990s shrinkage of food programs for the poor.⁵⁰ Yet the vast majority of the morbidly or very obese are also close to or beneath the poverty line.

The populations of people of color—Native Americans, African Americans, and Hispanics, especially Mexican Americans—are characterized by a significantly higher percentage of obesity than Anglo or Asian populations. By the year 2000, 68 percent of African-American adult women were overweight or obese; their children are likely to be as well.⁵¹ The bodily consequences of this are catastrophic for those children, and not only for “self-esteem.” They now suffer, for their shorter whole lives, with the wearing diseases of old age. High blood pressure and diabetes are especially cata-

50. See Critser, *Fat Land*; Nestle, “Hunger in the United States: Policy Implications,” in *Food: A Reader*, ed. Carole M. Counihan (New York, 2002), pp. 385–99; and United States Conference of Mayors, “A Status Report on Hunger and Homelessness in America’s Cities 2001: A 27-City Survey,” Dec. 2001, www.usmayors.org/uscm/hungersurvey/2001/hungersurvey2001.pdf. For counterarguments as to whether food insecurity is increasing—a debate about methods of measurement—see Mark Nord et al., “Household Food Security in the United States, 2000,” www.ers.usda.gov/publications/fanrr21. The important thing here is just to note that, in the contemporary United States, mass unhealth due to significant excess weight and mass hunger are not antithetical states or historical contradictions but propped strangely and perversely onto each other.

51. See Joan Tilghman, “Obesity and Diabetes in African American Women,” *Journal of the Association of Black Nursing Faculty* 14 (May–June 2003), www.findarticles.com/p/articles/mi_moMJT/is_3_14/ai_103380683. See also David S. Freedman et al., “Racial and Ethnic Differences in Secular Trends for Childhood BMI, Weight, and Height,” *Obesity* 14 (Feb. 2006): 301–8.

strophic, as these portend early heart disease, liver and pancreatic failure, strokes and aneurysms, as well as blindness and circulation problems. Circulation problems lead to arthritis and other difficulties in movement along with amputation. Arguments persist as to whether these effects mean that obesity itself kills or whether, instead, it produces effects of “comorbidity,” exacerbating other bodily ailments.⁵²

But why be picky. The bodies of U.S. waged workers will be more fatigued, in more pain, less capable of ordinary breathing and working, and die earlier than the average for higher-income workers, who are also getting fatter, but at a slower rate and with relatively more opportunity for exercise.⁵³ Apart from working-class and subproletarian white women, who are more successful in mobilizing bourgeois beauty norms for economic success in the service-sector economy, these overweight and obese poor will find it harder to get and keep jobs, remain healthy meanwhile, and afford health care for the ensuing diseases.⁵⁴ They will become progressively more sedentary not just from the increasing passivity of the more sedentary kinds of service-sector work, not just from working more jobs more unevenly,

52. See Virginia Wei-Win Chang, “The Social Stratification of Obesity: Bodily Assets and the Stylization of Health” (Ph.D. diss., University of Chicago, 2003).

53. See Kenneth Adams et al., “Overweight, Obesity, and Mortality in a Large Prospective Cohort of Persons Fifty to Seventy-One Years Old,” *New England Journal of Medicine* 355 (2006), content.nejm.org/cgi/content/full/355/8/763

54. For a variety of comparisons among women’s eating and mobility patterns, see Jeffrey Sobal and Albert J. Stunkard, “Socioeconomic Status and Obesity: A Review of the Literature,” *Psychological Bulletin* 105 (Mar. 1989): 260–75, and Meg Lovejoy, “Disturbances in the Social Body: Differences in Body Image and Eating Problems among African American and White Women,” *Gender and Society* 15 (Apr. 2001): 239–61. See also Chang, “U.S. Obesity, Weight Gain, and Socioeconomic Status,” *CHERP Policy Brief* 3 (Fall 2005); Chang and Diane S. Lauderdale, “Income Disparities in Body Mass Index and Obesity in the United States, 1971–2002,” *Archives of Internal Medicine*, 10 Oct. 2005, pp. 2122–28; and Chang and Nicholas A. Christakis, “Income Inequality and Weight Status in U.S. Metropolitan Areas,” *Social Science and Medicine* 61 (July 2005): 83–96. Chang’s work alone demonstrates the lability of contemporary accounts of the class and racial indicators of overweight and obesity. In “U.S. Obesity, Weight Gain, and Socioeconomic Status,” she argues that poverty-related obesity presents a variety of significant health-care challenges in the U.S. while at the same time she claims that the rate of increase in obesity currently varies significantly across class lines and locale and that middle-class nonwhites are increasing their degree of overweight faster than are the poor. In “Income Inequality and Weight Status in U.S. Metropolitan Areas,” though, she and her coauthor note that varying degrees of economic inequality in different metropolitan areas do not much affect individuals’ risk of obesity, except for white women, who continue to use weight status as a means of class mobility. The implication of the latter article is that income inequality in the U.S. does not create weight-related ill-health; but the implication of “Income Disparities in Body Mass Index and Obesity in the United States, 1971–2002” is that there is, nonetheless, a high correlation between individual income and unhealthy weight because the poor are indeed more likely to be significantly overweight than everyone else. This tension between causality and correlation is what creates much of the polemical and methodological debate over whether weight-related unhealthiness in the U.S. presents an epidemic, a problem, or even an interesting phenomenon.

not just because of television, and not just because there are fewer and fewer public spaces in which it is safe and pleasurable to walk, but because it is harder to move, period. They will live the decay of their organs and bodies more explicitly, painfully, and overwhelmingly than ever before; and it has become statistically clear that between stress and comorbidity they will die at ages younger than their grandparents and parents.⁵⁵ When one African-American essayist describes the ongoing familial and cultural lure of the actually existing American four food groups (sugar, fat, salt, and caffeine), we see that morbidity, the embodiment towards death as a way of life, marks out slow death as what there is of the good life for the vast majority of American workers.⁵⁶

3. From Distributed Causality to Interruptive Agency

This analysis thinks about agency and causality as dispersed environmental mechanisms at the personal as well as the institutional level and so far has been demonstrating the overdetermination of environments that create the dramatic consequences of endemic overweight. Yet it is not sufficient to argue that the habitus inculcated at work and school—in the contexts of speed-up in the production sector and, in the public sector, privatization, defunding, and zoning—is responsible for obesity any more than it is sufficient to argue that an epidemic of the diseased will is throttling productivity and longevity in the U.S. workforce. At the other end of the disintegrating circuit we have the agency of the medicalized subject, who can be lectured at, shamed and exhorted to diet, to put the family on a diet, to eat at home, and to exercise. For many reasons these exhortations go unheard. Epidemiologists suggest that the lower one is on the socioeconomic scale the less open one is to yet another shaming or even quasi-criminalizing lecture about diet from an institutional professional; this form of expertise has often been used to confirm the social negativity of dominated populations that even good advice is appropriately viewed with suspicion.⁵⁷ But more

55. For a useful summary of the current literature, see Debra J. Brown, "Everyday Life for Black American Adults: Stress, Emotions, and Blood Pressure," *Western Journal of Nursing Research* 26, no. 5 (2004): 499–514. While the specter of shorter life has been tracked in the medical and popular press for awhile, the clearest current epidemiological representation of this phenomenon is S. Jay Olshansky et al., "A Potential Decline in Life Expectancy in the United States in the Twenty-First Century," *New England Journal of Medicine*, 17 Mar. 2005, pp. 1138–45. The popular debate continues. Just after the publication of Rob Stein, "Obesity May Stall Trend of Increasing Longevity," *Washington Post*, 17 Mar. 2005, p. A2, a counterargument was staged in W. Wayt Gibbs, "Obesity, an Overblown Epidemic?" *Scientific American*, 23 May 2005, www.sciam.com/print_version.cfm?articleID=000E5065-2345-128A-9E1583414B7F0000

56. See Dyann Logwood, "Food for Our Souls," in *Body Outlaws: Young Women Write about Body Image and Identity*, ed. Ophira Edut (Seattle, 1998), p. 98.

57. For the general problem of disciplinary moralizing at vulnerable populations, see John Gilliom, *Overseers of the Poor: Surveillance, Resistance, and the Limits of Privacy* (Chicago, 2001); on

than an image of a historically and politically appropriate decision to resist compliance is required to understand the spread of contemporary unhealthy weight.

To engage this fully, the image of obesity as a phenomenon improvised by biopolitical experts needs to be separated from eating as a phenomenological act and from food as a space of expressivity as well as nourishment. The recalcitrance of obesity as a problem has led scholars to think about eating as an activity motivated by stress, as a desire for self-medication, as a pleasure, and as a cultural norm, but it has made them think less clearly about eating as an exercise that violates any definition of sovereign identity.⁵⁸ My focus here will be on seeing eating as a kind of self-medication through self-interruption. Mariana Valverde argues that self-medication isn't merely a weakness of those with diseases of the will.⁵⁹ It is often a fitting response to a stressful environment, like a family. It is also often part of being in a community organized through promises of comfort in a generalized environment of belonging that might be personal (if one is a regular somewhere) or anonymous (if one is merely somewhere). Relaxing in these locations can be a temporal, episodic thing, and it extends being in the world undramatically.⁶⁰ The conviviality of consumption from this perspective

the specifically medical side, see Michael Fitzpatrick, *The Tyranny of Health: Doctors and the Regulation of Lifestyle* (London, 2001).

58. See Gremillion, "The Cultural Politics of Body Size" and Sidney W. Mintz and Christine M. DuBois, "The Anthropology of Food and Eating," *Annual Review of Anthropology* 31 (Oct. 2002): 99–119 for surveys of size and eating motivation in the historical and anthropological disciplines. The seeming impossibility of not seeing behaviors as symptoms, as condensations and displacement, of "larger" social forces is striking. The symptom as case becomes a map of an historical field. It is always an expression of a social relation. For ethnographic or observational material that suggests otherwise, showing ingestion as an activity of self-abeyance, see David K. Shipler, *The Working Poor: Invisible in America* (New York, 2004), and Jason DeParle, *American Dream: Three Women, Ten Kids, and a Nation's Drive to End Welfare* (New York, 2004). See also note 38.

59. See Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge, 1998).

60. In using eating in excess of minimal caloric requirements for the reproduction of life as a way to think about lateral agency and some contexts of its materialization, I am refuting the kinds of misconstrual that characterize the subjects of appetites (for example, people) as always fully present to their motives, desires, feelings, and experiences, or as even desiring to be. For a brilliant performance of this error, which goes through all the actuarial and historical material one could want while insisting on a hypercognitive historical actor presently obsessed with eating and fat, see Klein, *Eat Fat*. For a beautifully written but even more self-contradictory performance of this perspective, see especially Elspeth Probyn, "Eating Sex," *Carnal Appetites: FoodSexIdentities* (London, 2000), pp. 59–77. Adapting Deleuze and Guattari's articulation of the sexual and the alimentary, Probyn argues paradoxically that eating is at once a performative part of the becoming X central to the ongoing undoing of the subject in assemblages of processual sensual activity and that the appetitive is nonetheless exemplary as a grounding site of self-discovery, self-confirmation, identity, and ethics.

marks duration: a different definition of “slow food,” a concept and a movement that recognizes in a practice of ordinary inefficiency a way to counter the speeds with which capitalist activity destroys its environments while at the same time it makes living possible and produces contexts for thriving, merely living, and wearing out.⁶¹

After all, food is one of the few spaces of controllable, reliable pleasure people have. Additionally, unlike alcohol or other drugs, it is necessary to existence, part of the care of the self, the reproduction of life. But how do we articulate those urgencies of necessity and pleasure with the structural conditions of existence that militate against the flourishing of workers and consumers? The forms of spreading pleasure I’ve just been describing are also folded into the activity of doing what’s necessary to lubricate the body’s movement through capitalized time’s shortened circuit—not only speed-up at work but the contexts where making a life involves getting through the day, the week, and the month. Time organized by the near future of the paying of bills and the management of children coexists with the feeling of well-being a meal can provide. And although one might imagine that the knowledge of unhealthiness would make parents force themselves and their children into a different food regime, ethnographies of working-class families argue that economic threats to the family’s continuity and the parents’ sense of well being tend to produce insular households in which food is one of the few stress relievers and one of the few sites of clear continuity between children and parents.⁶² Moreover in scenes of economic struggle kids take on parental stress and seek to find comfort where the parents do as well, even as they cultivate small differences between adult’s and children’s styles. So the complexity of maintaining dependency identifications is simplified, in a sense; filial relations of eating become scenes for the production of happiness in terms of repeatable pleasure, if not health.

This is the material context for so many. Working life exhausts practical sovereignty, the exercise of the will as one faces the scene of the contingencies of survival. At the same time that one builds a life the pressures of its reproduction can be exhausting. Eating is a form of ballast against wearing out; but it is also a counterdissipation in that, like other small pleasures, it

61. The “slow food” movement emerging in Europe in the 1990s responds to many of the environmental factors this essay details; along with its critique of neoliberal agricultural policies, it translates the impulsive improvisation around recalibrating the pacing of the day into a collective program for deliberative being in the world in a way opposed to the immediatist productive one of anxious capital. For a terrific analysis of the phenomenon, see Alison Leitch, “Slow Food and the Politics of Pork Fat: Italian Food and European Identity,” *Ethnos* 68 (Dec. 2003): 437–62.

62. See Lillian B. Rubin, *Worlds of Pain: Life in the Working Class Family* (New York, 1976), and Jody Heymann, *Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy* (Oxford, 2006).

can produce an experience of self-abeyance, of floating sideways. In this view it's not synonymous with agency in the tactical or effectual sense dedicated to self-negation or self-extension, but self-suspension. But I am not asking to replace a notion of cognitive will with a notion of involuntary or unconscious activity. In the model I am articulating here, the body and a life are not only projects but also sites of episodic intermission from personality, of inhabiting agency differently in small vacations from the will itself, which is so often spent from the pressures of coordinating one's pacing with the pace of the working day, including times of preparation and recovery from it. These pleasures can be seen as interrupting the liberal and capitalist subject called to consciousness, intentionality, and effective will. Interruption and extension are, of course, not opposites; that is my point. But the other point is that the scene of slow death, the activity of riding a different wave of spreading out or shifting in the everyday also makes vague the relation of life as health, life as something worked toward, life as a cluster of structures and consequences to which the instrumentalized subject becomes resigned, and life as an experience of coasting, with all that's implied in the shifting sensual space between pleasure and numbness.

I am focusing here on the way the attrition of the subject of capital articulates survival as slow death. Impassivity and other relations of alienation, coolness, detachment, or distraction, especially in subordinated populations, are affective forms of engagement with the environment of slow death, much as the violence of battered women has had to be reunderstood as a kind of destruction toward survival.⁶³ But what I am offering here is slightly different. In this scene some activity toward reproducing life is not identical to making it or oneself *better*, or to a response to the structural conditions of a collective failure to thrive, but to making a less bad experience. It's a relief. While these kinds of acts are not all unconscious—eating can be said to involve many kinds of self-understanding, especially in a culture of shaming and given the self-consciousness reflected in the moral mirror that choosing pleasures so often provides—they are often consciously and unconsciously not about the long haul, for example. The structural position of subaltern lives intensifies this foreshortening. Under a regime of crisis ordinariness, life feels truncated—more like doggy paddling than swimming out to the magnificent horizon. To eat can be an interruption of the desire to build toward the good life that could be a meaningful or meaningless feeling of well-being that spreads out for a

63. One could use such a model of agency to talk about the self-disenfranchisement of U.S. voters—the slow death of the body politic—much as one can talk about modes of negative agency in domains more immune from the presumption of sovereignty.

moment, not as a projection toward a future. Paradoxically, of course, at least during this phase of capital, there is less of a future when one eats without an orientation toward it.

Coda: Cruel and Usual Nourishment

Slow death is not primarily a gloss on the lives of quiet desperation Thoreau attributed to men in capitalist society, although the phrase *soul killing* has been used so often to describe the attritions of bourgeois sociality that one might say something about the many sacrifices people make to remain in proximity to mirages of sovereignty. Nor is the phrase a way of talking about living as such, on the way to dying. Nonetheless, even this list of rejected exempla suggests something important about the space of slow death that shapes our particular biopolitical phase; mainly, people do live in it, just not very well.

For ordinary workers this attrition of life or pacing of death where the everyday evolves within complex processes of globalization, law, and state regulation is an old story in a new era.⁶⁴ The world pulsates with counter-exploitative activity now, too, in a variety of anarchist, cooperative, anti-capitalist, and radical antiwork experiments. People are increasingly using the time they do not have—what with the exigencies of the reproduction of life—to refuse to maintain the vampirism of profit extraction that exhausts the body and saturates the architecture of even the most benign and impulsive everyday pleasures. But, for most, the overwhelming present is less well symbolized by energizing images of sustainable life, less guaranteed than ever by the glorious promise of bodily longevity and social security, than it is expressed in regimes of exhausted practical sovereignty, lateral agency, and, sometimes, counterabsorption in episodic refreshment, for example, in sex, or spacing out, or food that is not for thought.

64. See, for example, Mike Davis, *Late Victorian Holocausts: El Niño Famines and the Making of the Third World* (New York, 2001).