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Fat as a neoliberal epidemic: Analyzing fat bodies through the lens of political epidemiology

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ABSTRACT

Since the establishment of the “obesity epidemic” narrative in the 1990s, several social ills have been attributed to fatness: among them urban sprawl, automatization, consumerism, working mothers, a crisis of self-reliance, the decay of religious values as well as the deterioration of the traditional family in general and the traditional family dinner in particular, to name only a few. However, describing fatness as a symptom of unwanted social developments is a pastime not exclusively reserved for conservative commentators. Progressive proponents who consider themselves part of a political epidemiology are likewise quick to interpret fat bodies as a symbol of social decay, a consequence of commodification, globalization, growing inequalities, and more generally the rise of neoliberal policies. In this paper I will offer a critique of this particular brand of the “obesity epidemic” narrative by analyzing three influential texts that characterize fat as a neoliberal epidemic. In conclusion, I will argue for a political economic analysis of health that not only respects weight diversity but recognizes weight stigma as a crucial part of growing social and health inequalities in contemporary Western societies.

KEYWORDS

Political epidemiology; global syndemic; public health; health inequities; fat phobia; neoliberalism

Introduction

Neoliberal policies are commonly associated with free global trade, protection of property rights, privatization, and a reduction in the role of the welfare state. Beginning in the 1970s, neoliberal policies increasingly gained traction and subsequently replaced the Keynesian fiscal policies that dominated the postwar era in developed capitalist countries. Taxes on high income, capital gains, and corporate earnings were reduced significantly, while public services were cut and or privatized. Welfare spending was also lowered across the board. Simultaneously, international trade agreements invalidated national laws in many instances (Slobdian 2018).

The more lasting effect of what is typically associated with neoliberalism, though, is derived from a philosophy that left the narrow realm of fiscal and trade policies. This school of thought applied neoclassical economics to social

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phenomena such as education, crime, family, and other areas of public life. The emergence of a certain type of calculated vision of psychology, sometimes summarized by the term “homo economicus,” is viewed by many as “the most transformative achievement of neoliberalism” (Davies 2014, 313). This reading of neoliberalism led to an avalanche of critical analysis in social science, much of which was Foucauldian in inspiration, and, for the most part, was referred to as governmentality studies. All of these approaches look at neoliberalism “as an attempt to remake social and personal life in its entirety, around an ideal of enterprise and performance” (Davies 2014, 315). An essential part of this conceptualization of neoliberalism was shaped by a renewed emphasis “on the appearance of the body, and the newfound popularity of various body maintenance and self-governing practices as well as the rising trend of health consciousness and the notion that individuals should be ultimately considered responsible for their health” (Harjunen 2017, 28). In this context, fat bodies became symbols of a failure to govern oneself according to societal expectations.

Neoliberalism, as a frame to analyze social and health problems, has been dominating political discourse for quite some time. As of late, neoliberalism has become an umbrella term to describe contemporary social tendencies of all kinds that are viewed negatively by their respective proponents (for an overview see Monaghan, Bombak, and Rich 2018). This of course is not only true for the term neoliberal, but also for the term epidemic, which is increasingly used as a stand-in for undesirable social phenomena that are characterized by their – supposed – rapid growth and spread. Issues described as epidemics in current debates do not need to be related to any medical cause whatsoever and may include topics as diverse as gun violence, suicide, teenage pregnancies, and high body weight.

While the mainstream version of the “obesity epidemic” narrative usually does not mention neoliberalism by name, since that would be regarded as politically biased and unsuitable for public reports by the likes of the World Health Organization (2003), it nevertheless deals with the consequences of the globalization and industrialization of food production and distribution in ways that mention many aspects of what are commonly referred to as neoliberal policies. Popular accounts of the “obesity epidemic”, for instance, draw heavily on global changes in eating and lifestyle patterns that are interpreted as consequences of globalization and the corresponding monopolization of the food industry. In documentaries like *Super Size Me* (2004) or *That Sugar Film* (2014), rising body weight is closely linked to the global success and universal visibility of food companies such as McDonalds, Coca Cola, or Starbucks. A similar argument was made in popular books like *The World is Fat* (Popkin 2009) and *The Omnivore’s Dilemma* (Pollan 2006). Both accounts describe in detail how the forces of globalization as well as the consequences of free trade agreements affect the global production and distribution of foods for

consumers and producers alike. Both accounts connect these developments directly to the rising number of people classified as (too) fat by the medical community. In this context, fat bodies became symbols for the negative consequences of globalization.

Political epidemiology

With its focus on health inequalities, social epidemiology has drawn new attention in recent years. Within epidemiology today, social factors are overwhelmingly considered to be relevant in models of disease causation (Wemrell et al. 2016). That said, most epidemiological studies still operate under the general assumption that risk factors are subject to individual behavior and most epidemiological studies are still characterized by an uncritical position toward existing social structures, leaving it ultimately to individuals to adapt to these unfortunate circumstances. Proponents of a political epidemiology argue that personal health problems are not only influenced by social factors but are ultimately political in nature. Under this assumption, health inequalities are not inevitable; rather, they are viewed as the result of historical transformations as well as of social conflicts, which are moderated through political, economic, and cultural institutions (O'Campo and Dunn 2012). Following this approach, political epidemiology investigates “how social structures and experiences become biologically incorporated and manifested in bodies” (Wemrell et al. 2016, 162). In order to achieve this goal, Krieger (2011) and others argued for increased cooperation between social epidemiology and political sociology in order to analyze how political systems and priorities affect population health and health disparities.

In this article I will conduct a content analysis of three sample texts that have been influential in framing the discourse on health inequalities in neoliberal societies: *The Spirit Level: Why Equality Is Better for Everyone* by Richard Wilkinson and Kate Pickett (2010), *How Politics Makes Us Sick: Neoliberal Epidemics* by Ted Schrecker and Clare Bambra (2015), and *The Global Syndemic of Obesity, Undernutrition, and Climate Change* by the Lancet Commission (2019). All of these texts, whether implicitly as in the case of *The Global Syndemic*, or explicitly as in the case of *The Spirit Level* and *How Politics Makes Us Sick*, follow the principles of political epidemiology. Furthermore, they all prominently use the example of “obesity” as an “epidemic” caused by neoliberal policies.

The spirit level: why equality is better for everyone

The Spirit Level was first published by Richard Wilkinson and Kate Pickett in 2009. Wilkinson is a social epidemiologist whose work is concerned with inequalities in health. He took part in the Whitehall Study and coauthored

the Black Report, two of the most influential epidemiological works on health inequalities in Great Britain. Wilkinson's later research focused heavily on status anxiety, on which he is known as a leading expert in the UK and beyond. Pickett is a professor of epidemiology whose work primarily deals with inequalities in health.

In *The Spirit Level*, Wilkinson and Pickett argue that more equal societies are generally healthier in terms of mortality and morbidity rates. However, the authors go even further by emphasizing that more equal societies have fewer social problems as well. They found more equal societies to be less violent, less punitive, and more socially pervious, as well as possessing lower levels of drug abuse, depression, teenage pregnancies, social anxiety, and body fat. *The Spirit Level* advocates for policies that diminish social inequality in order to fight all of these social and medical issues at once, though the authors do not recommend any specific policies to challenge high body weight.

The Spirit Level was lauded by centrists, conservatives, and progressives alike, who all drew their share of data from it to prove their respective points. Despite this positive reception the book was fiercely attacked by several neoliberal think tanks. The Institute for Economic Affairs, the oldest and most established neoliberal think tank in the UK, went so far as to publish a counter statement entitled *The Spirit Level Delusion: Fact-Checking the Left's New Theory of Everything* (Snowdon 2010). Wilkinson and Pickett were therein accused of cherry-picking data and intentionally misinterpreting their respective statistics. More generally, critics wholeheartedly rejected the central premise of the book that inequality in relative terms rather than poverty in absolute terms is to blame for social and health-related problems in high-income countries (Snowdon 2010).

The tone for the chapter on "obesity," one of nine alleged consequences of inequality to be found in *The Spirit Level*, is set by a cartoon that shows a hypothetical roundup of fat women in the city of Paris. The women in the drawing are secretly brought out of town by police before dawn to secure the image of the French capital as a city inhabited by slender and fashionable women only. The drawing is neither ambiguous nor critical of fat hatred and there is no further mention of it in the text. It simply serves to entertain the readers. Nevertheless, it corresponds with the experience of fat people, especially women, that fat hatred and its economic consequences make it very difficult for them to live in metropolises like Paris (Deydier 2017).

Wilkinson and Pickett further illustrate their data on the correlation between the percentage of fat people and inequality in developed nations with anecdotes from newspaper reports. These tales create a picture of marginalized fat people, mostly ethnic minorities, who abuse food to deal with their various problems in life. There is no nuance regarding the diversity of causes for body fat, nor is any analysis of the lifestyles and social backgrounds of fat people to be found in these descriptions. Thus, high body weight is effectively

described as the result of failed coping strategies and/or addictive consumption patterns of fast food, sweets, and sugar-sweetened beverages. In conclusion, in *The Spirit Level* being fat is presented as an overall sign of social decline that is particularly linked to lower social status.

How politics makes us sick: neoliberal epidemics

How Politics Makes Us Sick was published in 2015 by Ted Schrecker, a professor of global health, and Clare Bamba, a professor of epidemiology. Whereas in *The Spirit Level* high body weight is only one of nine problems associated with growing inequalities, in *How Politics Makes Us Sick*, fat is more prominently featured as one of four neoliberal epidemics. Unlike *The Spirit Level*, the publication received little public recognition.

The authors of *How Politics Makes Us Sick* do not equate body fat with other social and medical problems; instead, they put the “obesity epidemic” on par with fiscal policies and their consequences such as “austerity,” “insecurity,” and “inequality.” To justify the use of the term “epidemic,” Schrecker and Bamba explain that they “rely on a standard definition of an epidemic as a ‘disease that affects a large number of people, with a recent and substantial increase in the number of cases with a single, identifiable causal agent’” (Schrecker and Bamba 2015, 20). Schrecker and Bamba further expand this metaphor by making the following claim: “the four neoliberal epidemics that we identify in this book (obesity, insecurity, austerity, inequality), while chronic, are simultaneously actually infections within and between populations as they spread across both space (the transmission of neoliberal ideology across countries with a resulting increase of ill health) and time – *intergenerational transmission* – whereby the ill-health consequences of neoliberalism are not isolated to the present but seep into the future” (Schrecker and Bamba 2015, 115). Fat is then effectively presented as a social disease, a consequence of a lack of education and a symbol of social decline and marginalization, as well as a medical disease with crucial consequences not only for the individual but for society as a whole.

The connection Schrecker and Bamba draw between the “epidemics” of “obesity,” insecurity, austerity, and inequality, though, remains elusive. It’s the only medical term on their list and the only category that is directly connected to the human body. To justify the characterization of body fat as a “neoliberal epidemic” they present it as an “industrial epidemic where the vectors of spread are not biological agents, but transnational corporations” (Schrecker and Bamba 2015, 35). Thus, in their opinion, the “obesity epidemic” can be seen as a “logical result of a policy environment in which provisions of a basic necessity have been converted into a highly profitable business, where profit is dependent on increasing consumption of high-margin products that are inexpensive to produce” (Schrecker and Bamba 2015, 35).

Schrecker and Bambra argue for the establishment of a more equal society rather than for further investments in health care to achieve better health outcomes and lower levels of health inequality. In this context, they are advocating for concrete measures such as higher benefits, better job security, the return of Keynesian fiscal policies, a more progressive tax rate, and the return of strong labor unions. All in all, their proposals equal a return to the Keynesian welfare state of the 1960s. Regarding the “obesity epidemic,” they specifically recommend policies that have been proposed by the WHO, such as taxes on sugar-sweetened beverages as well as on processed foods high in calories and/or sugar, salt, and fat, with a tax on high caloric foods and sugar-sweetened beverages introduced in Mexico in 2014 serving as a positive example. They also support front-of-package labeling and prohibiting advertising certain foods to children.

In *How Politics Makes Us Sick*, the authors interpret growing waistlines as a direct result of neoliberal policies. In their argumentation, being fat is linked to economic disincentives through two reciprocally reinforced effects: Highly processed foods, rich in fat and sugar that are comparably cheap and readily available – even for those living on a tight budget – hit people suffering from precarious living and working conditions since these conditions often lead to stress-induced over-eating. In this context, Schrecker and Bambra categorically deny that fat and fitness can coexist.

Schrecker and Bambra highlight stress-related health problems people face through stigmatizing images perpetuated by the media (2015, 52), which include the presentation of the working class as “idle, loutish and promiscuous” (2015, 116). One could easily add fat to this list of characteristics typifying how marginalized people are often presented in reality television formats or in sketch comedy series like *Little Britain* (see Wood and Skeggs 2008). More generally, the idea of a slim, conforming body as a precondition for recognition as a good citizen is on par with the political degradation of the working class in neoliberal discourse. Here, the fat body symbolizes the inability of the working class to adapt to the demands of a deregulated service economy that is centered around ideas of self-reliance and self-responsibility as the preferable means to escape poverty (Evans 2010; Schorb 2009). Schrecker and Bambra though seem to entirely abstract fat as a medical condition from the classist, sexist, and racist media images they rightly accuse of contributing to ill health.

The global syndemic of obesity, undernutrition, and climate change

The Lancet Commission report on *The Global Syndemic of Obesity, Undernutrition, and Climate Change* is dedicated specifically to medical and public health professionals as well as health politicians. The term “syndemic” describes the accumulation of two or more concurrent or sequential pandemics. In the report, the term “syndemic” is effectively used as a metaphor,

since neither the accumulation of body fat, undernutrition, nor climate change constitute pandemics in a medical sense. The authors of the report – a large group of medical and public health experts – lament that “the enormous health and economic burdens caused by obesity are not seen as urgent enough to generate the public demand or political will to implement the recommendations of expert bodies for effective action” (Lancet Commission 2019, 1). To change that they aim to combine the “obesity pandemic” with the “pandemics of undernutrition and climate change,” arguing that they are caused by the same economic forces and therefore cannot be defeated other than in unison.

By highlighting body fat as a global pandemic, the report tries to establish “a compelling story that creates an urgency for action that will overcome the existing policy inertia, which has hampered progress on obesity, undernutrition and climate change” (Lancet Commission 2019, 9). The explicit hope of the report’s authors is that by “linking obesity with undernutrition and climate change into a single *Global Syndemic* framework,” governments and other actors will finally focus “attention on the scale and urgency of addressing these combined challenges and emphasize the need for common solutions” (Lancet Commission 2019, 1). By connecting these issues, the report hopes to achieve a “win-win-win situation to change the trajectory of all three pandemics simultaneously by moving populations towards consuming less processed foods whose production is associated with high greenhouse-gas emissions” (Lancet Commission 2019, 3). Despite acknowledging that better nutrition and food security in a growing number of countries have increased life expectancy across the globe, the authors conclude that poor diets have become the “biggest contributors to the global burden of diseases” (Lancet Commission 2019, 13).

According to the report, climate change and body fat are simultaneously driven by high consumption of cheap energy sources (processed foods and fossil fuels). They are both said to have been caused by car-oriented transportation systems, which form part of economic systems “that promote excessive and unsustainable consumption patterns, value GDP growth, and overlook its role in damaging the health of people, the environment and the planet” (Lancet Commission 2019, 11–12). The report goes on to fault “economic systems in which the vested interests of powerful transnational corporations produce financial benefits that are maximally privatized” while ignoring “the social and environmental costs or externalities that fall to consumers, taxpayers, ratepayers, and future generations” (Lancet Commission 2019, 12).

The report cites several concrete policies to combat the *Global Syndemic* generally and the “obesity pandemic” specifically. The latter include taxes on foods categorized as unhealthy as well as compulsory front-of-package labeling and the prohibition of advertisements targeting children. It specifically mentions a tax on high caloric foods and sugar-sweetened beverages in Mexico (Lancet Commission 2019, 20) that was also recommended by

Bambra and Schrecker, as well as a myriad of measures against sugar-sweetened and highly processed beverages and foods for children introduced in Chile in recent years (Lancet Commission 2019, 28). The experts behind the Lancet Report further seek to actively mobilize civil society in their quest to overcome the *Global Syndemic*. The authors argue that only collective action can generate the momentum for change, though they caution that “to date, no transformative social movement exists that addresses obesity” (Lancet Commission 2019, 36).

In contrast to *The Spirit Level* and *How Politics Makes Us Sick* which don't mention fat hatred, the Lancet Commission report acknowledges that “one of the most pervasive challenges facing people with obesity are in fact the bias and stigmatization that accompany the disease” (Lancet Commission 2019, 6). That said, the report lacks any mention of race, ethnicity, and gender, or intersectionality for that matter, when discussing the societal perception of body fat. The Lancet Commission openly criticizes the media for their anti-fat bias and by specifically condemning the media for showing images of headless bodies of fat people, the report shows some awareness of fat phobia. At the same time though, it actively engages in fat shaming on several occasions: for instance, when the estimated costs of the “obesity epidemic” are compared with the costs of armed violence and war. While the report criticizes the media for showing images of headless fatties, it goes out of its way to promote a specific public health campaign in Australia, which was widely accused of igniting fear and disgust of fatness by not only showing images of headless fat bodies, but also graphic images of intraabdominal fat accompanied by slogans such as “grabbable gut outside means toxic fat” (Lupton 2013). The Lancet Commission report nonetheless praised the campaign as being “effective in stimulating behavior resources change without exacerbating social bias against people with obesity” (Lancet Commission 2019, 35).

But one doesn't have to look far to recognize the contradictions in the Lancet report. The equation of high body weight with climate change and world hunger is highly problematic to begin with. Studies that first analyzed the hypothetical effect of continuing weight gains argued that fat people use more resources because they tend to eat more and their commute takes more energy due to their weight and their inability to walk long distances (Edwards and Roberts 2009). As resources are generally finite and climate change tends to worsen this situation, these studies in fact accused fat people of accelerating the destruction of living conditions on earth. When these neo-Malthusian theories were first published, they provided a gift to the British tabloids that came up with discriminatory headlines such as “Armaglutton: Fatties' ‘Big Appetites’ Could Wipe Out Mankind” and “Fatties Cause Global Warming.” The same ideas were later elaborated in books like *The Energy Glut* (Roberts and Edwards 2010) and *Planet Obesity* (Egger and Swinburn 2010). Finally, they found their way into an official Lancet Commission report, thereby

further expanding and legitimizing the vast array of world calamities that fat people are held responsible for.

Discussion

The analyzed texts provide an assessment of the consequences neoliberal policies have on health inequalities. Though on the surface these accounts are critical of economic and political power relations, it will be argued that their analyses are limited and often problematic for several reasons:

- (1) *The Spirit Level* and *How Politics Makes Us Sick* put austerity policies and their effects on the population's well-being and health front and center. While cuts to welfare and public services are widely criticized in left-of-center political commentary, the opposite is true when considering measures that seek to restrict access to foods and drinks considered to be fattening. Whereas left-wing politicians are generally wary of the problematic consequences of austerity policies for the welfare of the poor, including the issue of food security, they nonetheless for the most part support measures aimed at reducing the number of fat people, even if that means that fat people should effectively go hungry, as is the case with diets (Mollow and McRuer 2015). Unsurprisingly, there is no mention in any of these texts that the proposed taxes on certain foods will affect low-income people disproportionately and effectively reduce their spending power (Schorb 2020). What's more, all appeals for change in the context of food-related measures described in the texts are aimed at consumers, whereas the working conditions in the food, grocery, or restaurant industries aren't mentioned at all.
- (2) All texts are highly critical of the agri-food industry, which they accuse of being responsible for unhealthy eating patterns and fatness and – in the case of the Lancet report – for climate change and undernutrition as well. While Guthman and Du Puis (2006) agree with some of the critique presented in these texts insofar as they acknowledge that the profit-maximizing strategies of the agri-food industry contribute to ill health, they integrate their analyses in an economic framework that doesn't regard them as isolated players but rather views them as a part of a political economy of bulimia in which “the worthy neoliberal citizen must want less while spending more” (Guthman and Du Puis 2006, 445). Consequently, they integrate the role of the diet industry into their analyses, because, as they rightly point out, profits are not only generated with processed food but also with diet products, bariatric surgery, and other commodities related to weight loss (Guthman 2015). Sure enough, the food and diet industries – more often than not two segments owned by a single corporation – both profit from making people

indulge and feel guilty about it at the same time. The weight loss industry, which thrives on the perpetuation of fat phobia, is as much part of the political economy of health as the food industry, which is selling processed food, fizzy drinks, and cheap meat.

- (3) In neoliberal societies bodies are always classed, gendered, and racialized. Racism, sexism, classism, and ableism are intertwined with fat phobia. They reinforce each other and sometimes serve as proxies where the open articulation of racial and gender prejudices seems to be inappropriate (Campos 2005). The analyzed texts, however, hardly ever mention race, gender, class, or any aspects of intersectionality for that matter, other than noting the fact that ethnic minorities and people of lower socio-economic status in developed countries are generally more likely to be fat. This general attitude corresponds with the position presented in these texts that being fat is entirely a medical issue with no social ramifications whatsoever. Fat bodies and fat people are considered to be transformable in accordance with societal ideals. Consequently, the texts indicate that it is ultimately the responsibility of fat people to change and lose weight. By doing so, they are implicitly confirming the neoliberal template of independence, personal responsibility, and the invocation of citizens as managers of their own risks (LeBesco 2011).
- (4) All texts advocate for reform, although in the case of *The Spirit Level* and *How Politics Makes Us Sick*, these attempts are exclusively top down. Schrecker and Bambra, for instance, favor the election of left-of-center political parties into government. Their hope is that this will guarantee the appropriate taxation of high incomes and increase public spending, thereby strengthening the power of organized labor (Schrecker and Bambra 2015). While both favor a top-down attitude, the proposals presented in the Lancet Commission report on the *Global Syndemic* are different in that they promote a grassroots approach. However, this grassroots attitude falls flat, since there is no attempt to engage with movements fighting fat phobia or movements in favor of food sovereignty. That disconnect is most apparent when the report laments that “stigmatization and self-blame might contribute to the challenges of forming patient advocacy groups” (Lancet Commission 2019, 36). Obviously, it hasn’t crossed the minds of its respective authors that some fat people might not perceive themselves to be “patients.” Unsurprisingly then there is no recognition of the fat acceptance movement or fat studies to be found in any of these texts.
- (5) This attitude corresponds with the perception of stigma against fat people in all analyzed texts. Either the issue of fat hatred is entirely ignored, or it is contradicted by the way fat bodies are presented. What’s even more important: this interpretation of the political epidemiology

fails to include the subjectivity and autonomy of fat people. The accounts describe fat bodies solely as diseased and temporary and not once as part of personhood. Not only do they wholeheartedly refuse to acknowledge that fat people can be content, healthy, and fit, they also fail to recognize that fat hatred is contributing to the medical and psychological problems of fat people as well as to their diminished social standing and their corresponding social downward mobility (Ernsberger 2009).

Conclusion

All these texts imply that fat people ultimately must change their bodies as well as their behavior. Thus, despite all societal obstacles, they ultimately hold fat people accountable for their failure to achieve a “normal” weight. Additionally, all texts confirm stereotypes about fat people by portraying them as diseased, disadvantaged, and in urgent need of change.

It is a pointless endeavor to announce that fat people shouldn’t be discriminated against while simultaneously portraying them as a global peril. Rather, it’s time to recognize that public health simply cannot fight the “obesity epidemic” while at the same time hoping to avoid stigmatizing fat people. For a truly inclusive political epidemiology it is important to provide a vision of social equality that aligns with an inclusive conception of health, takes the negative effects of medicalization and stigmatization of nonconforming bodies and lifestyles into account, and respects the priorities of the social movements it seeks to mobilize.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Friedrich Schorb, Ph.D., is a research associate at the Institute of Public Health and Nursing Research at the University of Bremen, Germany. His research interests include health inequalities, sociology of health, the social construction of weight categories, and weight discrimination. He is the spokesperson of the scientific network by the German Research Fund: “Fat Studies: Doing, Becoming and Being Fat”.

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