Chile’s Position in the Global Obesity Conflict

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Introduction

The “Obesity Epidemic” is a rapidly accelerating, modern phenomenon that represents, in all respects, the true effects of globalization. While economic, political, and social interactions across borders have paved unprecedented pathways towards capitalist growth and human rights developments, these same relationships have simultaneously launched transnational occurrences of economic polarization, resulting obesity, and several lifestyle changes as technology and mainstream media are spread. In Chile, these phenomena are no exceptions; while the Obesity Epidemic is known to have North American roots, stemming from the 1950s American post-war economic boom, the effects have spread to several Latin American countries. From the tip of the Central American region in Mexico to the very bottom of South America in Uruguay, national rates of obesity have been steadily increasing over the past few decades. In Chile, the longest country along the coast of South America, represents a unique case of this rapid acceleration of obesity. While rates of obesity in Chile began to increase in the 1980s, over half of the population in Chile are now at an unhealthy weight. This staggering statistic is not an isolated phenomenon, but rather a culmination of interactions in the economic, political, and cultural realms. Thus the Chilean obesity epidemic must be situated within global relations and histories to better understand its multi-faceted causes, and to analyze the epidemic’s future trajectory.

In this paper, I will discuss Chile’s “Obesity Epidemic” within the context of its socioeconomic and political history, as well as its changing position in the pathways of globalization. Beginning with an analytical summary of Chile’s economic and political history since the Pinochet era (1970s-1990) to the present, I will connect these histories to the cultural and social shifts that further altered Chile’s consumption pattern. Furthermore, I will relate this new social environment to the population’s increased ability to participate in new forms of consumption, due to the aforementioned economic transition. Specifics of these emerging opportunities include the expansion of nearly unregulated credit, government-sponsored price reductions for imported goods, and overall higher economic mobility for the population. Finally, after laying out the foundation of Chile’s political, economic, and social histories, I will discuss the country’s current obesity and health-related situation. The Chilean obesity epidemic is the ultimate result of these recent historical transitions, and will be the lens through which I analyze Chile’s position in a global context.

Essential questions I seek to address, after summarizing Chile’s socioeconomic history and current Public Health standing, deal with the actual approach to the obesity epidemic by both foreign, internationally-known organizations (such as the World Health Organization) and by in-country perspectives, such as Chilean newspapers, medical journals, and opinion articles. Who are the major players in this portrayal of Chile’s Obesity Epidemic, and what do their perspectives demonstrate about the country’s international position? Are these major organizations helping or hurting the situation in their approaches toward obesity, and is there any tension or disconnect between foreign and native perspectives? By addressing these
questions, I show that economic international relations have had an enormous influence on both Chile’s sociopolitical history and on the current obesity epidemic. Similarly, by analyzing what has actually been done by Chile’s government and in-country organizations, as well as by foreign organizations, I will demonstrate that the same international relations that helped transform Chile’s economy and political society continue to control (at least partly) the country’s current obesity epidemic. This dilemma can be further illustrated through the essential question: is the economic profitability of one nation’s resources worth more than the physical well-being of the nation itself? This dilemma is seen across borders in the rapidly accelerating clothing, technology, and food industries of modern globalization, and through the lens of Chile’s obesity epidemic, I show that a nation’s public health is no exception.

Before continuing onto the summarization of Chile’s political economy, I would like to briefly address the term of “epidemic” in discussing the obesity phenomena occurring around the world. In using the word “epidemic”, one relates the status of obesity to the status of sickness, akin to the Influenza Epidemic, the Cholera Epidemic, etc. However, there are is a crucial distinction between the state of being obese and the state of being attacked by a virus or bacteria. While a virus may affect those with weaker immune systems more quickly than those who can afford proper healthcare, no biological system is so advanced (or properly treated) that it will not be affected by an invading bacteria/virus. In other words, the cholera bacteria will affect a wealthy, educated person just as tragically as it affects a socioeconomically-disadvantaged person. On the other hand, obesity is a culmination of deeply interwoven socioeconomic, psychological, and environmental factors, such that very specific populations experience weight gain, while groups in high socioeconomic classes are able to avoid weight gain. One population group is able to resist the increasingly unhealthy lifestyle of global modernization due to their socioeconomic factors, while the other group is not. This discrepancy distinguishes obesity from virus-like sicknesses and establishes obesity as a socioeconomically historically-influenced condition; therefore, I believe a better term for the obesity “epidemics” that are occurring around the world is the term “obesity conflict” to highlight the responsibility of multinational relationships behind this

phenomenon. From this point on, I suggest that the term “obesity epidemic” be substituted with the term “obesity conflict,” which I will use throughout the rest of my discussion.

History of Chile’s Political Economy: Changes that Altered Consumption

To situate Chile’s obesity conflict in a more historical, comprehensive context, I will first summarize the economic and political transitions that occurred from the 1970s Pinochet dictatorship to the democratic transition of the 21st century. In doing so, the key economic decisions that were made can be connected to resulting cultural and consumption pattern changes, which represented an overall progression towards the “modern” lifestyle of Westernization in Chile. At the same time, the dramatic, somewhat sudden political transition from Pinochet’s violent dictatorship to a more democratic system understandably stimulated widespread social and lifestyle changes, further pushing the Chilean culture towards liberalization and individual consumption power. Yet while the resulting culture of socioeconomic freedom was a major step in creating today’s thriving Chilean economy, the obesity conflict arose as an unintended consequence.

The main transition in Chile’s economy that led to widespread consumption changes was the “opening” of Chile’s trade routes to the foreign export and import markets. Throughout the 20th century, Chile’s economic policy was built around the concept of Forced Import Substitution. A stark contrast to the rising Pinochet’s economic philosophy, this concept encouraged high taxes on imported goods in order to stimulate and maintain industrial growth within Chile itself. This concept also contrasts with the themes of modern globalization, which are centered around open trade between countries to create a more “global” economy, with standardized or homogenized products being available across borders. The Forced Import Substitution structure was applied across all industries within Chile, such as technology, manufacturing, clothing, and most importantly, in food. With this structure, economic growth during the early-mid 1900s in Chile expanded significantly: industrial activity rose about 6% each year throughout the 1940s, while the economy continued to rise about 3% until the 1960s³.

However, a consequence of this policy was that certain resources within Chile with high profitability in the foreign export market, such as fish and copper, were not taken advantage of due to the nation’s focus on keeping Chile’s economy mainly constrained to their own borders. The 1966-1970 socialist president Salvador Allende further exacerbated Chile’s economic isolation by placing additional taxes on imported goods, while simultaneously raising barriers between the agricultural sector and the foreign trade market. By the 1970s, the

economy began to see extreme rates of inflation. It is with this platform of economic crisis that the US-
backed dictator, Augusto Pinochet, seized power from President Allende and proceeded to revolutionize
the cultural, political and economic standing of the nation.

It is important to note that before this period of chronic inflation occurred in the 1960s, the
Chilean diet was mainly modeled off a Mediterranean diet\(^4\), consisting of vegetables, potatoes, healthy
fatty acids from fish, and locally-grown spices. Such a diet has been proven to reduce the risk of
cardiovascular disease, improve blood pressure, and most importantly, regulate insulin resistance—three
direct consequences of the “Westernized” diet that began to arise in the following decades. While few
national health and consumption pattern surveys were conducted during this time, the majority of the
Chilean population was clearly maintaining a better health profile through the consumption of locally
grown, natural produce, despite the economic viability of agricultural exports. Unfortunately, this
profitability of the very resources that maintained the Chilean population’s overall health until the 1970s
was about to dominate the economy of Pinochet’s dictatorship.

Over the next fifteen years, Pinochet’s dictatorship pursued widespread human rights violations
through fascism, violence, and an act known as “the disappearing”, in which Chilean citizens suspected of
opposing Pinochet were kidnapped, tortured, and often never seen again. A crucial component of
Pinochet’s rise to power is the support provided by the United States CIA. This dictatorship is one of the
many examples of US foreign involvement that arose under the pretense of human rights and establishing
beneficial international relations, but resulted, tragically, in the exact opposite. Interestingly enough,
throughout this period of

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immense political and social instability, the Chilean economy underwent a complete transition from the 1900’s Forced Import Substitution to a sort of economic liberalization with the United States as the main beneficiary. This new economic philosophy was called the Theory of Comparative Advantages³; in many ways, this economic transition revived the plunging Chilean economy by opening the country’s doors to the global market. Whereas Chilean resources were largely constrained to consumption by Chileans themselves, economic liberalization during Pinochet’s dictatorship resulted in these resources being exported for significant profits. The agricultural sector emerged as an especially important player in this new structure; “rapid technology diffusion, capitalization, and internationalization of agriculture, leading to export substitution” led to an unprecedented government-backed financing of select Chilean farmers⁵.

In doing so, a sort of “modern agribusiness class” out-competed the thousands of small-scale farmers that initially provided produce for the Chilean population, resulting in a highly polarized structure wherein the “prosperity of the few [is] financed by the impoverishment of the many, [and is] assisted by state repression and antilabor legislation”⁵.

At the same time that Chile’s agricultural products were being effectively usurped by the government and directed into the foreign export market, the previous high taxes on imported goods (which made imports unaffordable for most Chileans) were removed, and subsidized to be offered at lower prices than in-country products. The combination of these newly-reduced prices of imported goods and the now unaffordable local produce meant that consumers were logically swayed to consume and purchase imported products. This change

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further strengthened Chile’s import and export relations, creating a vicious cycle of placing economic profitability over agricultural sustainability.

As this economic progression continued into the 21st century, a contract known as the Free Trade Agreement in 2004 was enacted between the United States and Chile, establishing the US as Chile’s major trading partner at the time. Two years later, a Free Trade Agreement with China resulted in China replacing the US as Chile’s largest export destination by 2012, though the US remained the second largest trading partner. What are the implications of these trade agreements? For starters, with strengthened economic relations between the US and Chile, an influx of US-made products and thus US cultural influence came into Chile throughout this period of post-dictatorship recovery and the transition into successful democracy. As mentioned before, local Chilean produce become much more extensive and simply unavailable for Chilean consumption, re-directing their purchases towards cheaper imported goods. This transition is one of the defining moments in the development of the obesity epidemic: rather than buying vegetables, spices and local meats to sustain the Mediterranean-like diet, Chileans were effectively forced to switch to an imported, highly processed, Westernized diet. Furthermore, with the brute enforcement of economic and political policy changes during Pinochet’s dictatorship, this diet and lifestyle transition occurred at an extremely accelerated pace. In the next section, I will discuss the specific cultural and social implications of the Chilean economy’s revolution, further exploring the deeply-rooted origins of the emerging obesity conflict.

Key changes in the Chilean culture that arose from the dramatic shift towards economic liberalization further reflected the nation’s increasing participation in US relations, as well as the global economy in general. Yet at the same time, the nation’s transition into democracy has proven beneficial and even liberating to society. In Pedro Güell’s “Chile ha cambiado” (“Chile has Changed”), he discusses the societal departure from a highly oppressed, massive population beneath a conservative elite to the democratic, socially and politically activate society of today’s Chile. According to Güell, Pinochet’s dictatorship was the final and long-awaited culmination of the “submissive” society, a one in which an uneducated, poorer societal mass is subject to and dependent on the work and demands of the elite. In other words, the financial power of the larger population was highly controlled by a small group of the political elite, and deviations from this structure were ruthlessly punished—evidenced (albeit in an extreme manner) by Pinochet’s final dictatorship. However, after the transition to democracy with the succeeding President Patricio Aylwin’s democratic alignment, this submissive society model was overcome by the traditional structures of a democratic society: freedom of speech, denunciation of political and religious corruption, and a social unity that was previously oppressed. One of the utmost important results of these changes is the emergence of “one's own biographical project—what Americans call inventing oneself—and loyalty to that project...The new [social] bonds are increasingly chosen, changeable and varied; they should be reinvented from time to time in order to better take advantage of the new diversity of biographical projects corresponding to one's feelings.” I interpret Guell’s assertions as describing the feeling of autonomy and individual power that is the basis of American culture,

as well as an important component of the democratic society. Rather than following socialist concepts such as communal living, subsistence farming, and equal wealth distribution, as the Chilean population did before the Pinochet dictatorship, the new economic re-structuring and political shift towards democracy encouraged a culture of self-progress and profit-based careers. Guell confirms this change by stating that “as never before in public conversations, Chileans today are demanding the right to choose their own lifestyles and rejecting institutions that seek to mold individual actions with criteria external to individual choice”6.

**From the world of Politics and Economics to the People: Social Changes in the late 1900s**

From this point, I will discuss two implications (or consequences) of this shift towards economic liberalization and sociopolitical democracy that represent perhaps the most crucial components of the Chilean public health narrative. First, though the rising focus on human rights and individual economic freedom were clearly a beneficial departure from Pinochet-era oppression, the actual distribution of economic power in the late 20th century still encouraged financial polarization, forcing a large mass of the population to be stuck in a lower-middle to lower-class range, while the select few involved in foreign trade were given unprecedented economic mobility. Second, this financial polarization, in the face of Chile’s new societal rhetoric of individual satisfaction and the influx of modern, imported goods created this enormous change in consumption pattern for the greater population, resulting ultimately in the acceleration of the obesity conflict. In the next section, I will discuss this financial polarization

that arose out of Chile’s sociocultural changes, and the following shift towards an imported, highly processed and unhealthy diet for the nation.

Guell warns that “without a society of strong bonds and social consciousness that serves as support and a roadmap for the construction of biographical projects of individuation, individualism becomes aggressive”\(^6\). As mentioned above, Chilean society’s shift towards the Western concept of individualism was equated with a drastic change in consumption pattern. Thanks to the rapid appearance of imported US technologies, processed goods, and images of the “ideal lifestyle” that flooded the country during this period of economic liberalization, Chileans were able to adapt to a modern lifestyle at a discounted price. This distinction is extremely important in the rhetoric of the obesity conflict: many sources point to a supposed “economic mobility” that arose from Chile’s economic re-structuring as the main enabler of obesity, implying that Chileans began experiencing weight gain because they had the financial means to simply consume more foods and afford sedentary-lifestyle technologies (TVs, cars, microwaves, etc.). In Prieto Larrain’s *Branding the Chilean Nation*, such economic mobility was a part of the nation’s effort to “re-brand” itself as a modernized, technologically advanced and economically powerful nation, supported by the United States as a major trading partner. Larrain asserts that “economic benefits were not felt immediately by the whole population but were clearly perceived by the late 1980s. The country was definitely pushed into a new phase of growth, with positive effects on employment and wages”\(^7\). Naturally, with more individual buying power and with the Westernized concept of a consumer society becoming the popular norm in Chile, many sources attribute the obesity epidemic to these major lifestyle transitions.

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Yet one must refute this connection as superficial; while the Chilean economy was indeed on the rise, the
aforementioned “modern agribusiness class” maintained and even strengthened financial polarization in
the country by constraining the true economic mobility to the select companies and farmers that were able
to participate in the new foreign market. As a result, the large majority of Chileans who were uninvolved
in this change remained marginalized from such economic mobility, though simultaneously subjected to
(and naturally supported) the nation’s “re-branding” as a modernized nation. This very paradox was
superficially alleviated by the emergence of national banks and credit throughout the late 20th century,
allowing these polarized groups to participate in society’s leap towards national modernization.

To reiterate and summarize up until now, we covered the economic transition of Chile’s economy
from a closed, high-tax structure of Forced Import Substitution before the 1970s to the foreign market-
focused economy of the post-1970s period. At the same time, the Chilean society and culture transitioned
from a somewhat socialist and financially conservative tradition to the Western model of individual, even
aggressive progression and democracy. In combining this shift in culture towards the consumer society as
a marker of individual freedom and progress with the high availability of subsidized, very affordable
imported foods and technology (while locally-grown produce remains almost wholly directed to the
export market), we have a nearly comprehensive view of the origins of the Chilean obesity epidemic. The
final factor in launching the nation’s change in consumption pattern, as I briefly mentioned above, was
the “massive expansion of credit,” in which “banks and financial institutions that run the credit system
[were] almost entirely unregulated”8. According to Consumer International’s “Globalization and
Changes in the Pattern of Consumption in Chile”, this expansion of credit targeted working-class citizens
as a form of “social integration” into the new consumer society. In the 1990s, consumer debt rapidly
accumulated to the amount of $6 million USD, while bank credit increased 28% in a single year from
1995 to 19968. The majority of debt-holders, fittingly, are the exact same financially-polarized groups
mentioned above: “of a nationwide total of 1,523,000 low-income families…1,055,000 have debts.
Working-class households…account for 66.22% of all debtors. Today, 91% of debt is concentrated in the

low, low middle and middle middle socio-economic strata. The low middle and middle middle strata have debts that are 3.6 times their income, while the low stratum has debts 1.9 times its income and the high stratum's debts are 1.1 times its income⁸. These statistics are wholly representative of the financial inequality that was maintained and even strengthened despite Chile’s economic transformation, contrary to many sources’ assertions that Chileans began to experience higher economic mobility during this period.

So why is this combination of lower and middle-class targeted credit and polarization so crucial to the emergence of the obesity conflict? As discussed, Chile’s agricultural sector was diverted to the foreign market, while imported foods and goods (mainly from the US and form China) were made extremely affordable. Such goods included entertainment technologies, often cited as factors in promoting the modern sedentary lifestyle, as well as pre-packaged foods, frozen foods, canned foods, and most importantly, high-calorie, high-fat, and high-sugar foods that are incredibly cheap to produce, and incredibly addicting. Without delving into a discussion of the drug-like science behind modern food chemistry and in the factories that produce these very goods, it is sufficient to establish that these imported foods were both addicting and affordable: two indisputable incentives to convince financially marginalized people to purchase such products. Therefore, with unregulated credit lines coupled with a state of economic budgeting, middle and lower-class groups were effectively forced to buy the cheapest goods they could find, while being able to participate in the most affordable aspects of the emerging consumer (and thus modern) society in Chile. By purchasing the cheapest, often most processed imported foods (made of sugar, flower and chemicals, the cheapest available ingredients), Chileans were able to maintain an actually tasty diet while saving money. At the same time, with the new Chilean market of subsidized imported technologies, these middle and lower class people were able to remain somewhat “socially integrated” by purchasing new technologies with their credit. The deadly combination of extremely unhealthy but affordable foods and sedentary-lifestyle technologies (that often promoted such

processed foods and beverages through virtual advertising) acted as a perfect catalyst for accelerated national obesity.

In the same *Consumer’s International* report, an additional psychological aspect of financial polarization is brought up:

“Low self-esteem, a lack of community identity, the disintegration of the family, teenage pregnancies, drug addiction, abandonment, prostitution and social exclusion --problems that, moreover, prevent society from recognizing and addressing poverty ... the media’s intrusion into family and social life distorts fundamental social values by generating expectations that are not easy to fulfill, and yet provoke a desire to "keep up", which can only lead to frustration”8.

The position of being financially marginalized and thus excluded by an increasingly consumer-based society creates a vicious cycle of unhealthy consumption and further isolation. This very interesting psychological component of the obesity conflict shows that despite the lower and middle-class groups’ efforts to participate in the emerging modern society, their position of having to consume the cheapest foods (those imported, unhealthy foods) would lead to the socially-ostracizing phenomenon of weight gain, thereby counteracting the allegedly middle-class status that they portray through newly purchased technology. This vicious cycle further emphasizes the weight of the “polarization aspect” of obesity, proving that the most socially and financially disadvantaged, rather than the wealthiest and most “economically mobile”, are the victims in a situation with no civilian control.

Clearly, strengthened economic ties with the US and major foreign trading partners, combined with a political and social shift towards democracy and individual progression, led to gradual, yet widespread shifts in the national consumption patterns. Yet as credit debt increased and the population’s shift towards the modern, more “sedentary” lifestyle of technology-based living took hold, Chileans simultaneously began to feel the effects of excess consumerism and cheap, imported products through growing obesity rates. In this section, we will dig into the facts of the current obesity conflict by

summarizing the health and obesity-related statistics of Chile, providing a statistical foundation for further discussion. In addition, I will use primary and secondary sources to discuss the general diet of Chileans, analyzing the
nutritional deficiency of these goods and discussing the reasons for their prevalence in the new Chilean diet.

As opposed to the Mediterranean-like diet of pre-1960s Chile, the modern Chilean diet is comprised mainly of bread and sugar. Each year, a Chilean household consumes an average of 458 lbs of bread, while “families in the poorest 20% of the population eat even more, 228 kg. (502 lbs.)”⁹. The second largest group of the Chilean diet is, unfortunately sugar: nearly a quarter of a Chilean’s daily calorie intake comes directly from sugar in cereals, beverages, and sweet foods⁹. Behind these two categories are meats and fish, fats and oils, and lastly, vegetables and fruits, composing the smallest proportion of the average Chilean diet. Another study demonstrates that 55% of a household’s diet is composed of “ready-to-consume” products rather than fresh produce, meaning those highly refined, canned foods streaming through the import market¹⁰. Another crucial finding in this article is that with lower socioeconomic class, the degree of preparation (the amount of work the household puts into cooking and preparing food) decreases, meaning an increase in the consumption of pre-packaged foods. This type of diet is not only saturated in fats, sugars and chemicals, but also has a vicious addictive quality and affordability to ensure that the consumer stays hooked on the same products. With the nutritional deficiency of these goods, the consumer will remain essentially “malnourished” after eating, further propagating the consumer’s actual nutritional hunger. Clearly, with the long-term status of being malnourished while bombarding one’s body with unnatural, unhealthy foods, the cost of healthcare from the repercussions of this diet can add to the consumer’s overall stress level and financial concerns. The component of stress is

especially important in demonstrating the higher vulnerability of lower socioeconomic groups in gaining weight, as discussed earlier. Thus the nutritional deficiency and high calorie content of the most affordable diet, combined with the increasing amount of stress from socioeconomic concerns and the health concerns of this diet, result in a rapid acceleration of weight gain.

**Perspectives of the Obesity Conflict: a Distanced Misrepresentation**

After covering the origins of economic and political changes that helped sway the Chilean population (targeting specifically the lowest socioeconomic groups) towards this high-calorie, low-nutrition diet, I will now discuss the way the obesity conflict has been portrayed on a national and global scale by the major players in this narrative. By analyzing the approach of different organizations, between in-country perspectives and larger, internationally-known perspectives, we can begin to connect the very origins of the obesity conflict (the intersecting histories of economic, social, and global relations) to a major conflict that perpetuates the epidemic to this day. To open this discussion, I will use Emilia Sanabria’s *Circulating Ignorance: Complexity and Agnogenesis in the Obesity “Epidemic”* to introduce the importance of analyzing the obesity epidemic’s “construction” by major global players.

Sanabria provides a first-hand account of the treatment of the “obesity epidemic” by large, international organizations, BigFood corporations, and nutritionists trying to solve global nutrition issues. Her research uncovers the powerful relationship between a country’s economic standing, or the government’s involvement in the global economy, with the public health campaigns of that nation. Sanabria states that “ignorance reigns not (only) because
transnational corporations secretly produce doubt but also because the epistemic form that science has acquired…render many relations invisible” (Sanabria). This statement highlights the fact that because scientific publications are commonly accepted as fact, the funding and influence of these larger corporations that back these scientific publications are often unseen. In this way, nutritional information and public health campaigns can be easily portrayed through the specific lenses of BigFood corporations, preventing the public from fully grasping the consequences of certain products. Similarly, Sanabria states that large corporations are able to direct scientific research “to mold or landscape the field of evidence and strategically orient scientific debate and policy options”11. Because the conducting of scientific research behind all areas, from pharmaceuticals, to sustainable energy, to food-related public health issues must be funded, BigFood corporations and organizations that are deeply linked to a nation’s economic powers are able to manipulate this research to favor the consumption of their own products. With respect to the UN and the World Health Organization, Sanabria has discovered that “intricate links between transnational food corporations and nutrition experts in key governmental and UN decision-making roles across the globe are well established”, even demonstrating that “industry-funded studies (or those reporting conflicts of interest) were five times more likely to report a conclusion of no positive association between soft-drink consumption and weight gain than those with no declared industry funding”11.

This major relationship clearly influences any solution that comes out of international meetings over public health and nutrition. With involvement of big corporations, who are undoubtedly more invested in economic gain than in the well-being of socioeconomically

discriminated groups, these conventions on obesity will never be able to devise a holistic, unbiased approach to solving the obesity conflict, thereby creating a “standstill” between international actors and in-country policy makers. Further analyzing the construction of the obesity epidemic between native (in-country) actors and foreign actors, such as the WHO, is crucial to demonstrating just how tangible and salient this underlying power dynamic is in the global obesity conflict.

The first major perspective in the discussion of Chile’s health issues is, of course, from the nation itself. Two important, in-country sources of news are the major newspapers, La Tercera and El País. Over the past two decades, many publications have been delivered through these medias to establish a national tone and basis of knowledge for tackling obesity-related issues, such as La Tercera’s “Health Ministry: 34% of children under six are obese or overweight” by Gabriela Sandoval, and El País’ “Chile batalla contra sus kilos de más” by Rocío Montes. These articles consistently discuss a comprehensive approach to combat obesity, as well as establishing a holistic view of the situation. Beginning with Sandoval’s article, we see a focus on accelerating rates of childhood obesity. Due to the lack of control over diet and lifestyle that children have, they logically take after their parents. Between families of lower and higher socioeconomic class, there is a very clear demonstration of vulnerability for childhood obesity. The article states that “34% of children under six are malnourished in excess” (translated into English, another way of saying “obese”) \(^{12}\). The author points to improvements in diet, combatting the nearly unbelievable sugar content in beverages and snacks meant for children. At the same time, the author points to responsibilities of the entire

community and the environmental infrastructure to combat obesity, rather than pointing to the singular
parents or family as the determining factors. In suggesting that “children should do more physical
activity, families should maintain a healthier diet, and schools should incentivize healthy living and avoid
the consumption of high-calorie products”12, the author provides a more comprehensive approach in
fighting obesity.

Similarly, Montes’ article gives a summary of poignant obesity-related statistics throughout
Chile. Although the author points to diet as a direct cause of obesity, he makes the distinction that “it is
impossible to achieve good results without considering the social determinants and food environments,
which are the factors that ultimately determine the decisions of the people mealtime: knowledge and
education, prices and supply food, beliefs (like fizzy give higher social status) or advertising”13. Both
Montes and Sandoval’s article give clear, comprehensive approaches to the obesity conflict, removing the
blame from individuals to overarching structures. Mentioning the financial polarization as a major
component of obesity prevents the Chilean audience from blaming obesity as an individual choice,
isolated from environmental and socioeconomic factors. This holistic approach is, I believe, the best and
most sustainable way to address obesity in order to devise viable solutions. However, major international
organizations have repeatedly demonstrated a conflicting approach to the obesity epidemic, demonstrating
that the international influence that sparked Chile’s rates of obesity continue to have some control in the
nation’s public health. By analyzing articles from major international publications such as the World
Health Organization and The Economist, I will demonstrate this incompatible power dynamic behind the
construction of the obesity conflict.

Each year, the World Health Organization publishes various “global strategies” for combatting obesity, malnutrition, and sedentary living. In the WHO’s 2015 Report of the Commission on Ending Childhood Obesity, rising rates of childhood obesity are attributed to “changes in food type, availability, affordability and marketing, as well as a decline in physical activity, with more time being spent on screen-based and sedentary leisure activities”\(^\text{14}\). While these changes are indeed significant in causing weight gain for any individual, the WHO also recognizes that environmental and genetic factors can influence obesity as well. However, despite the acknowledgement of a myriad of factors that cause obesity, the WHO still recommends a focus on “the environmental context and of three critical time periods in the life-course: preconception and pregnancy; infancy and early childhood; and older childhood and adolescence. In addition, it is important to treat children who are already obese, for their own well-being and that of their children”\(^\text{14}\). This statement emphasizes genetic and family environment forces as the main targets of combatting obesity. While these forces play a significant role in influencing one’s consumption patterns, the socioeconomic status of the family (a status that is often out of the family’s control) and lack of affordable, locally-grown produce (being replaced with cheap, processed, foods from abroad) are far more significant determinants of health. Whether the family is mentally determined to lose weight or not, living in a lower socioeconomic status in which one’s weight is far from being a priority makes combatting these economic obstacles even more difficult. Yet the WHO continues to “promote physical activity, promote intake of healthy foods,” and promote “early childhood diet and physical activity” as the main routes to weight loss\(^\text{14}\). Additionally, by deeming the obesity

conflicts that are occurring around the world “epidemics”, the WHO inadvertently removes the obese person’s agency in the situation, painting their condition as a sort of inevitable infection-like disease. This de-individuation of obesity can greatly affect the person’s internal locus of control, further preventing effective weight loss measures from being taken.

The central consequences of the WHO’s approach to the Chilean obesity “epidemic” include this removal of control by treating the condition as a sickness to be treated (through seemingly simple measures), the ignorance (or lack of acknowledgement) of the economic and political influences on consumption patterns, and the portrayal of obesity as this isolated phenomenon to the WHO’s audience. The Economist, another popular, well-read publication achieves these same effects while further advocating the United States’ capitalism-based goals.

In an issue of The Economist Intelligence Unit: Nutrition in Chile, the obesity epidemic of Chile is discussed as a result of a supposed higher economic mobility that resulted from the economic revolution of the 1970s-1990s with Pinochet’s US-backed installment in Chilean government. The Economist states that because of the economic growth of the nation, Chileans were able to afford and consume more food, as well as adapt to modern technologies that promote a sedentary lifestyle. Yet as I mentioned before, the financial growth that came from a liberalization of the economy was constrained, as always, to the small “modern agribusiness class” and the large import/export corporations that took hold of them. The population as a whole, composed primarily of the lower and middle socioeconomic classes, remained separate from this economic surge and instead, experienced a drastic change in the country’s available (and affordable) products.
By stating that “researchers who study obesity in Chile point to changes in diet and increases in sedentary behavior as the most likely explanations for Chile’s rapid weight gain,”¹⁵, the author is in fact citing logical explanations for general weight gain, but not actually explaining the true causes behind the widespread surge in obesity. The obesity conflict did not arise in Chile simply because people were consuming more food, while exercising less; rather, the population was experiencing a dramatic re-structuring of their nation’s political and economic models, resulting in equally dramatic changes in their daily life. In contrast to articles published by El País and La Tercera, discussed above, the Economist and the World Health Organization offer these constrained views to the Chilean obesity conflict. Without proper acknowledgement of the many forces that have caused this phenomenon, no tangible plan of action can be devised that effectively and permanently combats obesity. Furthermore, this lack of full acknowledgement hints at the underlying relations between large corporations and the major actors of public health: as mentioned in Emilia Sanabria’s article, these relations convey that the consequences of profitable processes or economically-beneficial political relations often affect the people who are least responsible for those decisions, such as the many Chileans facing obesity today. By effectively controlling the portrayal of obesity, large corporations perpetuate their influence in the population’s consumption patterns and exacerbate the obesity conflict.

What has been done?

After discussing conflicting approaches to the acceleration of obesity in Chile, we can analyze what has actually been done within the country to combat obesity. In this section, I will review two examples of such solutions, from a school-based prevention scheme to a federally-regulated solution in the food production industry. These two solutions demonstrate not only the underlying power dynamic between Chile’s public health and its international trade relations, but also the lack of success that has stemmed from misrepresentations of the obesity conflict- reaffirming, unfortunately, the globalized pattern of sacrificing the health of the lowest socioeconomic groups for the benefit of economic power.

In June 2016, the Chilean Ministry of Health will enact regulations on the labeling of high-sodium, high-sugar, and high-fat foods intended for consumption by 14-year-old children and under. This regulation demands that producers of such products place a black octagonal label that states “Alto en azúcar” (high in sugar, fat, etc…) on the front of the box, composing of at least 10% of the packaging. This regulation was developed with the purpose of combatting childhood obesity within Chile, and has been in development over the past three years. While this law on labelling and advertising may appear to be a beneficial change in the food processing sector, and may deter parents from buying such products, the labelling law will not apply to products that were imported prior to June 2016. This last stipulation was demanded by major supermarkets such as Walmart, which offer some of the largest selections of imported food products.
Seeing as the regulation has not yet been enacted, and that even during the development stages, was modified by large import corporations, there is a logical reason to believe that this regulation may be bypassed by these major markets. By regulating products that were produced in Chile, but not the products that were imported, the Ministry of Health is further encouraging the consumption of unregulated, imported products. This loophole in the Ministry of Health’s new regulation highlights the controlling power dynamic between multinational businesses and the public health sector, a physical manifestation of the influence behind the WHO’s misrepresentation of the obesity conflict.

On the other hand, in a “School-Based Obesity Prevention Intervention in Chilean Children” by Juliana Kain, steps were taken to combat the sedentary lifestyle and excess calorie consumption of children while they were at school. In 2013, a 12-month program was run throughout 9 elementary schools in Santiago, Chile. This partly-observational program required that teachers deliver some nutrition and health-related information to their students each week, as the researchers observed the children’s physical education classes. The researchers also monitored the type and amount of snacks each student brought to school, and rated the children’s health knowledge before and after the program. The results demonstrated that 90% of the children brought snacks from home, and that these snacks were composed of “cookies or crackers with juice”\(^{18}\). In addition, the time spent in physical education rose from 60 minutes at the beginning of the program, to a nonsignificant increase at 64.9 minutes by the end of the program\(^{18}\). The researchers discuss their results as demonstrating a somewhat
positive control of BMI increase through the educational component of the program, though the prevalence of obesity did rise nonsignificantly.  

In summary, this study demonstrates that a purely educational program, which seeks to increase the physical activity of children and subsequently decrease their consumption of unhealthy snacks, did not result in significant changes in obesity. In fact, though the average BMI of the children was controlled, the prevalence of obesity still rose. This result conflicts with the classic recommendations made by the World Health Organization regarding effective methods to combat obesity, while also highlighting the difficulties of preventing weight gain in Chile’s new socioeconomic environment.

Conclusions & Looking Forward

We have seen that the intersection between globalized economic processes, involving the profitable exportation of a country’s natural resources and subsequent importation of foreign goods, and public health initiatives can lead to both a misrepresentation of a crucial issue and a lack of effective action. By opening the Chilean economy to the power and influence of multinational corporations, the Chilean population has experienced a similar change in social structure to the capitalist American society. While a small portion of the population benefits from these transnational import/export relationships, the rest of the population must deal with the dramatic restructuring of their environment and available resources. Without affordable, locally-grown produce, and with subsidized, calorically-dense, extremely processed foods, Chileans are left with almost no choice but to consume the latter

product. Coupled with the psychological distress of being in a lower socioeconomic status, it is no wonder that both lower-middle classes in Chile and the US are experiencing this rapid weight gain while those in more privileged socioeconomic groups can afford healthier products.

In addition, while the economic and political relationships between Chile and its major trading partners continue to control the obesity conflict, major organizations with the potential to appeal to large audiences have been unable to establish a comprehensive view on the obesity conflict. Whether this inability has been controlled by BigFood corporations- which, as many sources suggest, is the case- or is simply a consequence of dealing with such a pervasive, multi-faceted issue, accelerating obesity rates demand that effective action be taken soon. Despite the long-standing practice of overlooking aspects of public health and even human rights for the sake of maintaining economically profitable relationships in the history of globalization, I believe that the sooner these relationships are openly acknowledged, the sooner we can develop a viable plan to combat obesity. One extreme advantage of living in such a globalized society is the ease with which information can be spread around the world; perhaps the most useful thing we can do, as Global Studies students and researchers alike, is continue to investigate critical issues, identify these intersecting socioeconomic influences, and connect the present to an increasingly complex global history.

Works Cited