U.S. exports obesity epidemic to Mexico, says new study

Declining public health linked to NAFTA, and influx of low quality, processed foods

MINNEAPOLIS – Trade liberalization policies that loosened rules to the benefit of agribusiness and food companies may be partly responsible for epidemic obesity and declining public health throughout Mexico as more low-quality, calorie-dense foods are imported from the United States, according to a new study published in the latest issue of the Journal of Occupational and Environmental Health.

The study notes that the increase of obesity and overweight in Mexico—a rise of 12 percent between 2000 and 2006—coincides with the implementation of the North American Free Trade Agreement (NAFTA). The resulting increased consumption of snack foods, soft drinks, processed dairy and meat products, combined with increased foreign direct investment (FDI) of U.S. corporations all along the food supply chain—from production and processing to restaurants and retail—has changed the Mexican food environment and contributed to rising obesity rates nationwide.

"We’ve known for years that NAFTA hurt small-scale farmers in Mexico and contributed to job losses on border. The realization that NAFTA’s rules on trade and investment may be partly responsible for creating an unhealthy ‘food environment’ in Mexico, mirroring that in the U.S., is new,” says Karen Hansen-Kuhn, a study co-author and program director with the Institute for Agriculture and Trade Policy (IATP).

“What people eat depends heavily on what food products in their immediate environment are easiest and most accessible,” says IATP’s Dr. David Wallinga, a physician. “As Mexico’s food environment has come to resemble that of the U.S., with more ubiquitous sodas, processed meats and other processed snacks high in added fats and sweeteners, it’s no wonder that Mexico’s struggle with obesity and its related life-threatening problems—diabetes, stroke, heart disease—has become ‘Americanized’ as well.” Obesity alone is thought to cost at least $170 billion per year in direct medical costs in the United States.
Before being ratified, bilateral or multilateral trade agreements typically have not been assessed for impacts on public health. This study suggests pre-ratification ‘health impact assessments’ would be smart public policy, as well as essential for appropriately engaging health communities in trade policy debates. More broadly, the purported economic benefits of U.S. trade policy should be balanced against likely impacts on healthcare costs, public health, the environment and food security.

“Negotiations are underway for a Trans Pacific Partnership that would extend these kinds of trade rules into much of Asia and around the world,” said IATP’s Hansen-Kuhn. “Our findings suggest that a potential rise in healthcare costs associated with changing diets should be part of any assessment of future trade deals.”

See IATP’s summary fact sheet on the article at iatp.org, or read the full article in the Journal for Occupational and Environmental Health (http://www.ingentaconnect.com/content/maney/oeh/2012/00000018/00000001/art00007).

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