

“Nothing is more political than food!” asserts Njathi Wa Kabui, Kenyan chef, farmer, anthropologist, and food activist in Charlotte Hollands’s comic in Figure 3.3. Hollands graphically highlights Kabui’s argument that when an ethnic group loses its connection to its culinary traditions, the group also loses power and autonomy. As a Kenyan, Kabui works to reconnect people of African and African American heritage to their ancestral foodways, but his battle cry rings true throughout the world wherever Native communities have lost access to local, ancestral foods.

Recognizing that the losses to Native lands and foodways have been immense, many communities are working to rebuild locally controlled and sustainable food systems. This is called **food sovereignty**, when a group controls its own self-sufficient, local food system. On Native reservations, high rates of food insecurity create a dependency on highly processed Western convenience foods. This has led to declining community health and a host of related social and economic problems.

Like Kabui, anthropologist and ecologist Gary Nabhan also understands this connection between food sovereignty, autonomy, and health. Working with the Pima and Tohono O’odham communities of the American Southwest for decades has allowed him particular insight into the link between ancestral foods and predisposition to disease. Nabhan (2002) found that foods such as prickly pear cactus, tepary beans, desert legumes, and cactus fruit helped protect desert-dwellers from diabetes, heart disease, and hypertension.

These traditional foods have a low glycemic index, slowing down the digestion and absorption of sugars in the bloodstream. The slow absorption is part of the plants’ adaptations to arid conditions. With the loss of local desert-based culinary traditions and the adoption of Western high-sugar, high-fat processed foods, descendants of these Native communities have lost the slow-release protection.

The shift to a Western diet and its associated health problems, including obesity, is referred to as the **nutrition transition** (Popkin 2001).

It has occurred all over the world as a result of globalization. Obesity is common among Native groups of the Southwest, and the incidence of Type 2 diabetes is 15 times higher than it is in the non-Native population.

A community-wide initiative to return to local foods has been successful in some areas where people have committed to changing their lifestyle, and in fact has restored health for Native

individuals (Nabhan 2002). Nabhan's and other similar projects have shown that eating one's ancestral foods can reverse the deterioration of health from disease and even release people from the need of daily medication. In fact, the projects undertaking this kind of culinary revitalization show evidence for not only general health, but also a kind of well-being that comes with a deepened connection to one's community and traditions.

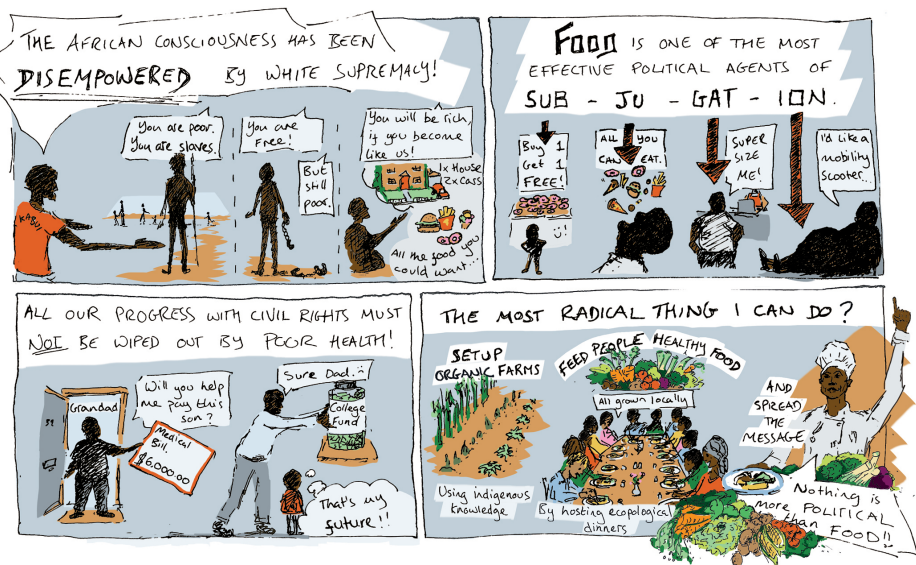


Figure 3.3  
**CHEF KABUI AND FOOD SOVEREIGNTY BY CHARLOTTE HOLLANDS**

In this graphic panel, Hollands highlights the work of Chef Kabui, who helps communities reclaim food autonomy and health through reconnecting with local and ancestral foods. Credit: Comic panel © Charlotte Hollands, 2017. Used with permission.