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U.S. Federal Nutrition Policy and the Legal Geographies of Precision Welfare

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Produce prescriptions are nutrition incentive programs that focus on specific populations diagnosed with chronic diseases. Since 2010 these programs have multiplied across the United States, with much of this growth attributed to expanded federal funding in the 2014 and 2018 Farm Bills. Framed as both "commonsense" solutions and a novel approach to food access and public health, they have been institutionalized within the Gus Schumacher Nutrition Incentive Program. Although framed as novel, prescriptions and dietary interventions are not new areas within nutrition policy. This article brings nutrition policy into the realm of legal geographic inquiry to examine how recent federal appropriations relate to not only social anxieties over diet and nutrition, but historical and contemporary concerns over public use of, and government spending on, federal benefit programs for targeted populations. This examination expands legal geographies literature through discussions of the "body" within law and how federal power comes to govern specific contexts. It argues we are seeing a new enclosure of federal benefits through the precision welfare of targeting individual bodies and their metabolic functions. **Key Words: legal geography, precision welfare, produce prescription programs, U.S. Farm Bill, U.S. nutrition policy.**

Since 2010, we have witnessed an explosion of produce prescription programs (PPPs) in the United States led by health professionals, "obesity"[1] prevention specialists, and healthy food access advocates. PPPs are nutrition incentives that focus on specific populations diagnosed with chronic diseases ascribed to individual diets. Nutrition incentives are named for offering incentives for purchasing fruits and vegetables (FVs) through coupons, vouchers, discounts, or rebates. As nutrition incentives, PPPs are designed to encourage dietary change and the reduction of so-called risk behaviors by prescribing the consumption of subsidized fresh FVs. PPP proponents and policymakers argue their expansion relates back to the Food Insecurity Nutrition Incentive (FINI) program of 2014, with a new level of attention in the 2018 Farm Bill through the Gus Schumacher Nutrition Incentive Program (GusNIP).

Most policymakers and program organizers describe PPPs as a novel or recent invention that might provide a panacea for society's ills. Many nonprofits around the United States claim to be the ones to invent the idea, and in policy circles Gus Schumacher is heavily credited for either inventing or bringing nutrition incentives into creation. Although PPPs themselves might be novel, the idea of prescribing certain foods and intervening in dietary behavior is not a new area of emphasis in federal nutrition policy. In fact, there is a long history of discursive maneuvers that now consolidate the logics of policy formation to focus on individual bodies and disease states.

This article draws from critical food and legal geographies (Trauger 2014, 2017; Graddy-Lovelace 2019), to interrogate and clarify state power and governance in food systems and nutrition policy. It presents a legal-policy archaeology of the emergence of PPPs and GusNIP to elucidate how current policy has come to focus on certain bodies and bodily functions as sites of problematization. Resulting from a larger doctoral project examining U.S. federal nutrition policy and PPP organization in West Virginia, data collection received Institutional Review Board approval from West Virginia University. Building from archival research, key informant interviews, and institutional ethnography, the article uncovers four discursive frames—a shift from hunger toward nutrition, connecting personal responsibility and health status, emphasizing austerity measures, and a further enclosure of federal assistance eligibility. The analysis also elucidates how these frames fit together to create a "precision" welfare focused on specific bodies. Through tracing the legal and policy precedents of current federally funded PPPs, I highlight the way these discursive points become screws, spiraling into future discussions while fastening policy to ever-shrinking scales.

Corporeal Legal Geographies and a Legal-Policy Archaeology

Legal geographies represent a growing area of the discipline, which highlights how geography and law are not "natural phenomena," instead produced

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through formalized rules, assumptions, and the selective uptake of facts and concepts (Kedar 2003). Law and geography have coconstitutive roles in creating spatial imaginaries, which can "invisibilize injustices" (Braverman et al. 2014; Delaney 2017). Therefore, work within legal geographies pays direct attention to the historical evolutions and sociogeographic contexts of legal actions (Forest 2000). This article contributes to the growing legal geographies literature, specifically adding to discussions using the "body"[2] within law to examine questions of governing, differential forms of power, and political relations (Mountz 2018; Jeffrey 2020) to form a corporeal legal geography. Following arguments from Brickell, Jeffrey, and McConnell (2021), I seek to expand the arena of legal geography through considering how federal law is practiced through policy directives that come to govern specific contexts—in this case, how certain bodies are seen as needing intervention and the subsequent delivery (or denial) of welfare.[3] Given the transdisciplinary nature of legal geographies (Cuomo and Brickell 2019), this study draws from wider discussions within political, feminist, food, and bodily geographies alongside fat studies and critical public health and nutrition. Doing so allows me to trace not only the construction but also the outcomes of policy, examining how "the law uses the body creatively to advance political agendas" (Mountz 2018, 764).

To do so, I use the methodology of legal archaeology to examine how federal law—through the actions of food and nutrition policy—becomes "concretized" in the material world (Delaney 2001). Specifically, legal archaeology allows for the excavation of the political, economic, and social "historical layers" within federal nutrition policy rationales and outcomes (Threedy 2005; Lombardo 2008; Novkov 2011). First brought into geography by Gorman (2019), legal archaeology foregrounds the sociospatial dimensions of legal reasoning and associated power dynamics. Adding to this, policy archaeology examines the social construction of the identification and naming of social problems, which then enter the policymaking process to create certain solutions (Scheurich 1993, 1994). This determines whether problem identification is tied to certain social groups and serves a purpose in larger social institutions (Mawhinney 1995). In merging these complementary methodologies into a legal-policy archaeology, my work examines how something comes to be defined as a problem in need of a policy-based solution and then what legislative changes occur when that problem comes to be codified within law.

Attending to the historical layers within documents and records contextualizes policy through attending to the particular historical moment in which they are crafted, and the historical moments they go on to influence (Coutin 2011). This approach foregrounds the state, helping to demystify governance through illuminating the specific social relations and processes (Pulido, Sidawi, and Vos 1996) within nutrition policy formation—something that histories of nutrition tend to obfuscate (Kimura et al. 2014). Drawing from feminist geographic research, I aim for this article to add to "the way in which politics is understood spatially, relationally and at multiple scales" (Fluri 2015, 235)—specifically, the scale of the individual body and metabolic function. The analysis is informed by critical geographies of fatness and body size (Longhurst 2005; Hopkins 2008) to highlight how bodies are differentiated within policymaking. Through examining the conditions behind legal reasoning via the archaeology methodology (Gorman 2019), this work shows how broader shifts within public understanding, scientific knowledge construction, and policymaking have come to see the individual body as the site of current policy solutions.

Antiwelfarism and the Making of U.S. Federal Nutrition Policy

Nutrition—as we currently understand it—was not originally part of federal agriculture policy, which was initially driven by the need to (re)distribute surplus to bolster the commercial agricultural economy (Zebich 1979; Poppendieck 1992). Policy also reflected dominant understandings of health and nutrition of the time, aimed toward quieting social unrest and labor movements through proving workers could get by on what they could already afford (Aronson 1980, 1982; Biltekoff 2013; Veit 2013). The deepening economic crisis of the late 1930s, however, created a need for further relief, resulting in the operation of the Food Stamp Program (FSP) in nearly half of all U.S. counties. Qualifying FSP participants—principally unemployed people—could purchase promissory notes to use at local grocery stores. Although popular among working people, FSP was discontinued after 1943 with the start of World War II. Despite this cancellation, conversations around food and hunger would come to dominate future policymaking.

A Shift from Hunger to Nutrition

Although the U.S. Department of Agriculture (USDA) was officially opposed to the idea of a formalized food stamp program during the 1950s (Ripley 1969), federal food welfare reemerged as a hotly contested political issue in the 1960s. The civil rights movement put a spotlight on marginalized and oppressed communities in the United States, which prompted politicians—including John F. Kennedy and Lyndon B. Johnson—to campaign on antipoverty platforms and to bring back the FSP. Politicians were forced to reckon with the "hunger

issue" after waves of social activism and media attention to *Hunger, USA* and the documentary "Hunger in America." Federal, state, and county officials, however, continued to deny hunger's existence by stating "that the poor were malnourished because of ignorance, and that they needed education rather than direct assistance" (DeVault and Pitts 1983, 552). At the end of the decade, though, hunger had become so publicly visible it was a national priority, and politicians responded through changing coalitions and legislative focus.[4] Yet hunger was not the only issue getting attention—in 1968 the Department of Health, Education, and Welfare and the USDA met with a group of physicians to discuss issues of malnutrition in young pregnant persons. From this, a USDA commissary program was born where clinic health care staff would prescribe vouchers for women—to bring to commissaries attached to the clinics—that they could exchange for free food parcels. A doctor who advanced this model sought to develop a "prescriptive approach" for food vouchers and breastfeeding, which became entrenched within federal-level policymaking with the 1969 White House Conference report recommending establishing guidelines for "vulnerable groups," and the creation of a permanent Women, Infants, and Children (WIC) welfare program (Kruse Thomas 2014).

Illustrating the heightened social and political discourse around the problem of hunger, Richard Nixon convened the White House Conference on Food, Nutrition and Health (WHCFNH) in 1969. Nixon appointed Dr. Jean Mayer[5] to organize and run WHCFNH, specifically centered around the issues of nutrition, health, and diet. During WHCFNH, a panel run by Stanley Gershoff argued for replacing food stamps with a negative income tax—a suggestion accepted by Nixon but dismissed by liberal members of Congress who believed the money would be spent incorrectly by individuals (Gershoff 2001). Before WHCFNH's end, three federal level actions were announced: (1) agreement to meet about a large-scale emergency hunger relief effort, (2) expansion of food stamps into 307 counties (Rich 1969), and (3) acceleration of implementing an increase of FSP benefits. These recommendations and resulting legislative discussions shifted the scope of permissible solutions away from antipoverty measures like wealth redistribution toward diet, individual actions, and health to create a path dependency[6] for future nutrition policies.

Through the WHCFNH and subsequent policymaking focus, certain reasonings entered the landscape of U.S. federal nutrition policymaking—foremost, a shift from the materiality of welfare addressing poverty to a focus on *nutrition*—that is, providing a diet necessary for the proper health and growth of a population. This shift fundamentally changed the way that federal legislation and policy addresses hunger and food access, and foreclosed what solutions were seen as socially and politically viable. In moving away from direct welfare toward diet, behavior, and education, legislation and policy validated the standards of nutrition at the time—where constructions of individual risk served to medicalize certain bodies and health conditions, moving them into the prescriptive gaze of the state (Scrinis 2013). This allowed for three things to happen. First, federal policy was shifted to address the problem of people not eating the right food due to being uneducated. These actions curtailed both the availability and type of welfare. It also provided the rationale that poor people needed to be given specific directions and specific goods for their benefit, instead of welfare. Second, this opened the door for discussions about cutting spending, as the implementation of these new programs began to be discussed within the budding national discussions over welfare reform. Third, the focus on diet and knowledge as problems to be solved precluded discussions about other causes of inequality, such as increasing income stratification. With the formalization of institutional mandates, policy solutions to questions of hunger and poverty become cemented into questions of diet and nutrition due to problem closure—the designation of "a set of socially acceptable solutions for well-defined problems" (Hajer 1995, 22).

Connecting Personal Responsibility and Health Status

This problem closure around nutrition subsequently resulted in policy changes and federal appropriations, with institutions shifting their spatial focus to individuals while moving toward governing the act of eating. The prioritization of nutrition and diet is further legitimized through the integration of nutrition logics from academic, medical, and social conversations around diet, health care costs, and health and disease into policy formation. The focus on nutrition—rather than hunger or poverty—is illustrated through the central role of the Lalonde Report (Lalonde 1974), which became a cornerstone of political reasoning for changes in federal programs. The uptake of this report results in discussions around costs of health care and "lifestyle" disease, which began to shape debates about federal assistance and introduced the discourse of nutritionism (Scrinis 2013) into the policymaking process. Here, concerns over individual behavior and lifestyle came to the forefront of public health, and policy discussions around disease prevention stem from Lalonde's "blueprint for a prevention-oriented medical system" (Pan American Health Organization 2022, para 6). U.S. policymakers used Lalonde as a template for defining public health problems and creating solutions, specifically using the lifestyle theory of disease to construct policies addressing

concerns around increasing health care costs across the country (Tesh 1988).

Building from the shift toward nutrition, these priorities were furthered with the 1968 formation of the Senate Select Committee on Nutrition and Human Needs (SSCNHN) and their 1974 National Nutrition Plan. The Plan scaled the FSP up from specific counties to the nation and shifted the question of malnutrition to one of "overconsumption" and individual responsibility rather than the geographic distribution of welfare. Preventative care becomes part of these debates, with remarks from Senator Edward Kennedy in the 1974 Hearings for the National Nutritional Policy Study regarding offsetting costs of treatment for dietary diseases. Nutrition became further entrenched in the 1977 Farm Bill, with the establishment of Title XIII—Food Stamp and Commodity Distribution Programs, the precursor to the modern-day Nutrition Title.

Following this trajectory of concern over chronic disease, nutrition, and individual behavior, the SSCNHN held eight hearings from July 1976 to October 1977 called Diet Related to Killer Diseases, which discussed risks of diet and chronic diseases in the United States. These Congressional hearings specifically drew from the Lalonde Report, which helped to emphasize nutrition education and the publication of the SSCNHN-issued Dietary Goals for the United States. The stated objective of the Goals and its related report was to address the fact that the public was "confused about what to eat to maximize health," with the Goals' creation seen as a federal "obligation" (SSCNHN 1977, v). Within expert testimony during the Killer Disease hearings, the Assistant Secretary of the Department of Health Education and Welfare, Dr. Ted Cooper, stressed the importance of nutrition and education not only as preventative health measures, but in reference to "obesity," which was seen as a growing public health problem.

In sum, discursive changes during this period shifted federal nutrition policy toward addressing the entire nation, simultaneously restricting welfare distribution in significant ways. By focusing on nutrition, policymakers narrowed in on the problem of overconsumption rather than poverty or welfare distribution. The influence of preventative medicine based on the lifestyle model of disease further placed responsibility at the scale of the individual. The logics of nutrition-as-problem continue and are further extended through the moralization of individual behavior and health status. Importantly, nutritionism moves on to be wielded to justify reductions in government spending and further curtailing of distributing welfare.

Whereas the 1970s saw an expansion of federal nutrition welfare programs and the turn toward nutritionism, the 1980s political and policy landscape was centered on reducing those programs. Despite testimony to Congress and public outcries against hunger, the Reagan administration called for the reduction—or complete elimination—of welfare, including nutrition assistance. To justify these policy changes and resulting welfare cuts, Reagan campaigned on and continually referenced the racist "welfare queen" trope within political dialogue. The Omnibus Budget Reconciliation Acts of 1981 and 1985 made sizable cuts to federal welfare programs aimed at nutrition and created further restrictions on program eligibility.

Although Reagan's administration continually sought to cut federal assistance, they could not ignore the very public issue of hunger. Executive Order 12439 formed the Task Force on Food Assistance (TFFA) to determine the effectiveness of food and nutrition programs and ascertain the scope of hunger across the United States. As a result of the TFFA, the Reagan administration redefined hunger by distinguishing it from its socioeconomic origins. TFFA's final report emphasized the medical meaning of hunger as "extended nutrition deprivations" versus the more widely accepted social meaning as an inability to access food due to lack of income and resources (President's Task Force on Food Assistance 1984, 34). Within the report, hunger is formally defined within federal policymaking for the first time, stating, "hunger cannot simply be equated with unemployment or poverty" (President's Task Force on Food Assistance 1984, 34).

Efforts to distinguish hunger resulting from poverty from that of nutritional decision-making continued through the late 1980s to the early 2000s with the entrenchment of neoliberal policies. This includes the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which aimed to make "welfare a transition to work" following discussions around people becoming dependent on welfare. PRWORA tightened FSP eligibility and reduced maximum benefit allotments through the Thrifty Food Plan.

Neoliberal logics reverberated through the federal welfare landscape by way of budget cuts and a tightening of eligibility. Nutritionism became a foil for those changes and remained a key instrument for demonstrating that the federal government was still meeting its obligations in promoting individual health and personal responsibility while reducing their accountability for addressing conditions of poverty and hunger across the United States. Furthermore, the TFFA's definition of hunger enclosed the scope of acceptable solutions, by cutting off considerations of unemployment or poverty as targets of federal legislation and instead doubling down on the focus of nutrition and individual health.

These discursive turns around dietary health and individual responsibility as a reasoning for reducing government spending do not only shape the legal geographies of nutrition policy in the twentieth century. In fact, they have continually come to define the problem and bound it in governable ways, turning and re-turning on the same points so much so that they have in fact become a screw, both in terms of the *spiraling discursive points* that reiterate themselves into future policy discussions—precluding other acceptable definitions of or solutions to the problem—and of *fastening* federal policy to the individual, rather than a more comprehensive scope of addressing societal issues that affect income, food access, and ultimately, health.

Emphasizing Austerity Measures

This concretizing of nutrition has led to the provision of welfare through medical diagnosis, increasing the popularity of nutrition incentives and giving rise to the codification of PPPs in the Farm Bill. With the "end of welfare as we knew it," Congressional concern over individual diet and resulting health statuses continued throughout the late 2000s with numerous hearings.[7] Individual responsibility persisted in policy formation with ill health positioned as a "burden." During the 2004 hearing Conquering Obesity: The U.S. Approach to Combating This National Health Crisis, chairman Dan Burton proclaimed "obesity" was not only a personal burden, "but a burden to everybody, their neighbors and every taxpayer across this country" ("Conquering obesity: The U.S. approach to combating this national health crisis" 2005, 2). Although Burton conceded medical knowledge of "obesity" was incomplete, the hearing still framed it as a detrimental medical condition with economic and social impacts. During this hearing, Eric Bost, Undersecretary of Food, Nutrition and Consumer Services, delineated between nutrition programs and welfare: "It is important to underscore the fact that these 15 nutrition assistance programs are not welfare programs—they are indeed nutrition assistance which combines both access to healthy food along with nutrition education and instruction on maintaining a healthy lifestyle" ("Conquering obesity: The U.S. approach to combating this national health crisis" 2005, 14).

From the Conquering Obesity hearing we see a reiteration of the lifestyle theory of disease, escalating distress over "obesity," and continued reliance on education as a solution. Additionally, we see a demarcation point between nutrition assistance and welfare—following the preceding discursive turns of policy formation resulting in the separation of nutrition from other kinds of welfare distribution. These problem closures led to the solutions of a specific set of benefits—food stamps, WIC, and senior vouchers, which occur alongside the ingrained project of individual improvement through nutrition education and dietary guidance. Conspicuously absent from any of these discussions are two major circumstances known to affect food security, purchasing behavior, and overall health outcomes: poverty and hunger.

The discursive screws around individual health and personal responsibility have reiterated themselves into the early twenty-first century, further positioning these issues as impediments to responsible public spending. Additionally, policy further rachets down, now fastening itself not only on individuals but specifying ill and fat bodies as the problem to be addressed. These turns specifically draw on antifatness and ideas about "obesity" and certain body sizes equated with being diseased (Guthman 2014; Flegal 2022). This focus on disease state and diagnosis alongside bodily norms of health (McCullough and Hardin 2013) goes on to further enclose eligibility for certain types of welfare.

The Enclosure of Federal Assistance Eligibility: Making Precision Welfare

SNAP[8]-specific nutrition incentives started with three privately funded pilots between 2005 and 2007, bringing SNAP recipients to local farmers markets to purchase fresh FVs. These incentive programs gained popularity, occurring during the heyday of the progressive food movement and its focus on behavioral change, localization, market solutions, and self-improvement (Guthman 2008; Alkon and Agyeman 2011; Slocum and Cadieux 2015).

Although originally privately funded, incentives are now comprised of private and federal money, with the federal programs focusing on matching federal nutrition assistance benefits to farmers markets, food hubs, and other local FV production. Because incentives are directly tied to FVs they are seen as less liable for so-called fraudulent use than regular SNAP benefits. This garnered political support in Congress to the point where the 2008 Farm Bill authorized the Healthy Incentive Pilot to evaluate the connection between nutrition incentives, SNAP beneficiaries, and FV purchases.

Incentive programs grew in popularity, particularly as debates around the "healthiness" of nutrition assistance progressed among policymakers, health practitioners, and academics. Discussions were bolstered from dialogue around "excess" consumption and a belief in the costliness of preventable diseases (Schumacher, Nischan, and Simon 2011). In the January 2010 Hearing to Review Federal Nutrition Programs, discussions about "healthy choices" became increasingly tied to concerns over health care system use and spending:

> I think you understand what I am driving at given my earlier testimony in the opening statement as is related to healthcare outcomes, as well as prudence around governmental budgeting. Because, we will pay to fix or cut or prescribe in the healthcare system but not incentivize prevention and wellness and this is one of the cost drivers in our system that is leading to chronic diseases. There is linkage between nutritional outcomes. (Rep. Fortenberry, *Hearing to Review Federal Nutrition Programs* 2010, 31)

This hearing also showed the priorities within Congress to extend existing programs to address new problems without increasing government expenses. This led to suggestions of joint initiatives between the USDA and multiple federal departments and agencies to address local food market development, incidence of chronic disease, and changing public behaviors.

With farm and market declines since the 1980s farm crisis, local food market development became a Congressional priority. The 2010 Hearing to Review Access to Healthy Foods for Beneficiaries of Federal Nutrition Programs and Explore Innovative Methods to Improve Availability demonstrates policymaker awareness of the rise of the "local" or "progressive" food movement and its concerns over physical and financial access to healthy, "good" food. During the 2012 Senate Hearing on Healthy Food Initiatives, Local Production and Nutrition, Senator Stabenow opened proceedings discussing both the increasing demand for, and economic importance of, local food. Based on the success of the Healthy Incentives Pilot authorized from the 2008 Farm Bill, and the arguments to address issues of local agricultural economies and public health, FINI was included in the 2014 Farm Bill with the goal to increase FV consumption among SNAP beneficiaries.

Through a focus on at-risk populations, behavior, and dietary health, the construction of FINI reinforces what problem policymakers address. FINI was also constructed through the concerted efforts of several nonprofit organizations and Congress members interested in addressing the so-called food desert problem and "opening up" farmers' markets to low-income populations.

Lobbying from nonprofits Fair Food Network and Wholesome Wave combined with the special interests of certain members of Congress helped to get nutrition incentives formally codified into the 2014 Farm Bill. The creation of these policies can also be traced back to working and personal relationships between Gus Schumacher, Oren Hesterman, Senator Debbie Stabenow, and Michel Nischan. Although touted as the inventor of nutrition incentives and PPPs, Schumacher himself was influenced by a 2013 state-funded nutrition incentive program in South Carolina. After seeing state funds from a Republican-controlled legislature used on an incentive project, Schumacher was convinced that federal-level funding could happen.

FINI experienced bipartisan political popularity resulting from a convergence of mutual interests across political aisles, including ongoing discussions around "healthy eating" and concerns over federal benefits. This bipartisan support signaled a broad political consensus around nutrition incentives. That consensus, however, rests on the range of permissible solutions within policy construction—in this case, the further enclosure of federal benefits and stabilizing (or reduction) in government spending, and belief that it is solely individuals who are responsible for their health and using federal programs to intervene in economic markets on behalf of local producers. Throughout FINI's four grant cycles, only a small percentage went to PPPs. Although FINI legislation did not specifically name PPPs, one policymaker described it being written in such a way—focused on particular populations and concerns—that PPPs became a focus of grantees.

In 2016, the House held the Hearing to Review Incentive Programs Aimed at Increasing Low-Income Families' Purchasing Power for Fruits and Vegetables. Representative Jim McGovern framed incentives as "a relatively new area of policy… [where] we get more bang for our buck with our Federal nutrition dollars" (Hearing to *Review Incentive Programs Aimed at Increasing Low-Income Families' Purchasing Power for Fruits and Vegetables*" 2016, 3). Discussions continually referenced the multiple "wins" of nutrition incentives from their health outcomes to stretching federal benefits and being economic drivers within local economies—with McGovern so impressed by this, he called for their expansion.

Federal funding expanded with the passing of the Agriculture Improvement Act of 2018, which refashioned FINI into GusNIP and included a specific line of funding for PPPs. PPPs are seen as a way to directly link food and health care systems to ameliorate "poor diets" and the costs associated with them, with Schumacher arguing they are a clear path to preventative health care and lowering health care costs (Schumacher and Nink 2019). The GusNIP program is touted as a way to "leverage" SNAP dollars to address multiple policy objectives around spending, public health, and local agricultural economies (English 2021).

PPPs were first mentioned in legislative language within the Local FARMS Act (H.R. 3941), introduced by Chellie Pingree in 2017. Section 5 within this marker bill[9] is the Harvesting Health Program (HHP), the purpose of which was "to demonstrate and evaluate the impact of produce prescription programs in areas with persistent poverty" (Text – H.R.3941 – 115th Congress (2017–2018) 2017). The legislative language from HHP around PPPs inspired the inclusion of these programs within

GusNIP and although originally meant to be a separate piece of legislation, PPPs were folded into the Farm Bill to avoid the roadblocks of partisan opposition.

GusNIP PPPs seek to improve dietary health, reduce food insecurity, and reduce health care costs and use. The request for applications stipulates who is eligible to participate in a GusNIP PPP:

> One is eligible to participate in the PPR program if they are eligible for the following: (1) benefits under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.); or (2) medical assistance under a State plan or a waiver of such a plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and enrolled under such plan or waiver; and (3) a member of a low-income household that suffers from, or is at risk of developing, a diet-related health condition. (National Institute of Food and Agriculture 2019, 13)

Through relying on a diagnosis (or risk of being diagnosed) the scope of the problem to be addressed is again shifted, spiraling down not only to the body, but beyond it into molecular scales. Policy is now going *beyond* the body, into our organ systems and biochemical processes related to various bodily systems. Direct assistance now relies on a person's biochemical reactions, which renders bodies seen as abnormal in function[10] "politically legible" (Cullather 2007).

The eligibility requirements further limit this set of federal benefits to a smaller subset of the population. Despite attempts to separate nutrition programs from welfare, it becomes *precision* welfare in the targeting of "diseased" individuals. This again curtails benefits, as access to FVs through GusNIP PPPs now relies on gaining a medical diagnosis for a certain set of diseases—which can be an issue with the continuing decline in health care access across the United States, or for those who are not able to afford fresh produce but do not have a certain chronic disease. Additionally although the framing around GusNIP and its individual eligibility criteria do not mention weight or body mass index, they still follow healthist and antifat expectations around what a so-called healthy body looks like or performs as (Higgins 2023). Although the collection of biomedical data around individuals' body functions is not mandated by law or program stipulations, many GusNIP-funded PPPs collect these data. According to a nonprofit director involved with both FINI and GusNIP programs, the center responsible for overseeing GusNIP's evaluations does not discourage the collection of these data, as they want to prove the connection between diet, health, and health care savings. The focus on biochemical processes through the eligibility criteria around medical diagnosis, reliance on underlying bodily norms in current (Western) medical practice, and the continued collection of biomedical data create a new spatial politics within welfare access and policy creation. By reiterating personal responsibility and behaviors, health as a moral good, and concerns over health care costs, policymakers further limit what the permissible scope of solutions could be. Furthermore, we see the concern over the "burden" of ill health and equating body size with disease being further twisted in current policy—although with a new spatial politics. The focus on precision welfare—where the concentration is not only on body size, illness, or diagnosis but on the molecular scale of our organ systems and their processes—has fastened policy on a scale that completely precludes any debate, definition, or solutions that see health and food access as social or political and instead doubles down on individualism and personal responsibility.

Reframing Produce Prescriptions

Although framed as new, PPPs and federal policies institutionalizing them result from the trajectory of specific logics of policy formation, which came to define nutrition and then certain bodies as the problem and then utilized specific concepts to demarcate these debates. These debates rest on certain framings that have acted like a screw—using spiraling discursive points that reiterate themselves into future discussions, which then comes to fasten federal policy to specific issues that have become socially visible. By focusing on diet-related health conditions, PPPs build on and consolidate the logics and discursive turns in previous policy formations related to nutritionism—extending the governance of nutrition and eating into the governance of not only bodies, but certain organ systems and processes seen as needing intervention. This renders certain bodies as "politically legible" (Cullather 2007) with the new spatial politics of policy formation and precision welfare.

This legal-policy archaeology shows how four key discourses have emerged from policy debates since the 1960s to make PPPs the proverbial darlings of U.S. food and nutrition policy. The first is the shift from hunger and redistribution of surplus food toward a focus on nutrition, meaning a diet seen as necessary for the proper health and growth of a population. This curtailed federal policy to a specific set of programs and benefits, alongside codifying the rationale that poor populations needed to be governed, rather than given monetary assistance, because they would ostensibly make poor nutritional choices. Second, the institutionalizing of nutrition as a priority within food and agriculture policy alongside the connection between personal responsibility and health status further restricted the problem of nutrition toward individual behavior. The third discourse places an emphasis on the need for austerity and the reduction of government spending. Fourth is a further enclosure and barrier setting for federal assistance eligibility, this time by empowering medical professionals to determine who receives assistance through prescriptions.

PPPs are seen as a "logical extension" of incentive programming (Hennessee 2020), but they can be traced back through the prolonged struggle around federal welfare and creating political consensus around what problems need to be addressed and then what range of solutions are seen as acceptable. With the institutionalization of nutrition into the Farm Bill, the governance of nutrition became a legislative norm, and with the continued focus on chronic diseases, this governance is now moving toward individual bodies. This has cemented federal responsibility around nutrition, food access, health, and welfare in very specific ways. Instead of working to address the structural conditions that cause concentrations of wealth, corporate divestment from communities, or an increase in negative health outcomes, the focus is on behavior and leveraging purchasing power through the rationale of stretching government spending and incentivizing behavior change. This pivots federal policy into the realm of precision welfare, wherein the reliance on medical diagnosis to access benefits brings policy into the very body, and its molecular processes, itself. This shows us new ways that bodies are being differentiated within policymaking, highlighting the scalar, spatial, and relational ways (Fluri 2015) politics are enacted. ■

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Notes

[1] The word "obesity" is placed in quotations—except for direct quotes from other material—to reflect its use in the medicalization of differing human physiques and the crisis of fear around fat bodies.

[2] Geographers draw from a wide array of ideas and scholarship on "the body," with "no clear articulation of a specifically geographical take on the body" (Landzelius 2004, 281). Following the wary calls of Callard (1998), this article does not posit a static definition of the body—there are many bodies, existing and made and fashioned in many ways. Rather, I invite the reader to question the spatial politics inherent with bodies being simultaneously socio(natural) constructions, an intimate scale, and as fluid and moving through space(s) (see Martin 1998; Nast and Pile 1998; Valentine 1999; Guthman 2015).

[3] Although this analysis is primarily based on archival research (including USDA documentation; Congressional hearings, reports, and records; entries in the *Federal Register*; various laws, statutes, and codes; and other documents from the Congressional Research Service and U.S. General Accounting Office) it also incorporates key informant interviews with PPP organizers across the United States and with nonprofit workers, Congressional staffers, policy analysts, lobbyists, and other people involved in related federal policymaking.

[4] National attention on the issue of hunger tended to be directed to specific geographic areas and not the wholesale remediation of nationwide hunger. For example, the highly influential *Hunger, USA* report authored by the Citizens' Board of Inquiry into Hunger & Malnutrition (1968) highlighted 280 "hunger counties" in the United States.

[5] Mayer was a trained chemist who focused on the physiology of nutrition—particularly examining "obesity." Mayer's work includes the foundations for the "calorie in-calorie out" model of "obesity" and the resulting focus on physical activity, the glucostatic theory of regulating food intake, and arguments for the multifactorial etiology of "obesity." In a posthumous tribute to Mayer, Gershoff (2001) noted that Mayer's personal friendship with Daniel Patrick Moynihan is how he met President Nixon.

[6] My thanks to Kelly Kay for assisting with this line of thought.

[7] Notable hearings and acts include Getting Fit, Staying Healthy: Strategies for Improving Nutrition and Physical Activity in America (2002), Improved Nutrition and Physical Activity Act (2003), Conquering Obesity: The U.S. Approach to Combating This National Health Crisis (2004), The Supersizing of America: The Federal Government's Role in Combating Obesity and Promoting Healthy Living (2004), the Hunger Free Communities Act (2006), and Promoting Health, Preventing Chronic Disease, and Fighting Hunger: Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn (2008).

[8] The 2008 Farm Bill made another significant round of changes to the FSP, renaming it the Supplemental Nutrition Assistance Program (SNAP) alongside formally establishing what had been ad hoc priorities within the Food and Nutrition Service, including using nutrition education to "improve health."

[9] *Marker bills* are legislation introduced into Congress used to introduce or build support for specific issues or policies, with the hope that it will be subsumed into larger legislation (e.g., the Farm Bill).

[10] The history of biomedical conceptualizations of metabolic theory, disease construction and definition, and so-called normal biomarkers is rife with onto-epistemologies rooted in White supremacy, capitalism, and politics of oppression (Guthman 2014; Hatch 2016; Davies 2019; Andueza et al. 2021).

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