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A French Paradox?

Toward an Explanation of Inconsistencies between Framing and Policies

Henri Bergeron, Patrick Castel, and Abigail C. Saguy

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Abstract

The French news media has framed “obesity” largely as a product of corporate greed and social inequality. Yet, France has—like other nations including the United States—adopted policies that focus on changing individual-level behavior. This article identifies several factors—including food industry lobbying, the Ministry of Agriculture’s rivalry with the Ministry of Health and alliance with the food industry, and competition with other policy goals—that favored the development of individual-level policy approaches to obesity in France at the expense of social-structural ones. This case points to the need to more systematically document inconsistencies and consistencies between social problem framing and policies. It also shows that national culture is multivalent and internally contradictory, fueling political and social struggles over which version of national culture will prevail at any given moment.

Keywords: framing, lobby, obesity, policy tools, public health.

In much of the world, obesity is represented as an issue of personal responsibility. By contrast, in France, which has a tradition of social solidarity through state-funded social programs, obesity is framed largely as an issue of corporate greed and social inequality.¹ Whereas the US media

frames obesity as an issue of individual responsibility—blaming obesity on bad choices and individual-level solutions—the French press is equally likely to discuss how social-structural factors beyond individual control, including poverty and food industry practices, lead to increased population weights as it is to blame obesity on individual-level contributors.²

Compared to US news reports, French news reports are more likely to discuss social-structural contributors (forty-seven versus twenty-seven percent) and biological contributors to body weight (twenty-five versus fifteen percent).³

Previous research—drawing on interviews with key policymakers in France and in the UK and on policy documents and reports⁴—likewise suggests that a social-structural framing of obesity has dominated the discussion in France. For instance, in an influential report commissioned by the government, two famous French nutrition epidemiologists prioritized the following socio-structural contributors to obesity: food supply, socioeconomic status, and lunches provided in public institutions, including schools, universities, and prisons.⁵ The report, which was released just before one of the authors—Serge Hercberg—was appointed as the first president of the French National Action Plan on Nutrition and Health (Programme national nutrition santé or PNNS), only mentioned nutritional information and education at the fourth position in the hierarchy.

Yet, despite this rhetoric, France has adopted policies that give *individual* consumers better information so that they can make better *choices*.⁶ These include national and local educational campaigns about nutrition and exercise, from warning messages in food industry advertisements to educational messages about food choices⁷ and the importance of physical exercise targeted at children.⁸ Changes to public school lunches have focused on providing better information to children and parents through “annotated menus,”⁹ rather than by imposing

nutritional standards as has England or the United States.¹⁰ Meanwhile, reforms to the food industry have focused on non-binding ethic codes.¹¹ In other words, despite rhetoric emphasizing social structural contributors to and solutions for higher population weight, French policies focus on changing individual behavior. Why?

Literature

When we discuss how an issue like high population weight is *framed*, we are referring to the way in which the issue is defined to emphasize some aspects of reality while obscuring others.¹²

Canadian sociologist Erving Goffman first employed the term *frame* to capture how individual people use conceptual frames, or definitions of situations, to organize their experiences and guide their actions.¹³ Social movement scholars later expanded Goffman's concept of frame to examine how social movements strategically define issues to "mobilize potential adherents and constituents, to garner bystander support, and [to] demobilize antagonists."¹⁴ For instance, Mothers Against Drunk Driving reframed automobile deaths in cases where a driver was drinking as an injustice demanding increased severity of penalties for drunk driving.¹⁵ As this case shows, specific frames point to particular causes, ownership and responsibility, and solutions.¹⁶ Communication scholars have also employed the concept of frame to show how the news media produce and promote specific understandings of social issues, influencing which solutions appear feasible and legitimate.¹⁷

In the case of obesity, competing frames emphasize personal responsibility, social-structural factors, or biology.¹⁸ While a personal responsibility frame implies that the key to reversing trends in population weight gain is to encourage individual people to change their eating and exercise habits, a biological frame suggests that solutions to weight gain require

clinical interventions such as pharmaceutical or surgical advances. A social-structural frame implies that changes need to be made at the social-structural level, such as altering how we as a society produce and distribute food. Sometimes one frame emerges as dominant, as measured by prevalence in the news media, legislative debates, or policy arenas.¹⁹ To say a social problem frame is dominant is not to say that it is monolithic or without challengers, only that it is evoked more often and carries more authority than competing frames.²⁰

The sociology and political science literatures offer clues as to why French obesity policy has been out of step with dominant French media and popular framing of obesity. For instance, previous research suggests that frames that threaten existing policies, especially those serving powerful constituencies or constituting established entitlement programs, are less likely to prevail.²¹ One might expect that obesity policies that run counter to the interests of the powerful food industry or the Agricultural Ministry, which tends to align with food industry interests, would be difficult to pass.

Another factor likely contributing to the disconnect between the French media emphasis on social-structural contributors to obesity and the policy focus on individual-level factors is that advocates of the social-structural frame are not influential in the design of the policy instruments.²² They may have little interest in the consequences of policy instruments; alternatively, ideological opponents may take control at the stage of policy design.

The case of homelessness framing and policy in the early 2000s in San Francisco exemplifies this disconnect.²³ Most people involved in these debates were situated on the political left and center and blamed homelessness on socio-structural factors such as the lack of affordable housing, living wage jobs, or health care. Those on the political right, however—who blamed homelessness on inefficient bureaucracy and on individual deficiencies, including mental

illness, substance abuse, and lifestyle choices—used their greater economic resources to propose ballot initiatives consistent with their preferred framing. Conflict between the political left and center further weakened them in relation to the right. As a result, “neither left nor right were able to ... dominate the creation of homeless policy according to their diagnostic framing.”²⁴ Each side could block the initiatives of the other but not pass its own preferred policies, and the city was never able to develop a coherent homeless policy.²⁵ The same logic would account for how, if the food industry were to gain control over debates over obesity policy, we would likely see a de-emphasis on the responsibility of the food industry for creating and resolving the so-called obesity epidemic.

Policy instruments also meet resistance when they threaten the resolution of other social problems.²⁶ For instance, environmental and health policy frames often emphasize corporate responsibility, a framing that is consistent with the goals of both the environment and health agencies. Still, they may meet resistance—even within these same agencies—because these frames imply solutions that may be seen as threatening the objectives of another ecology: the financial and economic governmental bodies.²⁷

For instance, the goal of countering pollution in France has run up against the need for fiscal responsibility. The French Agency of the Environment’s (ADEME) program to incentivize clean cars by offering state subsidies for cleaner cars and imposing taxes on cars that pollute more proved more costly for the government than anticipated. High costs jeopardized the program’s sustainability, since the state ended up providing more in subsidies than it collected in taxes due to improvements in the environmental performance of cars.²⁸ French anti-tobacco policies show the inverse—how public health initiatives can gain support when they are consistent with fiscal goals. The Ministry of Finance supported increases on tariffs on foreign

tobacco products, not as a way to dissuade people from smoking but as a way of generating state revenue.²⁹ Likewise, the Ministry of Finance ended up supporting a ban on tobacco advertising not out of health concerns but because it represented an effective way of slowing down the entrance of foreign tobacco companies into the French marketplace, thus protecting the French companies that had, until then, enjoyed a monopoly.³⁰ In sum, these examples show how solutions to public health or environmental problems are more likely to be adopted if they are compatible with fiscal goals. Reciprocally, such goals are likely to be blocked if they prove incompatible.

Background

Historically, the Ministry of Agriculture (renamed Ministry of Agriculture and Fishing in 2007 and Ministry of Food, Agriculture, and Fishing in 2009, and renamed variations on these themes several times since then) has dominated French obesity politics—defining both economic interests and cultural representations of agriculture and food practices.³¹ In the 1990s, however, new principles of food safety and their advocates emerged from various other public sectors, including the Ministry of Health.³² From the beginning of the 2000s, the Ministry of Health took the lead in developing and coordinating obesity policy via three inter-ministerial nutritional health plans—the Plan national nutrition santé (PNNS)—not exclusively focused on obesity, in 2001–2006, 2006–2010, and 2011–2015, respectively. The main PNNS experts were, moreover, nutritionists or doctors, professionals typically closer to the Ministry of Health than the Ministry of Agriculture. The Ministry of Health also developed a plan specifically focused on obesity in 2010–2013.

The French Institute for Health Education and Promotion (INPES)—since merged with other health agencies as part of the Santé publique France—represents another important public institution in the fight against obesity, developing public health campaigns financed by the PNNS and managing the PNNS compliance label. Other organizations in the obesity public health campaign include regional health promotion organizations, not-for-profit associations, Ministry of Education services, municipal health and hygiene services,³³ national public health insurance services, complementary health insurance organizations, public-private partnership programs, and regional services for the protection of pregnant women, new mothers, and children.³⁴

Method

To understand why French obesity policy has focused on individual-level contributors to and solutions for obesity despite an emphasis in the French news media on social-structural contributors and solutions, we draw on original data—including interviews and archival analysis—and on secondary research. Specifically, we conducted 148 interviews between 2008 and 2014. These interviews, conducted with policymakers in charge of the National Plan on Nutrition and Health (PNNS), focused on both agenda setting and the development of the first plan (2001–2005) in France. To overcome potential inaccuracies in recall, we supplemented the interviews with a close reading of a Ph.D. dissertation on the development of the first plan.³⁵ The period during which we conducted the interviews was especially propitious for studying the conception and negotiation of policy instruments designed to regulate the food industry. While the first (2001–2005) PNNS was mainly dedicated to raising awareness about obesity and implementing information campaigns and nutritional guidelines such as the famous “five fruits

and vegetables per day” campaign,³⁶ the second (2006–2010) and third (2011–2015) PNNS attempted to regulate the food industry.

We examine the fate of several distinct policy instruments and the factors contributing to the success or failure of a particular policy. This assessment draws on archives, grey literature, and parliamentary debates over the adoption of laws—including obesity-policy-related provisions in the Senate and National Assembly—and on the secondary literature, including doctoral dissertations. Drawing on archival analyses, we examine the elaboration and implementation of the PNNS, launched in 2001 to provide information to consumers (especially children) through public service campaigns about nutrition and exercise, encourage food companies to develop PNNS-approved charters, and urge cities and towns to develop action plans. We identify the organizational forms of interventions, the policy instruments used to implement them, and the scale of the interventions.

We interviewed ten people playing key roles in the framing of obesity as a public health problem. These interviews included questions about how respondents defined the problem, the solutions they proposed, and why. Literature on the sociology of organizations³⁷ and specifically the sociology of public action³⁸ sensitizes us to how a plurality of organizations and people—from multiple state agencies that may have competing interests,³⁹ including administrations and agencies,⁴⁰ interest groups,⁴¹ civil society,⁴² and business firms—jointly shape political actions. To capture this, we asked respondents to speak about alliances, controversies, and conflicts; the expertise they mobilized; how they intervened in debates; and how they perceived the impact of their contributions. We use these interviews to capture the relative influence, specific perspectives, interpersonal relations, and resources of various people in policy-decision-making processes. We triangulate these interviews with official reports, meeting minutes, and

parliamentary debates to identify the respective roles played by epidemiologists, clinicians, government officials, patient associations, consumer associations, and other experts in creating the dominant social problem frame.

The sociology of public action literature also demonstrates the importance of public action instruments, as both revealing meaning and directing action.⁴³ Inspired by this literature, we conducted another fifteen formal interviews with experts regarding the elaboration of a politically significant policy instrument—the (voluntary) charters. These were to be signed by both the Ministry of Health and by individual food companies, which would commit themselves to change the composition of their products by a mutually agreed deadline. These interviews shed light on the content of the charters, their history, and the negotiations and controversies that led to their development. We also collected and analyzed all available documentation about these charters—including press releases, official statements, the PNNS’s report, and the charters themselves—that make visible the negotiations between the food industry and the Ministry of Health. More broadly, studying the development of the charters helps document the relationship between state and market regarding obesity policy.

Finally, to understand the factors leading to the development of PNNS-supported obesity policies at the city level through an unprecedented collaboration between municipalities and a private organization supported by the food industry, EPODE (Ensemble, prévenons l’obésité des enfants), we conducted 123 formal interviews in four French cities. Interviewees included physicians, social workers, schoolteachers, local city authorities, and NGO members, among others. These interviews shed light on the institutional mechanisms that led to this unlikely policy innovation. We conducted all interviews in French. All formal interviews were recorded and fully transcribed. We translated the excerpts used below ourselves.

Findings

Below, we show that several factors—including food industry influence, the Ministry of Agriculture’s support for the food industry and rivalry with the Ministry of Health, and competition with other policy goals—favored the development of individual-level policy approaches to obesity in France, at the expense of more social-structural ones. While certain people and groups promoted a social-structural framing of obesity in public discourse and the news media, the food industry ultimately had considerable sway over the policy approaches that were developed. The food industry was able to appeal to the “French food model”—emphasizing pleasure, taste, gastronomy, and local products—to defend its interests. Moreover, the food lobby found an ally in the Ministry of Agriculture, which resented the incursion of the Ministry of Health in its jurisdiction. The Ministry of Agriculture, in turn, received support from the president of the Republic at a key moment in its rivalry with the Ministry of Health. Finally, specific policy proposals emphasizing social-structural factors came into conflict with other policy goals.

Food Industry Lobby Influence

Our interviews suggest that it was politically difficult for people promoting a social-structural approach to obesity to challenge the food industry. As a member of the pilot committee of the PNNS explained to us: “Anything involving physical activity generally did not raise any problem.... But clearly, anything concerning [food] product communications, anything touching the [food] industry or economic stakes became the object of debate.” Food industry representatives used their influence to shift focus away from social-structural factors to

individual responsibility, and from nutrition to physical activity. They advocated disseminating positive messages about food, emphasizing—in the words of the PNNS president—“pleasure, conviviality, and gastronomy.”

Voluntary ethics codes provide an example of how the food industry lobby ensured that French obesity policy instruments would mute blame of the food industry and stymie efforts to regulate food production and distribution. Originally conceived in 2006, as part of the second PNNS, these ethics codes sought to incentivize the food industry to reduce the amount of sugar, salt, and fat in their products. A review committee, run by the general director of health (similar to the US surgeon general) and presided over by an officer of the Ministry of the Economy and Finances, would evaluate the extent and significance of proposed changes. If approved, and assuming the product was sold with nutritional information, the company would be allowed to signal in its communication campaigns that the product was “engaged in nutritional process encouraged by the state [PNNS].”

A committee—including representatives from the Ministries of Health, Agriculture, Economy, and Finances, and the National Association of Food Industries (ANIA, the largest food lobby), and presided over by a high-level government administrator—developed the first draft. Comments written by ANIA leaders on the first version and interviews with food producers and distributors, however, suggest that the food industry lobby eliminated talk of “nutritional risks” in the first drafts of the ethics codes. They did so by arguing that this terminology was excessively alarmist because it evoked the term “sanitary risk,” which had been used during the mad cow and avian flu crises.

The food lobby further argued that such language unnecessarily “stigmatizes” whole categories of foods. While concurring that obesity represented a public health problem, ANIA

representatives argued that dietary and exercise practices—not certain foods—were to blame. Rather than rank foods according to their nutritional properties, ANIA insisted that the ethics codes emphasize how a food’s nutritional value depends on the specific needs of the consumer, by speaking of “orienting consumers to choices *adapted to their needs*” rather than to “healthy choices,” as had been previously proposed. Similarly, the committee replaced a phrase stating that the legislation was not “conceived to control nutritional risks” with one stating that the legislation was not “conceived to control risks linked to eating behaviors.”

Rather than enabling comparisons across products or between companies, the final version of the ethics codes allowed for comparisons of the same product over time. This approach signified that participating food companies were improving their products—according to agreed-upon criteria—over time. Because they did not allow for inter-company comparisons or the establishment of certain food companies as leaders in public health efforts to reverse obesity trends, the ethics codes were deemed less threatening to the food industry as a whole.

In its comments on the initial proposal ANIA expressed concern that the proposed ethics codes were “focused on food products and the food industry,” rather than on exercise, suggesting that the committee also work with “athletic associations, other industrial sectors, the media, and so on.” ANIA also emphasized personal responsibility.⁴⁴ While the first draft of the charters, written in 2007, focused on the food industry, ANIA was able to shift emphasis to personal responsibility in the final draft by inserting in the foreword that “daily nutritional intake is up to the *discretion of each consumer* and the role of the state is to allow him or her to make informed choices” and that the charters “can only *complement* other PNNS measures. In particular, the evolution of a consumer’s level of nutritional knowledge depends on general educational measures, training, and information” (emphasis added). Moreover, the 2013 version stated that

the food industry cannot solve the problem alone; public authorities, territorial collectives, health actors, associations, and other industries also have to be involved.⁴⁵

Ultimately, no more than thirty ethics codes were signed, covering a tiny proportion of the 3,000 food companies. The ethics codes ended up relying on the food industry's "self-discipline," as ANIA had advocated in a 2004 document, describing food industry representatives as "responsible people" who "know how to take into consideration and integrate large societal issues in their modes of production and commercialization."⁴⁶ Due to its influence, the food industry was thereby able to avoid a more constraining policy.

French public health actors and elected officials did, beginning on 1 September 2005, ban all vending machines of drinks and food in schools via article twenty of the law #2004-806 related to politics of public health. This ban, however, had a marginal effect on the food industry. As an officer at the Ministry of Health in charge of the political struggle against obesity acknowledged, "there are a few cases where we succeeded despite blockages," citing "the banning of vending machines" as an example. Immediately afterward, however, he said: "But on the major substantive issues, advertising, taxation ... , logos, nutritional profiles, fruit and vegetable subsidies, there, we were unable to pass them, even if there was the will to get things done." This implies that the vending machine ban was not a "major substantive issue." Indeed, vending machines in schools represent only one to two percent of all vending machines in France.⁴⁷ The measure threatened at most 1000 jobs⁴⁸ out of a total of approximately 820,000 employees in the food industry (or 1,270,000 if food distribution is included).⁴⁹ The limit of the threat that this measure represented to the food industry may have helped it pass despite the food industry and vending machine managers' opposition, which manifested in the deposition of amendments designed to suppress it and removal efforts after it passed.⁵⁰

In sum, the food industry lobby was able to promote policy instruments that framed obesity differently than had earlier news media discussions. While the French news media had pinned blame on the food industry, the ethics codes framed the food industry as a potential ally, not a foe. While the French news media had emphasized social-structural contributors to population weight gain, the ethics codes placed emphasis on individual consumers making rational choices.

Alliance Between the Agricultural Ministry and the Food Industry Lobby

The food industry lobby found an ally in the Ministry of Agriculture, which perceived the public health campaign against obesity as an intrusion by the Ministry of Health into its jurisdiction. The demise of a media campaign negatively targeting fat and salt underscores the combined influence of the Ministry of Agriculture and the food industry over policy instruments. In 2008, the French Institute for Health Education and Promotion (INPES) created a series of small-televised messages. Designed for broad diffusion, these segments sought to show consumers that there was much more sugar and salt in industrial food products than they realized. For instance, one segment showed, in the words of a committee member, “a naive peasant greasing his pan of potatoes with a chocolate bar.” This campaign generated “total opposition from the Ministry of Agriculture,” leading to what the committee member described as a heated discussion within the PNNS pilot committee. “It escalated up to the prime minister,” he said, “who agreed that the Ministry of health could release the campaign.” However, the Ministry of agriculture continued to support food industry claims that these segments “stigmatized” certain foods and that food products could not be judged in isolation but must be understood within a broader nutritional and social context. The period of diffusion was cut short after a few weeks in 2009.

Looking to take back its traditional leadership role, the Ministry of Agriculture developed its own food policy, launching a National Food Plan (PNA) in 2010. Ostensibly complementing the Ministry of Health's policy, the Ministry of Agriculture's plan shifted emphasis to notions of pleasure, taste, gastronomy, and local products—terms that evoke a sort of “ordinary nationalism” and French culture.⁵¹ As a high official in charge of the Ministry of Agriculture's PNA put it:

It is true that historically, there is a cultural question of the different approach to food between the [Ministry of] Health and us, because ... it is at the same time cultural and also normal in terms of competences, since, at the Ministry of Health, food is perceived through pathologies that it can induce, from which you get the food-health approach, whereas for us, we have a different approach: food, it's education, pleasure, taste, culture, patrimony, signs of quality, relations with producers—whether agricultural or industrial.

This approach is consistent with and reinforces that of the food industry, as is evident in the following quote from an interview with an ANIA representative:

The Ministry of Health and the Ministry of Food [Agriculture] have a completely different vision on this subject. That is, the Ministry of Health would like food to be treated in the same way as tobacco or alcohol or drugs. For example, in the beginning, when the PNNS began to want to do mass communication campaigns, they asked [for help from] the INPES. The INPES is used to campaigns on speeding, tobacco, etc. And the INPES said, “A public health prevention campaign, for it to work, you have to frighten people.” In nutrition, not at all! Absolutely not. Nutrition cannot be understood in the same way as other risks

followed by the INPES. The communication campaign has to be adapted. You can't scare people. You shouldn't stigmatize. You mustn't judge. You mustn't judge behaviors for the message to get across. And that, at the Ministry of Food, they were convinced of that, whereas at the Ministry of Health, they were not at all on this approach. It is the Ministry of Agriculture that asked the Ministry of Health to not treat food in the same way as they treat the AIDS epidemic.

These two quotes illustrate how the food industry lobby and Ministry of Agriculture drew on culturally resonant arguments about pleasure, taste, gastronomy, and local products to deflect efforts to regulate the French food industry. The Ministry of Agriculture referred to these values as the French food model (*modèle alimentaire français*). This commonsense notion of a French food model⁵² contrasts French traditions of eating meals at regular hours—with courses served in a specific order and in the company of others—with an American or Anglo-Saxon model in which food is treated as fuel.⁵³ While empirical research lends support to the existence of such broad national patterns,⁵⁴ the French food model functions as a cultural category that has been used to defend French commercial and industrial interests.⁵⁵ The model has helped to obscure conflict between public health objectives and the food industry, while undermining resistance to food industry goals.⁵⁶ In other words, the economic and cultural power of these themes are inextricably linked.

The French food model is one among many competing French cultural tropes. The food lobby was able to amplify it, however, by virtue of the model's economic power and an alliance with the Ministry of Agriculture, which in turn was looking for an ally in its competition with the Ministry of Health. The Ministry of Health, by contrast, did not have equally powerful lobbies in its corner. While the ministry had the support of some public health experts, including the French

Public Health Society (Société française de santé publique, or SFSP), these organizations are considerably smaller and weaker than the food industry lobby. Moreover, patient associations—which are marginal in France in general and tend to emphasize the need to destigmatize heavier bodies rather than treat them as a public health crisis—have not supported the Ministry of Health’s efforts to address “obesity.”⁵⁷ Nor have the medical profession associations and unions supported the Ministry of Health on issues of nutrition or obesity, despite supporting the Ministry of Health on other issues.⁵⁸ This is consistent with a general historical pattern in France in which public health traditions and institutions are considerably weaker than the food industry and Agriculture Ministry.⁵⁹ The economic force of the food lobby thus strengthened cultural arguments about the importance of pleasure, taste, gastronomy, and local products, and vice versa.

The Agriculture Ministry received additional support from President Nicolas Sarkozy in 2007, as part of his commitment to making the economy and the fight against unemployment a “national priority” in the wake of the economic crisis and 2008 recession.⁶⁰ To this end, Sarkozy threw his support behind the Agriculture Ministry and the food industry, the latter of which is considered a major—if not the number one—job supplier in France.⁶¹

The food lobby’s perspective materialized in the Ministry of Agriculture’s promotion of charters of engagement that compete with the PNNS charters and whose design responds to the demands of the food industry. These are “collective”—not individual—charters, in that they target food product sectors (such as processed meat, artisan baked goods, or cold drinks) rather than specific food companies. Food industry representatives and civil servants alike agreed that the collective agreements are less constraining and produce more modest changes in food products than do individual charters. The collective agreements also make it impossible to create

a dynamic of competition among companies, marks, products, or food products, typically discussed in interviews as the “stigmatization” of certain foods. ANIA, whose mission it is to represent the food industry as a whole, has supported the avoidance of intra-industry competition.

Competition with Other Policy Goals

Efforts to regulate food advertisements targeting children faced another challenge: they ran counter to the goal of other powerful political interests within the broader policy ecology, including the Ministry of Culture and television stations. In February 2008, Health Minister Roselyne Bachelot asked the food industry to develop a plan to independently limit advertisements targeting children, threatening to sponsor legislation banning such advertisements if they did not take the initiative. Rather than having the desired effect of leading to self-policing within the food industry, Bachelot’s initiative backfired: the ANIA—along with television announcers and stations—boycotted the meetings at the Directorate-General for Health (DGS) and denounced efforts to “scapegoat” the food industry⁶² for the obesity epidemic.⁶³ Moreover, the Ministry of Culture, which was concerned about financial risks for television stations, and the Superior Audiovisual Council (CSA), which worried that the measure would negatively affect program development for youth,⁶⁴ both opposed the health minister’s proposal. Nothing was done to reduce the number of advertising hours targeting children.⁶⁵ Instead, in May 2009, a new charter was signed under the aegis of the CSA: television announcers pledged to provide more information for all consumers about the importance of nutrition.

By contrast, a soda tax—which intervenes at the level of individual consumption choices—was passed when politicians framed it as a solution to a different problem: the need to

raise state revenue. The right-leaning French government proposed a soda tax bill as part of the 2012 *Projet de Loi de Finances* (PLF 2012 n° 2775). While article 1613 ter of the project stipulated that the tax would be used “to benefit the national fund of health insurance for employees,” a close examination of several amendments reveals that the tax was, above all, financially motivated. For instance, sub-amendment I-392 of amendment I-56 presented the tax as part of an older effort to resolve “major anomalies in farmers’ pensions.” Similarly, sub-amendment I-434 of amendment I-56 considered this tax a “yield tax and not a nutritional tax.” Indeed, several amendments proposed moving the soda tax to the rubric entitled “General conditions of financial equilibrium.” Amendment 439 allocated half of the tax revenue to social organizations managing the insurance contributions of farm workers, with the goal of reducing the cost of employment and making the French food industry more competitive with its German and Dutch rivals—an aim that had nothing to do with obesity prevention. Bernard Reynès explained during the third session of 18 October 2011 that the bill represented an effort to “pay for employment charges with a tax on sugary drinks.”

As a whole, the National Assembly debates over this tax—held between 28 September and 21 December 2011—focused very little on nutrition or public health, concentrating instead on the fiscal aims of the measure.⁶⁶ National Assembly representative Jean Dionis du Séjour described the tax as “marking the beginning of an improvement of the sector’s ability to compete.”⁶⁷ He said he was “in favor of including artificially sweetened sodas in the scope of the tax on sugary sodas” for this reason. National Assembly representative Jérôme Cahuzac—then president of the Finance Committee and member of the Socialist Party—said that “the public health imperative, as everyone guessed, was more for show than a real reason, even if the budget minister vigorously defended the opposite opinion before us.”⁶⁸ The recognized obesity experts

among the National Assembly representatives—Gérard Bapt, Jean-Marie Le Guen, Valérie Boyer, and Pierre Méhaignerie—intervened little, if at all, in the debate. There is no documentary evidence of any intervention by Minister of Health Xavier Bertrand in parliamentary debates over the tax. Minister of the Budget Valérie Pécresse introduced the bill and defended it through the parliamentary process.

The political right critiqued this “extra tax.”⁶⁹ Yet, the fact that the measure targeted a segment of the food industry—sodas and specifically colas, of which fifty-two percent is owned by the US company Coca-Cola⁷⁰—allowed National Assembly representative Marc Le Fur to defend it as the “anti-delocalization TVA” that would make “the consumer pay for buying a product that is otherwise made abroad, or at least owned by a foreign company.”⁷¹ He was “not going to cry about ... making Coca-Cola pay.”

Thus, the fact that this tax was symbolically compatible with several different vested interests made it more likely to pass. While the soda tax could have been framed as an effort to address obesity by limiting consumption of sugared drinks, it passed precisely because it was *not* framed in this way. Instead, it was presented as supporting the local French food industry and French culinary traditions. The choice of frame would not necessarily affect its implementation—a topic that lies beyond the scope of this article—but it did make it more likely to pass in the first place.

Conclusion

This article has considered why French obesity policies have focused on individual blame and responsibility, despite the fact that French public discourse and news media reporting on obesity has emphasized social-structural factors. It has shown that the food lobby has used its influence

to defeat policies focusing on the food industry and to shift focus to physical activity and personal responsibility. The food lobby skillfully mobilized the “French food model,” which emphasizes pleasure, taste, gastronomy, and local products, to deflect efforts to regulate the food industry. The food lobby further found an ally in the Ministry of Agriculture, which sought to prevail over the Ministry of Health in claiming ownership of obesity as an issue. The Ministry of Health, which lacked support from a powerful lobby and was not even supported by medical professional associations and unions on this issue, was at a clear disadvantage in this struggle. Moreover, in 2007, President Sarkozy crucially threw his support behind the minister of agriculture, as part of an effort to prioritize the economy and the fight against unemployment following the economic crisis and subsequent recession. Finally, we showed that obesity policies addressing social-structural factors hit resistance because they ran counter to other policy goals, whereas some policies intervening at the level of individual consumption choices gained support because they were consistent with other policy goals.

Beneath the jurisdictional struggle between the Ministry of Health and the Ministry of Agriculture lies a clash of cultures. This clash reminds us that national culture is not monolithic. On the contrary, it is often formed of competing cultural visions that may become institutionalized—as in this case—in distinct state administrative bodies. One might argue that to critique social inequalities and emphasize social-structural contributors to illness is quintessentially French.⁷² Yet, one can also argue that an emphasis on taking pleasure in food and eating is equally integral to French culture.⁷³ As we saw in this case, national culture is multivalent and internally contradictory, fueling political and social struggles over which version of national culture should prevail. In the case of French obesity policies, arguments about taste and pleasure prevailed over arguments about social-structural contributors to illness, not because

the former are always more resonant or more powerful than that latter but because—in this case at this particular time—economic and political interests aligned to make them more influential.

This article contributes to the literature on social problem framing. Research on the social construction of social problems has demonstrated that the way an issue is framed influences which policy solutions are subsequently devised.⁷⁴ Because frames are thought to shape policy action, they become central to social mobilization.⁷⁵ Of course, as early as Herbert Blumer⁷⁶ and Joseph Gusfield,⁷⁷ authors acknowledged at least implicitly that there also may be a disjuncture between framing and policy instruments. But cases of inconsistency between the two have been scantily documented.⁷⁸ This article offers an empirical examination of this issue.

If research on social movements has largely ignored empirical cases of inconsistency between social movement frames and policy, it may be due to an overreliance on US case studies. There is a high degree of consistency, for instance, between social problem frames of obesity and obesity policy instruments in the United States; both focus on personal responsibility. Examining countries in which the dominant ideology exists in tension with economic and political pressures—like in France—makes it more likely that we will observe inconsistency between dominant frames and policy instruments. An epistemological and methodological implication is that cases in which policy instruments are inconsistent with social problem frames are not the only ones that require explanation. Rather, cases in which policy instruments and social problem frames are consistent also demand a rigorous social explanation. Such an approach requires accessing and examining actual—but often hidden—negotiations between policymakers and stakeholders.⁷⁹ Just as lobbyists rarely express themselves openly in public debate,⁸⁰ the jurisdictional struggle between administrations is typically hidden from public view—but we have brought it to light here.

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