

## **Eating Rich in Dakar**

*Branwyn Poleykett*

Across the Global South chronic disease including diabetes, hypertension, and cardiovascular disease are significant threats to health and well-being. African health systems are relatively poorly equipped to deal with managing chronic disease, and responsibility for managing these conditions is often shifted onto patients and their families, who must meet these complex new care burdens in already overstretched households. My project considers this unfolding public health emergency from the vantage point of Dakar. Dakar is located on the periphery of the Sahel, one of the most volatile ecologies in the world and a geographical space strongly associated with hunger, crisis, and rampant food insecurity. Rather than understanding the emergence of non-communicable or chronic diseases (often referred to in Dakar as *febaru bu bes* or *new diseases*) as a historical rupture associated with modernity, urbanization, and the adoption of a “Western” diet, I am developing new research methodologies and analytical perspectives that can ethnographically elucidate the social and historical context that gives rise to chronic diseases, assess their social impact, and better understand how urban households provision themselves and nourish their kin. While rooted in household ethnography, my project uses multimethod approaches to situate Dakar’s *new diseases* at the different sites and scales at which they emerge and are entangled: markets, clinics, farms, laboratories, and kitchens.

*Eating Rich in Dakar* uses taste and its cultural politics to understand how people sense and engage with their environments. In particular, I trace the emergence of a highly flavorful, highly salted form of cooking known in Dakar households as *toggal bu saf*, a taste profile partly designed to compensate for fluctuating access to protein due to the great instability of household budgets in African cities. I argue that the visible vulnerabilities associated with chronic disease are leading people to question the elastic, incorporative, and inclusive forms of collective eating that emerged in Sahelian households during the decades of ecological and nutritional crisis. Concerns about the origins of troubling new diseases such as hypertension in experimental household cooking is causing people to retreat into smaller preparation collectives designed around different culinary repertoires that can accommodate people suffering from chronic disease. This retrenchment in turn exposes vulnerable people in the household—in particular young men—to nutritional loss and hunger and provides a trenchant and instructive example of how scarcity and surfeit, over- and underconsumption lock together at the level of the urban household via highly complex processes that require careful ethnographic attention.