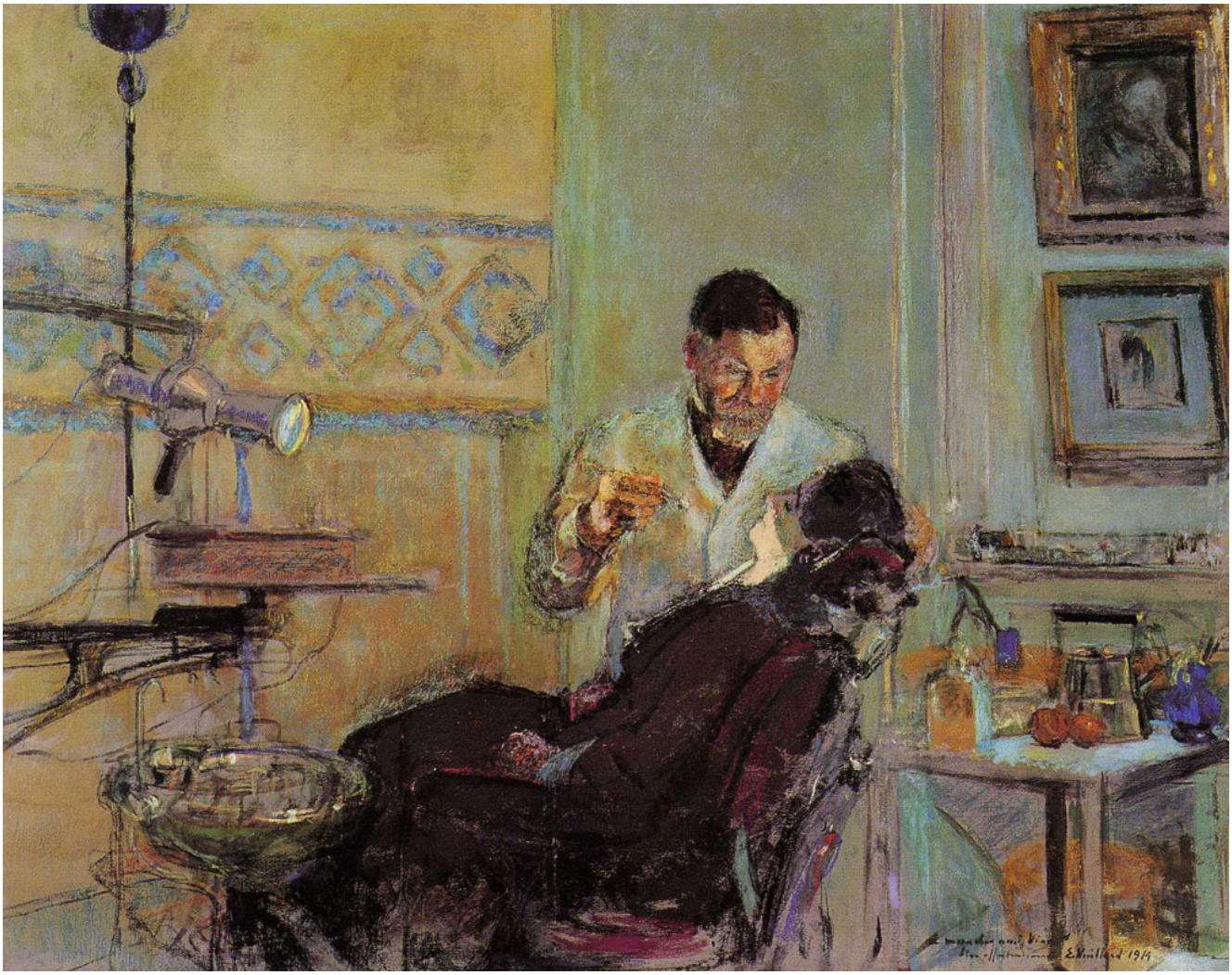
Blame the Man

By Myron Gananian (April 2024)



Dr Georges Viau in his Office, treating Annette Roussel –by Edouard Vuillard, 1914

> *If blame were an ermine stole, no one would wear it.*
> –Middle Eastern adage

Blaming others for one's problems has been a uniquely human habit. It is a direct way to divest oneself from a burden which may be self-inflicted or even have nothing to do with

the blamer, having acquired the hardship, affliction, or misfortune that bedevils him through no fault of his own. To disencumber from a liability is an attractive way of lightening life's freights, the more onerous the greater the relief.

"Blaming the Man" has curiously become a popular way of group expression in the United States. Is it possible that the essence of this is due to the dismantling of the Jeffersonian Doctrine of Majority Rule with Protection of Minority Rights, his bedrock formulation for a democracy? In the US, since the Progressive Era started in 1880, this Doctrine has been increasingly turned on its head so that now it is Minority Rule and The Hell with Majority Rights, currently unshackled. This may eventually be viewed as a watershed alteration in our political landscape. There are many malignant outgrowths of this change but the one to be addressed here is the ease with which any problems faced by a minority are able to find a home at the feet of the majority, aka THE MAN. Now The Man is not only held responsible for causing the travails bedeviling the minority but is thereby obligated to solve them. While assigning blame is rather easy, disrobing from the mantle thrown on one's shoulders is far more difficult. The best current examples of this are the obstacles in countering the sobriquet of being called a racist. Try denying that you are a homosexual if you are not. There are numerous examples of this attitude, but the focus here is on blaming the system for one's health problems, only because it is a fairly straightforward and clear example of this situation.

The fashion of "Health Disparity" likely began with a compartmentalization of health care by asserting that East Indians, Blacks, Latinos, as well as women, were better served outside the mainstream of the US health care system. That they were better tended to by their own kind and with the recognition that they possessed genetic, metabolic, and social qualities that were not appreciated by mainline American

Medicine, specifically, White doctors of Northern European heritage. No one was willing to ask whether this implied better care in the country of their origin.

There are several racial groups that are examples of displacement of blame or responsibility for their poorer health statistics, Black, Latinos, and American Indians, not alone. Every one of those groups, and those who speak for them, blame the System for their medical problems, which undeniably are numerous. These are well represented by the Office of Minority Health in the Department of Health and Human Services. The mission statement of this office is "…to eliminate health disparities." It is doubly galling that not only is the system blamed for poorer treatment but that it is also the cause of their maladies.

There are many health statistics available that will not be duplicated here. The point to be made is a short one; It is likely that those groups who find their medical lives wanting when compared to Whites, and unquestionably they are, that it is possible that they are not suited for the current US way of life, with obesity and lack of conditioning so widespread, leading to frailty and decrepitude, and all the consequences therefrom. The rate of obesity in all three of the stated groups is significantly higher than in Whites, which is likely the cause of numerous cancers as well as a host of other diseases. It is well established that all-cause mortality is less in conditioned populations. It appears that Whites may be more resistant to our unhealthy habits, this advantage not granted to them by the System.

To emphasize the point let us focus on one problem in just one of the groups, diabetes in American Indians. This is such a significant health burden that the CDC has a Native Wellness Diabetes Program. The statistics comparing the rates of obesity, diabetes, and physical activity levels of Arizona Pima Indians and those of their kin, Mexican Pimas, are very telling. The rate of obesity in Arizona's Pima women is almost

twice that of the Mexican Pima women while their rate of diabetes is the highest in the world, 75%, far in excess of their Mexican relatives. Diabetes in Indians was virtually unknown prior to WWII, despite the suspicion they might have had elevated blood sugar.

The answers are multifactorial and uncomplicated and are not related to systemic racism or health disparities. Disparities are not viewed as differences but instead as failing to reach goals of equity, very badly defined. Here they are, almost all of them due to cultural differences compounding genetic predispositions that place them in a situation in conflict with their best interests. There is no fault here, just hard facts of unsuitability in this environment where they now find themselves:

American Indian mobility was forever exclusively by foot for women and children and partially by horse for the men, but only recently. Even a leisurely walk on level ground will require 300 calories in one hour. Imagine then the caloric expenditure of walking most of the day with the frequent burden of carrying a load. Add to this the intake of often a near-starvation diet and you have the conditions for an unusually lean populace. Walking all day, as formerly, was not regarded as an obstacle, since in the Indian culture the passage of time is not a consideration. Disregard even the cardiovascular benefits of such an enviable level of physical exertion. Very importantly the placement of their residences was determined by spiritual considerations and not proximity to food sources, trails, roads or water, necessitating significant foot travel to satisfy these basic needs. Forcing Indians on reservations had little effect on this tradition. However, post WWII societal and environmental changes did much to obliterate these habits. An underappreciated, unanticipated consequence of the benevolence of the Federal government in building highway quality roads in the reservations was not only to result in significant drunk-driving deaths, but led to

the widespread use of pick-up trucks. The roads were built to enhance access to medical care, particularly in snow and bad weather. Now with trucks they were able to acquire food, water, and propane. If possibly worse, they now obtained alcohol by driving off the reservation.

Then in convenient locations there became established health centers, again by a benevolent government, around which grew concentrations of population along with food stores and gasoline stations. This resulted in the acceleration of the rate of obesity. Since supermarkets could not be supported all these sources of food were provided by convenience stores with the usual fare of fast food, chips, and soft drinks. So began a cycle of overeating far in excess of caloric expenditure.

My personal experience with this situation occurred in Owyhee, Nevada, the center of the Shoshone-Paiute tribe. Going for a noontime run necessitated passing through a crowd of grade-schoolers and high-schoolers, carrying enormous bags of chips and bottles of soft-drinks masquerading as their lunch, between school and the store, unfortunately just across the road. Most of them lumbering their way to a lifetime of obesity, already well established.

Against this contracted story of Indian health problems stands the stated position of the Indian Health Service and other interested parties which completely lack any historical perspective other than being replete with references to the trauma of their subjugation by the Federal Government. That attempts to explain every problem faced by Indians, including and especially, diabetes. This contention is similar to the one that attributes the poorer level of health in Blacks. These groups hold no responsibility for any of their health problems, clearly lain at the feet of The Man.

See what you will in this short tale. The point is not that these peoples do not belong here or that they should be expatriated. The point is that no one is served well, neither

they nor the rest of society and in particular our health system, by denying these kinds of historical and biological observations and attributing bad health outcomes on malintent based on discrimination.

With what, then, are we left? A social structure that heaps upon its controlling insitution, the government, nominally representing the majority, its apparatus in furtherance of the wishes and needs of the few who increasingly demand at a minimum more recognition and at most, dominance over the majority. Along the way relying evermore on governmental and societal support thereby reducing their participation and contribution to the general good because of their dependency. Is it possible that the unease and turmoil, so widespread, that things are topsy-turvy, has its origin in the violation of Jefferson's vision, also turned on its head?

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