

## Introduction

**T**HIS IS THE TRUEST BOOK yet written about health in general and diabetes in particular. It deals with a crucial health issue that nearly always gets ignored: the issue of power. Without power, people face more stress and more life conditions that can make them sick. They are less able to take care of themselves, to stay healthy in a toxic environment. And when they do get sick, the medical system reinforces their powerlessness by turning them into “patients,” isolating them, piling new demands on them, often making things worse.

Powerlessness has always created illness and medicine has usually failed to respond. There have been exceptions. In 1847, the Berlin City Council sent a young pathologist named Rudolph Virchow to investigate the cause of a typhus outbreak in the province of Upper Silesia (now part of Poland). Virchow concluded that the Council itself had caused the outbreak by its mistreatment of the Silesians. His recommendations included “full democracy for Silesia, making Polish the official language of the region, shifting taxation from the poor to the rich, road construction, and the establishment of farming cooperatives.”<sup>1</sup>

The Council didn't like the report, calling it "politics, not medicine." Standing firm, Virchow replied: "Medicine is a social science, and politics nothing but medicine on a grand scale."

Now, 158 years later, Virchow's statement rings truer than ever, and Type 2 diabetes (T2D) is the classic illustration. T2D isn't so much an illness as a racket, foisted on people with less power by those with more power. Rates of T2D are exploding, devastating communities all over the world.

Meanwhile, billions of dollars are being made. Some profit from causing diabetes, others from treating it. Most, at least on the treatment side are doing this with good intentions, but the results are horrifying. Millions of people are getting sick, becoming disabled, dying young. Medicine seems almost completely unable to help, because it doesn't challenge the power relationships that contribute to diabetes and related chronic conditions. Part I of this book describes the social causes of illness and how they make people sick.

In spite of the growing social factors causing illness, there is hope. We can stop the diabetes epidemic, but only if we address the powerlessness and environmental toxicities that cause it. Part II explores a new and better approach to T2D and chronic illness — a social movement approach. Though in its infancy, this movement is gaining momentum. It has started in communities and health care systems, empowering individuals to take care of themselves, strengthening families and encouraging communities to help each other, restructuring health care practices to support healthier living and taking political action to create a healthier environment.

This movement is applicable to more than the way we approach diabetes. Diabetes is not in any way unique among health issues. The same social conditions that cause T2D contribute to most other chronic illnesses — heart disease, asthma, lung disease, arthritis, mental illness, depression, even

most forms of cancer. These also promote social problems — crime, drug abuse, family violence — and contribute to terrifying environmental problems such as soil erosion and global warming. The movement spontaneously growing to stop diabetes could benefit a lot of other areas, too.

### Coming to the Politics of Health

I have been a nurse for 32 years and have lived with a chronic illness, multiple sclerosis, for 25 years. I specialize in self-care — helping people help themselves. Since the publication of my first book, *The Art of Getting Well: Maximizing Health When You Have a Chronic Illness* (Hunter House, 2002), I've been traveling through the US and England teaching self-care skills and teaching health professionals how to help others succeed at self-care. In my journeys, I have made many remarkable discoveries and met many remarkable people.

Many of these people I worked with, however, didn't make much progress. I met Joan in Omaha, who struggled for years just to get a simple exercise program going. She even had a stationary bike set up in her living room in front of the TV. She never used it. She was too stressed about money to worry about her health. It was only after her money situation improved (by taking in a cousin as a housemate) that she was finally able to start moving.

And for each person who did progress, there were a dozen more in line waiting to fill that place. It seemed self-care could only take you so far, and I wondered why. Seeking out the answers led me to the research and experiences that became *Diabetes: Sugar-Coated Crisis*.

During this time I was lucky to encounter the groundbreaking work of sociologists like Michael Marmot, Leonard Syme and Nancy Adler, who look at health from the perspective of communities, populations and countries. Had I not been searching, I could have worked in clinical medicine all my life

and never heard of them. As Dr. Adler says, social medicine and clinical medicine are “separated by a huge gulf. Some of it derives from the difference in focus — clinical medicine focuses on the individual, while public health focuses on populations. Some is difference in thinking style. Some is the overload that physicians feel and resistance to adding something more complicated.” A major reason I wrote this book is to try to bridge that gulf.

The sociologists knew what the problem was, but what to do about it? In looking for answers, I came in contact with people who had ideas about possible solutions. At conferences in inner cities and clinics on reservations, I met community leaders, including physicians like America Bracho in Orange County, who demonstrated how people can get healthier by joining forces to change their environment. I met clinicians like Devin Sawyer in Seattle, who showed me how putting people in charge of their own care and bringing them together for mutual support can actually help them overcome diabetes.

I also trained in the programs of Kate Lorig at Stanford and read the books of her associate Albert Bandura, which describe better ways to help people change behavior and gain personal power. I studied the research of psychologist/diabetes educators like William Polonsky and Richard Rubin, who teach what a serious impact life issues have on diabetes and what can be done to deal with these.

I’ve learned what the barriers are to self-care, and I’ve learned several ways of getting over those barriers. I learned that people’s health flows from the quality and difficulty of their lives. People get sick because their lives are hard, the environment is unhealthy, and they lack the power to respond effectively. Getting better depends on gaining the power to change behavior, environment and lives.

The things I’ve learned, the people I’ve met and the efforts being made everywhere in the world to promote health and

wellness give me hope, but most of these progressive forces are isolated from one another. I hope this book helps to unite social medicine, clinical medicine and community activism. We need to connect health with other social change movements and use these movements to serve the people who are currently being crushed. At this point, we're losing and diabetes is growing. But I hope that this book will help, and that you will be encouraged to join this movement. You may even realize that you're already part of it.