

## “We Make the Road by Walking” With the People

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We two mothers, one black and the other white, leaned forward in the pew to hear the words of our teenagers, Dara and Michael, as they stood at the pulpit to describe the experience that had the most personal meaning to them on the Civil Rights Tour from which they had just returned. The congregation strained to hear the stories they and 13 other young people told of walking the streets of Montgomery, Ala. It was there, in 1956, that Rosa Parks refused to move to the back of the bus, and Dr. Martin Luther King, Jr., led a bus boycott to usher in a non-violent movement that changed the world. Our children told of standing before the Civil Rights Memorial in Montgomery with water cascading over its marble rim and the words from the book of Amos, “Until justice rolls down like waters and righteousness like a mighty stream.”

Speaker after speaker, unable to limit the most meaningful memory to just one site they had visited, described walking together across the Edmund Pettus Bridge, where 600 people in 1965 persevered through Bloody Sunday and continued the march to Montgomery to resist unjust voting practices. That was an experience with such profound depth that it defied words, they said, but would forever affect their lives. At the close of the church service, young people, church members, other parents, and the two of us, with glistening eyes threatening to spill, joined in a circle to sing the Civil Rights Movement anthem, “We Shall Overcome.”

Friends for a dozen years, we work together to combat diabetes through public health approaches. Later that week, we “walked it out,” as we had

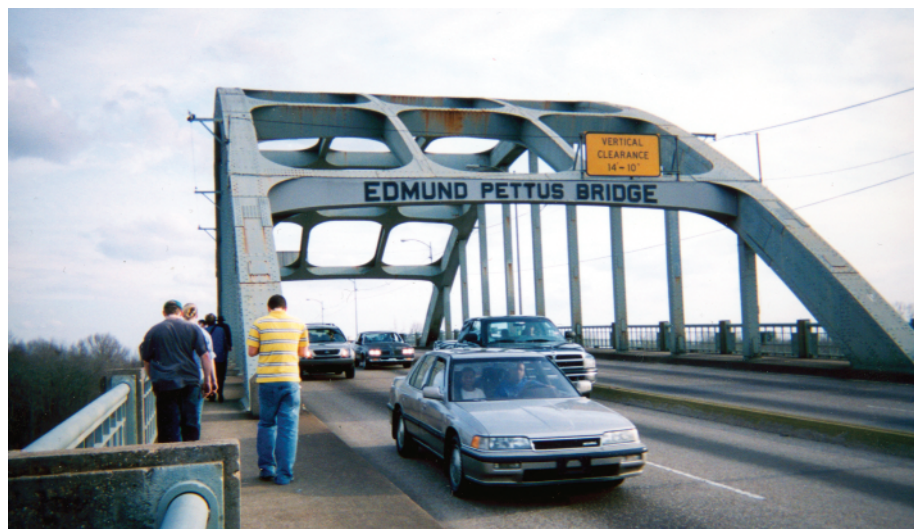
so often done with each other and with communities over the years, to reflect on the significance of this trip on the lives and work of our children and on our own lives.

As usual, our conversation turned to diabetes—the trickster, the teacher, the thief, the oppressor, an enemy not unlike a stealth bomber. Diabetes is robbing thousands of people of their health and well-being and younger generations of the wisdom and nurturance older relatives and community leaders are meant to offer. Type 2 diabetes rates are climbing in this country and around the world; it is stalking people younger than we could have imagined just 12 years ago. It angers and overwhelms us.

Connecting the vicarious tour experience of our children with our own work, we mused aloud, “There’s something powerful about the walking.” The walks that paved the journey of the Civil Rights Movement

beginning in the 1960s were reminiscent of other walks of liberation, including escapes from slavery through wilderness paths. Walks have become a monument for equal rights and a strategy for social justice for many people.

But people have always walked to resist oppression. In ancient times, the Israelites walked seven times around Jericho before the walls came tumbling down. Even in the cases of forced, inhumane walks are found stories of resistance. Between 1830 and 1850, some 100,000 American Indians living east of the Mississippi were forced to leave their homelands to move west.<sup>1</sup> Thirteen thousand Cherokees walked on the trail they later called “the place where the people cried” because of the loss of life (about 4,000 died), liberty, and their beloved land.<sup>2</sup> Some say that the Cherokee people resisted riding in the wagons brought by the U.S. Army (for



*Edmund Pettus Bridge, Selma, Ala., 2003 (Photograph by Dara Satterfield.)*

which they were also charged) as long as possible because they did not want to imply acceptance of this injustice.<sup>1,3</sup>

Many people today in communities we know around North America and beyond are walking to resist a common enemy, diabetes. From Miami, Fla., to Kosrae, Micronesia, people are walking alone, in pairs, in groups, and in communities. They are joining walks for life, walks for health, walks for fun, walks for cures, walks for healing, and annual walks to memorialize people who have died.

Walking may, indeed, be the best medicine for diabetes.<sup>4</sup> Adopting a simple, convenient ritual of regular walking reduces insulin resistance by creating an environment for cells that allows insulin to do its job—to propel glucose from the bloodstream into the cells where it belongs.<sup>5-8</sup> In a large sample of people with diabetes, those who walked at least 2 hours a week had a lower mortality rate than those who were inactive.<sup>9</sup>

Walking was a key lifestyle intervention for participants in recent clinical trials,<sup>10,11</sup> including the Diabetes Prevention Program (DPP) in this country.<sup>12</sup> Supported in their walking by their community's encouragement in many cases, DPP participants carried with them the hope that they might contribute not only to their own health and that of their families, but to the health of their communities and of other people around the world.<sup>13</sup>

People everywhere who organize and join community walks—on foot or in wheelchairs—are resisting diabetes in public ways. Communities most oppressed by diabetes tend to be the ones to show leadership in diabetes prevention.<sup>14</sup> The cultural knowledge about health that many strong communities hold integrates physical, spiritual, emotional, and mental dimensions in inseparable ways. Walking and being outside, for many people, is grounded and connected to the earth and to health.<sup>15</sup> This medicine is good, maybe even the best,<sup>4</sup> with healing that transcends the physiological reduction of insulin resistance.

As new information steadily arrives about globally escalating diabetes rates in which children are now also ensnared, the complicated phenome-

non of diabetes has become even more complex. It is important that we find the common ground in communities,<sup>16</sup> defined not only as localities but also as groups who share common interests and work for common causes.<sup>17</sup> A shared spirit of common-unity<sup>18</sup> may emerge within and across communities as people fall into step with others who share visions, struggles, and successes. Perhaps some solutions lie in harnessing the power of solidarity in resisting diabetes.

The road to prevention and liberation from the burden of diabetes, however, will continue to be strewn with many obstacles (e.g., social determinants of health, such as poverty, historical losses, lack of resources, lack of access to health care, societal norms). These threaten to overwhelm and divert us unless we keep our eyes on the prize.<sup>19</sup>

The prize is the people—the health of all people. Indeed, that is the mission of public health: “What we, as a society, do collectively to assure the conditions in which [all] people can be healthy.”<sup>20</sup> The ethical foundation for public health—social justice<sup>21,22</sup>—along with a solid foundation of scientific knowledge must be the lights that guide our feet on this uncharted journey.

These reflections brought to mind the title of a book, *We Make the Road by Walking*, by educators Miles Horton and Paulo Friere.<sup>23</sup> Many of our colleagues know these words from an old proverb, “Caminante, no hay camino. Hacemos el camino al andar,” which translated to English, means, “Walker, there is no road. We make the road by walking.”

## References

<sup>1</sup>Bruchac J: *The Trail of Tears*. New York, Random House, 1999

<sup>2</sup>The Cherokee “Trail of Tears” 1838-1839. Available from: <http://rosecity.net/tears/>. Accessed June 21, 2003

<sup>3</sup>Glancy D: *Pushing the Bear: a Novel of the Trail of Tears*. New York, Harcourt Brace, 1996

<sup>4</sup>Hu FB, Manson JE: Walking: the best medicine for diabetes? *Arch Intern Med* 153:1397-1398, 2003

<sup>5</sup>Albright A, Franz M, Hornsby G, Kriska A, Marrero D, Ullrich I, Verity LS: Exercise and type 2 diabetes. *Med Sci Sports Exerc* 7:1345-1360, 2000

<sup>6</sup>Fritz T, Rosenqvist U: Walking for exercise: immediate effect on blood glucose levels in type 2 diabetes. *Scand J Prim Health Care* 19:31-33, 2003

<sup>7</sup>Miyatake N, Nishikawa H, Morishita A, Kunitomi M, Wada J, Suzuki H, Takahashi K, Makino H, Kira S, Fujii M: Daily walking reduces visceral adipose tissue areas and improves insulin resistance in Japanese obese subjects. *Diabetes Res Clin Pract* 58:101-107, 2002

<sup>8</sup>Tudor-Locke CE, Myers AM, Rodger NW: Development of a theory-based daily activity intervention for individuals with type 2 diabetes. *Diabetes Educ* 27:85-93, 2003

<sup>9</sup>Gregg EW, Gerzoff RB, Casperson CJ, Williamson DF, Narayan KM: Relationship of walking to mortality among U.S. adults with diabetes. *Arch Intern Med* 153:1440-1447, 2003

<sup>10</sup>Tuomilehto J, Lindstrom J, Eriksson JG, Valle TT, Hamalainen H, Ilanne-Parikka P, Keinanen-Kiukkaanniemi S, Laakso M, Louheranta A, Rastas M, Salminen V, Aunola S, Cepaitis Z, Moltchanov V, Hakumaki M, Mannelin M, Martikkala V, Sundvall J, Uusitupa M: Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med* 344:1343-1350, 2001

<sup>11</sup>Pan XR, Li GW, Hu YH, Wang JX, Yang WY, An ZX, Hu ZX, Lin J, Xiao JZ, Cao HB, Liu PA, Jiang XG, Yang YY, Wang JP, Zheng H, Zhang PH, Bennett PH, Howard BV: Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance: The Da Qing IGT and Diabetes Study. *Diabetes Care* 20:537-544, 1997

<sup>12</sup>Diabetes Prevention Program Research Group: The Diabetes Prevention Program: reduction in the incidence of type 2 diabetes. *N Engl J Med* 344:1343-1350, 2001

<sup>13</sup>Indian Health Service: Health for Native Life Special Edition, October, 2002. Available by calling 505-248-4182 or e-mailing diabetesprogram@mail.his.gov

<sup>14</sup>Satterfield D, Volansky M, Caspersen C, Engelgau M, Bowman B, Gregg E, Geiss L, Hoseney G, May J, Vinicor F: Community-based lifestyle interventions to prevent type 2 diabetes. *Diabetes Care* 26:2643-2652, 2003

<sup>15</sup>Satterfield DW, Lofton T, May JE, Bowman B, Alfaro-Correa A, Benjamin C, Stankus M: Learning from listening: common concerns and perceptions about diabetes prevention among diverse American populations. *J Public Health Man Pract* 9 (Suppl.):S56-S63, 2003

<sup>16</sup>Blake J: A filmmaker's journey. *Atlanta Journal-Constitution* June 21, 2003, p. B1-B2

<sup>17</sup>Green L, Daniel M, Novick R: Partnerships and coalitions for community-based research. *Publ Health Reps* 11:20-31, 2001

<sup>18</sup>Smith, SE, Wilms D G, Johnson NA: Nurtured Knowledge: *Learning to Do Participatory Action Research*. New York, Apex Press, 1997

<sup>19</sup>African American spiritual “Hold On.” Words adapted by Alice Wine, 1963. Copyrights

renewed and assigned to The We Shall Overcome Fund, 1996

<sup>20</sup>Institute of Medicine: *The Future of Public Health*. Washington D.C., National Academy Press, 1988

<sup>21</sup>Duran BM, Duran EF: Assessment, program planning, and evaluation in Indian Country: toward a postcolonial practice. In *Promoting Health in Multicultural Populations: A Handbook for Practitioners*. Huff RM, Kline MV, Eds. Thousand Oaks, Calif., Sage Publications, 1999, p. 292–311

<sup>22</sup>American Association of Diabetes Educators: Diabetes education and public health (Position Statement). *Diabetes Educ* 25:515–519, 1999

<sup>23</sup>Horton M, Freire P: *We Make the Road by Walking: Conversations on Education and Social Change*. Philadelphia, Pa., Temple University Press, 1990

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