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.”

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. 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. Some say that the Cherokee people resisted riding in the wagons brought by the U.S. Army (for
which they were also charged) as long as possible because they did not want to imply acceptance of this injustice.1,3

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.4 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.5–8 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.9

Walking was a key lifestyle intervention for participants in recent clinical trials,10,11 including the Diabetes Prevention Program (DPP) in this country.12 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.13

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.14 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.15

This medicine is good, maybe even the best,4 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-
renewed and assigned to The We Shall Overcome Fund, 1996


Acknowledgement

We would like to acknowledge Arlene Sherman’s contributions to the review of this commentary as well as the many steps she walked with us along the way.

Dawn W. Satterfield, RN, PhD, CDE, is a health educator, and Patricia Thompson Reid, MAT, MPH, is a community-based systems specialist at the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, in Atlanta, Ga.