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In Obesity Epidemic, Poverty Is an Ignored Contagion

Big City

By GINIA BELLAFANTE MARCH 16, 2013

Under the category “Summer Rentals That Have Gone Terribly Wrong,” there are perhaps few parallels to the experience of Charles Henry Warren, a Manhattan banker who, in 1906, took a house in Oyster Bay on Long Island’s North Shore. By the end of the season, Mr. Warren’s young daughter had developed typhoid. She was soon followed in illness by Mr. Warren’s wife, a second daughter, two maids and a gardener. At the time, typhoid, a bacterial illness spread through contaminated food and water, was largely a disease of the urban poor. The property’s owner, George Thompson, concerned that the house, on which he relied for rental income, would become associated with tenement filth in the minds of wealthy New Yorkers, invited a sanitary engineer to determine the source of the outbreak.

What the medical investigator, George Soper, discovered was that the Warrens’ cook, Mary Mallon, an Irish immigrant, had left an imprint of malady in other quarters of upper-class Manhattan and its summer enclaves. Typhoid, he wrote, had erupted in every household in which Mallon had worked over the previous decade. An asymptomatic carrier of the disease, Ms. Mallon would be known to history as Typhoid Mary and spend most of the remainder of her life quarantined on North Brother Island in the East River, having failed to abide by a promise to cease

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The events supply the narrative of “Fever,” a new novel by Mary Beth Keane, which arrives at a time when we are once again debating the parameters of public health policy’s encroachments on our behaviors. Last week, a State Supreme Court justice in Manhattan used the words “arbitrary and capricious” in striking down the Bloomberg administration’s efforts to limit the size of sugary drinks (which pertained to certain sweetened beverages but not others, and some retail environments but not all). The phrase, though, could have been similarly applied a century ago to the city’s treatment of Ms. Mallon, given that officials were not in the habit of isolating other healthy carriers whom they had identified as ignoring ordinances against the spread of the disease.

Sequestering Ms. Mallon was not the only possible solution to her defiance. As the medical historian Judith Walzer Leavitt has argued, the city might have helped provide her with the kind of long-term employment that would have given her a salary commensurate with what she was earning preparing meals for the well-off. But it didn’t. Health officials were presumably most unnerved by the fact that Ms. Mallon was transporting an illness of the steerage classes uptown.

Then as now, economic disparity was, in many cases, driving disparate demographic patterns of disease. (Just to be clear, typhoid, though communicable, was not a greater threat to public health than obesity is today. In the early 20th century, there were about 3,000 to 4,000 new cases a year in New York, approximately 10 percent of them resulting in fatalities. Last fall, Mayor Michael R. Bloomberg said 6,000 New Yorkers a year died from obesity.) Obesity and its related illnesses, as we know, disproportionately affect low-income communities. In Brooklyn, for instance, the rate of heart-attack hospitalizations among adults 35 and older in East New York is nearly twice the rate in wealthier Brooklyn Heights and Park Slope.

The larger issue, though — larger than the matter of how much more time we should spend trying to ensure that no child ever grows up with a memory of a 32-ounce Sprite — is the recognition of poverty itself as a public health problem. The poor are more likely to live with asthma, depression, gun violence and pests (and the chemical pesticides used to eliminate them). The articulated goal should not simply be to create a population of poor people who are thin, but to create a population of

poor people who are less poor. In 2010, the poverty rate in the city remained what it was 10 years earlier, 21 percent.

Late-19th- and early-20th-century public health initiatives, like urging immigrant mothers to breast-feed, might reek of nanny-state paternalism, but they occurred during a high moment of social, labor, political and scientific reform, the rise of the settlement movement, the writings of Jacob Riis. Great and systematic attention was paid to the lives and environments of those struggling in the lowest orders.

It is hard not to wonder whether Mr. Bloomberg's soda limit initiative might have garnered more enthusiasm (though obviously not from the soft-drink industry, whose ad campaigns against it imagine democracy imperiled at the threat of less Pepsi) if it had been delivered within the context of a more consistent and compassionate message about the city's commitment to the underserved. If it had come from a mayor who, when responding to news of the city's rising homelessness rate, did not quickly blame the fact that city shelters must accommodate all comers, as he did recently, saying, "You can arrive in your private jet at Kennedy Airport, take a private limousine and go straight to the shelter system and walk in the door and we've got to give you shelter."

Pellegrino government would hardly seem to be enough.

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