

Ishmael Reed Interviews Dr. Michael LeNoir

About the 1,000,000 Deaths

of Black Americans Within the Last Two Decades

Ishmael Reed: JAMA [Journal of the American Medical Association] says that Black communities endured a wave of excess deaths in the past two decades. Studies find the loss of life came at a staggering cost medically and economically.

Michael LeNoir: What they're talking about is the cost of the difference. It's almost like an equation. You help white people, and you figure out how long they live and how well they live. And you think about the difference between how Black people live and how whites live and subtract that from how Blacks would've survived if we were treated like white people, either economically or politically.

Ishmael Reed: So, what are some of the causes other than health disparities?

Michael LeNoir: You can take asthma, kidney disease, or pulmonary disease. And you look at the lifespan and the outcome of Black people who have those diseases, and you look at the outcome for white people. Now, here's what makes the difference. So if you take a Black person and you treat them the same from a diagnostic point of view: early detection, disease prevention, or you treat them the same medically, they have the same outcome as white people. And so, consequently, when you talk about what the differences are. Many times when you don't get diagnosed early enough, and even if you get diagnosed early enough, you don't get managed early enough. You don't get treated the same. And so consequences, your outcomes are not the same as white people. And that's what the JAMA article talked about. We talked about all the people we've lost because we were not treated equally.

Ishmael Reed: They found that socioeconomic status doesn't protect Black people as it does white people, especially Black men who report more discrimination, income, and education. They have a worse outcome than those who are not well off. This conclusion devastates the class argument made by Neo-liberals and progressives like Berny Sanders.

Michael LeNoir: Well, Black men are the only ethnic group whose health status is not as improved as their economic status improves.

Ishmael Reed: JAMA says that stress is a physiological reaction, hardwired at the first sign of danger. The brain sounds an alarm setting off a torrent of neurological and hormonal signals that flood the bloodstream. Overexposure to those hormones wears down the body, causing it to become sicker and age quicker.

Michael LeNoir: That's the whole phenomenon of the mind-body connection. In terms of the stress that you're under creates a certain amount of pathology in a lot of organ systems. And

that's one of the reasons that the whole issue of racism is why Black people are second, has become much more of a survivable topic. Cause now they can connect some of those brain pathways with some of those body organ outcomes. That's what they're talking about there. Racism is kind of the one issue that has recently become a significant piece of this discussion because racism, you know, was always a subjective issue. But now they've demonstrated the impact of racism. You might want to read an article by a guy named Mack Roach. He wrote an article, and I did a video.https://www.facebook.com/watch/live/?ref=watch_permalink&v=248675106500525 He said, does prostate cancer kill black men, or does racism kill black men? What was it? I'm trying to think of what the name of the article was.

The report was "Does race kill black men with prostate cancer?"
<https://urology.ucsf.edu/people/mack-roach-iii>

And the issue is that look social, what they call the social determinants of health racism. If you take, let me, if you take two sets of black men, black men, and white men, the VA has shown that if you take them with prostate cancer, then they do the same in terms of how outcomes sometimes black men do better, but if they're not in a similar system, those are determinants of health. That means poverty, racism, poor nutrition, violence, and all those dynamics are mixed into the body. It creates an immune system that is less efficient in warding off cancer cells and other infections. And so that's kind of Roach's point is that it's not prostate cancer that kills. So what he is making is that same connection that you're talking about, is that those social determinants of health should include racism's impact on the immune system; this is why you see a lot of the diseases disproportionately impacting black people.

Ishmael Reed: Research shows black people have much higher rates of hypertension, obesity, diabetes, and strokes than white people. And they develop those chronic conditions up to ten years earlier.

Michael LeNoir: Most of the major universities are considering giving up race as a parameter for research because they're saying you can't tell by looking at self-described Black people what their genetic makeup is. So a lot of universities don't use race anymore.

Ishmael Reed: When Tennessee and I do our ancestry.com, we find that we're mostly Nigerians. And the European stuff is like really minor.

Michael LeNoir: Yeah. That's true. Mine is mainly from Finland.

Ishmael Reed: Yeah. We, we got some of that. We got some Nordic genes. Probably more than Steve Bannon.

Michael LeNoir: Well, the reason mine is from Finland is cause on my mother's side, my grandmother was the only mulatto child on the Finish plantation in Virginia.

Tennessee Reed: We got Sweden and Denmark.

Michael LeNoir: You can see a migration pattern. Your body goes from West Africa to the Caribbean, United States. Mine doesn't go that way. Mine goes up across the Bering Strait, across Canada, and down into Virginia, where my grandfather's Chickahominy Indian reservation was. And that's a small piece that goes on to Scandinavia. But I describe myself as Black. I wrote an article that you might be interested in telling the difference between black Americans and African Americans as it relates to clinical research because, Black Americans, you're talking then about a whole different concept. You're talking about black people all over the world. You're talking about a different temperament than African Americans. You're talking about Black people in America. But they're used interchangeably.

Ishmael Reed: Well, they're trying to make the Nigerians a new model minority.

Michael LeNoir: Nigerians are different from other Africans as well. Most of the diversification of genetics, it's all in Africa. There's more genetic diversification in Africa than anywhere else in the world.

Ishmael Reed: JAMA says that there's a reason for hope, and it can be found in the period during the Coronavirus pandemic when the gap between Black and White deaths began to shrink and even flip in 2021; white people had the significant second biggest drop in life expectancy, losing an entire year while Black people lost 0.7 years according to the CDC.

Michael LeNoir: Well, look how long they started. That didn't mean anything because they're still dying of the same thing they were dying of before, plus the pandemic. The bottom line is that the denominator is most of those chronic conditions they were dying from before; COVID was just a small interference in our continuous death march.

Ishmael Reed: It says one of the reasons this is happening was destructive messaging from many White political leaders, but also the impact of mobilization of Black faith and community-based organizations and social and fraternal organizations.

Michael LeNoir: Some of that may be true, but I think the problem was that we started so late. We do have megaphones that White people don't have. Ours is a church that is a major megaphone for us. When the church begins focusing on solutions to the issue of the connection between racism and health, you're probably getting the unified message and will likely see some improvement. And I think our death rates were pretty much the same as white people at the end of the pandemic. I read an article today that hypertension was one factor in COVID deaths. So if you look, Black people have more hypertension than other people. So that many of the deaths that occurred with black people were because of baseline hypertension; it was a significant factor in who lived and who died.

Ishmael Reed: How do we bring the discussion of race under scientific inquiry and get it away from popular culture, where anybody can say anything they want to say?

Michael LeNoir: We did the classic study that probably struck the knife in that old concept when we did those 300 self-described black families. We did four social determinants; we did

four genetic determinants. And it was published in *The New England Journal*. And that you cannot tell what percentage of black people, what percentage of any ethnic group black people are. Race is a construct. It's not a scientific term.

Ishmael Reed: Okay. We'll talk to you later. Thank you.

Michael LeNoir: Thank you all. Bye.