

Chapter

12

A Tale of Opposites

Now let's talk about the toll that salt exacts in human terms. Meet Sarah (not her real name), an enterprising 37-year-old Black American professional who works in the high-tech industry. Her father's side of the family has always been quite healthy. At 83, her paternal grandmother still teaches Sunday school and even drives herself there and back—or anywhere else she wants to go, for that matter. All of her sisters—Sarah's paternal great-aunts—are still alive and most are equally active.

Sarah's maternal side of the family, however, is a completely different story. Her mother, now 63, was diagnosed with high blood pressure while still in her teens. Her blood pressure would often go up to or exceed 200/100 mm Hg. By the time she reached the age of 50 years, she had suffered multiple strokes, six of them in just one year.

Sarah's mom now has to contend with a handful of disabilities. She's also undergone a personality shift that has

Salt: Black America's Silent Killer

diminished her professional abilities. Although she used to run regional call centers for AT&T and had hundreds of people reporting to her, she's now overwhelmed by the idea of simply working part time as a receptionist. Other challenges include driving at night and negotiating heights due to vertigo (she won't visit her daughter because the house is 40 steps up from the sidewalk). But at least she's still alive. All but one of her six brothers are dead.

Sarah's five uncles all died young from multiple complications related to cardiovascular disease, heart failure and obesity caused and/or aggravated by salt. As a rule, they were very conscientious about taking care of themselves. They all had good jobs and most were quite successful. They tried to watch their diets. They went to exercise classes. They had consistent health care.

Neither they nor Sarah's mom fit the so-called typical picture of Black Americans in poor health. Like Sarah and her brother, they are (or were) well-educated, financially independent, in the upper income bracket. They've always had health care insurance coverage. Access to health care and visiting a physician have not been problems.

In short, this is not an economic issue. This is not an ignorance issue. This is not a compliance issue. This is, more than anything, a genetic issue turned deadly because of high-salt diets.

Where does Sarah fall in terms of her family history and salt sensitivity? She can't know, so she's not taking any chances. She remembers all too well those weekly visits to the convalescent home where her maternal grandmother and surviving great-uncle had been forced to move before Sarah was

even born. Realizing that she does not know on which side of the family tree her health is going to fall, she watches her diet, choosing whole foods and avoiding salt, and is almost overly fixated on her fitness workouts. She is also largely the exception to the rule.

In our office, we see examples similar to Sarah's family. One segment of the population blames all of their heart problems on family history. While these people have a challenging family health history, like Sarah they should in fact be taking care of themselves more carefully by working hard to control all the known lifestyle risk factors. Foremost among those is simply avoiding salt. On the other hand, we have patients who say, "My grandfather lived to be 80." It is not easy to motivate this second category of people to follow healthy habits. They live with a false sense of security that they have surely inherited that same grandfather's genes.

This may explain the behavior of Sarah's brother, who is five years younger than she. Although he leads an active lifestyle, he smokes and refuses to believe that he needs to scrupulously watch his diet.

Sarah's mother, despite her history of strokes, is equally cavalier about her food choices. Although she doesn't think she eats badly, most of her meals come from a box or from a fast-food franchise, so they're loaded with salt, the very poison that has destroyed her health.

We know that salt intake predisposes Black Americans as a group to a host of diseases. Unfortunately, it is difficult to figure out who are the exceptions. While conducting research into salt sensitivity among rats at Brookhaven National Laboratory in Upton, New York, Dr. Dahl and his team studied

Salt: Black America's Silent Killer

more than 36,000 rats over the course of some 20 years. His experiments showed conclusively that some rats when fed a salty diet died very soon from complications related to high blood pressure. However, as we've previously discussed in this book, not all the rats were salt sensitive. Other rats, clearly on the opposite side of the spectrum, had no high blood pressure response to salt at all. These rats, which he called "salt resistant," went on to live an otherwise normal duration of life.

The extremely salt-sensitive rats developed a very high degree of high blood pressure and died within five months. The salt-resistant rats maintained blood pressure at normal levels and remained alive and well past 14 months. The outcomes in these rats clearly depended upon the degree of high blood pressure response to a salty diet. And only by gauging how quickly the rats died could Dr. Dahl determine a rat's salt sensitivity or resistance.

Dr. Dahl also concluded that human response to salt intake could also present with wide variation. Unfortunately, as with rats, the only way to determine your salt sensitivity or resistance is by seeing if you succumb to—or die from—conditions caused by salt. Are you willing to run that risk, especially in view of the fact that the vast majority of Black Americans are salt sensitive? For your sake, I sincerely hope not.