

No, we aren't Rome

An op-ed in The New York Times warns, as the headline puts it, that "America is an empire in decline," and finds a precedent in imperial Rome.

The piece, written by the co-author of a new book, "Why Empires Fall: Rome, America, and the Future of the West," shows that the cottage industry in comparisons between the United States and Rome is as robust as ever.

It is an irresistible temptation to superimpose the history of Rome and especially its decline and fall -- an enduring subject of fascination -- on top of our own experience and future.

Both conservatives and progressives are prone to their own versions of this narrative, tending to emphasize either moral decline or imperial over-stretch respectively.

But the most important thing to know about us and our supposed imperial forbear is that we aren't Rome and aren't experiencing any of the most direct, spectacular causes of its fall.

It's become fashionable among some scholars to argue that there was no fall. There were no barbarian invasions. There was no material decline. Nothing to see here -- simply evolutionary change.

It is true that Rome's fall -- a long, messy process -- didn't unfold with the pleasing cinematic simplicity that the popular imagination might believe; the extent of the barbarian population transfers has been exaggerated and the Eastern half of the empire lived on for another 1,000 years.

Still, the Western Roman Empire unquestionably fell, with disastrous consequences for a long time. It's just that dragging us into it is wildly off base.

Rome tore itself apart with constant assassinations, usurpations, and civil wars. It weakened itself economically and militarily, while confronting challenges from armed bands on its borders that it became incapable of handling as it steadily lost its territory and sources of financial support to barbarian groups.

At the same time, it had to grapple with the Persian Empire to the East.

Is this happening to the United States? Well, an armed contingent of Quebecers isn't (like the Visigoths) wandering throughout the United States, fighting periodic battles with the U.S. military and seeking subsidies from the U.S. Senate before besieging -- and eventually sacking -- Washington, D.C.

Migrants to the United States don't settle en masse in national groupings led by military leaders seeking power and preferment. They disperse throughout the country and take illegal jobs as busboys and the like.

U.S. presidents have to worry about declining poll numbers, a recalcitrant congressional opposition, and reelection campaigns.

They don't, like Roman emperors, need to think all the time about potential assassinations and armed usurpers. They don't need to worry that if they assign a general to take over, say, CENTCOM, he will use the position to muster the troops and resources to challenge for power himself. They don't need to consider the positioning of military forces with an eye to checking internal enemies.

Jan. 6 was a disgraceful day but a blip hardly worth mentioning relative to the perpetual, large-scale internal disorder in imperial Rome.

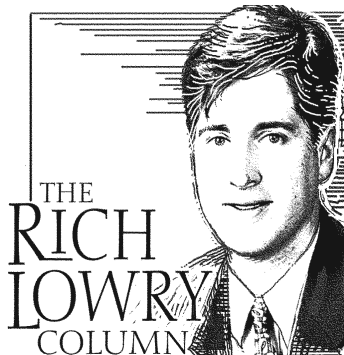
The 1st Infantry Division isn't marching on Washington, D.C., from Fort Riley, Kansas, and fighting a pitched battle with the 4th Marine Division devastating to the countryside somewhere in Ohio.

TITLE: None of this is to deny that the United States and the West may have entered a period of what will ultimately prove to be terminal decline or that rivals, most notably China, are on the rise. It is to say that unless our representative democracy degenerates into an unelected dictatorship with no reliable means of succession and Canada and Mexico begin to eat away at our territory, the story of our decline is not going to track closely with that of Rome, a vastly different polity, at a different time.

By all means, study the history of Rome for its own sake and for the insights it affords into human nature and the roots of the Western world. But the moral of the story needn't be about 21st-century America.

Rich Lowry is editor of the National Review.

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Suspecting and Diagnosing Hereditary Hemochromatosis

DEAR DR. ROACH: My husband was diagnosed with hemochromatosis 13 months before he died. I recommended that his blood relatives get tested so they can get treatment early, if necessary. Some doctors don't know to check ferritin levels to make a diagnosis in a person with a family history of hemochromatosis. -- C.G.

ANSWER: Hereditary hemochromatosis (HHC) is a genetic disease of iron overload. In a person with HHC, the intestines absorb as much iron as they can all the time, even if the body doesn't need it, whereas a person without HHC will simply stop absorbing iron if it isn't necessary. The iron can go into and damage many organs, especially the liver, heart, bone marrow, hormone-producing glands and skin.

The diagnosis should be suspected in close relatives of an affected person. Although checking ferritin levels is useful in making the diagnosis, iron tests, total iron-binding capacity tests and hemoglobin tests should also be ordered. If the family member has a recognized genetic mutation, such as C282Y homozygote or C282Y/H63D compound heterozygote, those genetic tests may also be useful in making the diagnosis.

The diagnosis should even be suspected in people with vague symptoms, such as weakness and fatigue. I teach my students and residents to consider the possibility of iron overload, as it is common, easily tested for, and easily treated with phlebotomy (blood removal). Symptomatic HHC is more common at an earlier age in men than women, but it still should be considered in younger women.

A clinician should also consider iron overload in people with enlarged livers or abnormal liver enzymes, diabetes, changes in skin tone (bronze or gray), heart failure and some kinds of arthritis. Most people with these conditions do not have HHC, but initial testing is cheap and easy.

Treatment can be done by donating blood. My first patient with HHC donated over 100 units of blood before his blood levels came down to the target range.

DEAR DR. ROACH: I am one of the people who cannot take statins because of muscle pain. My cardiologist suggested Praluent, and it works fine -- no muscle pain as well as very low HDL and LDL cholesterol levels for over two years now.

However, I keep seeing articles about muscle pain and statins and never see Praluent referred to as an alternative. Why? -- T.G.

ANSWER: Alirocumab (Praluent) is an antibody to a compound called PCSK9. This causes the liver to remove LDL cholesterol from the blood and lower the levels of this "bad" kind of cholesterol. In turn, this leads to a reduction in heart disease risk among those taking the medication. It does not cause muscle damage. PCSK9 inhibitors may be used alone or in combination with statins.

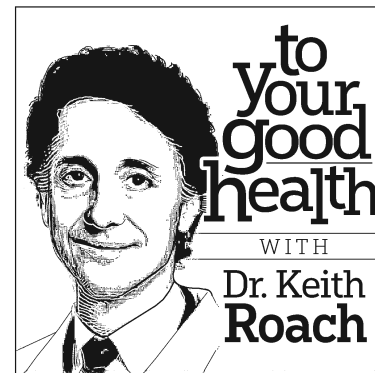
Unfortunately, the medication is expensive, about \$500 per month. It is most often used in people with known blockages in their heart, but some experts prescribe alirocumab in high-risk patients who do not have known blockages. Insurance coverage is not assured. Furthermore, it is given only as an injection, usually every two or four weeks.

PCSK9 inhibitors are an important tool in the fight against heart disease and are of special value in those at the highest risk or those who cannot tolerate a statin.

Dr. Roach regrets that he is unable to answer individual questions, but will incorporate them in the column whenever possible. Readers may email questions to ToYourGoodHealth@med.cornell.edu.

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Coastal/Greenacres Observer

Published by
THE LAKE WORTH HERALD PRESS, INC.
 1313 Central Terrace
 Lake Worth, Florida 33460

A Weekly Newspaper Published Every Thursday
 at Lake Worth in
 Palm Beach County, Florida and
 Devoted to the Interests of the Peninsula of Florida
 and Particularly to Palm Beach County.

Karl J. Easton, Sr., *Publisher*, 1946-1960
 Helen B. & Karl J. Easton, Jr., *Co-Publishers*, 1961-1969
 Karl J. Easton, Jr., *Publisher*, 1970-2001
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