

# Hurling alone critique



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Hurling alone critique The article examines critical aspects of cardiovascular disease in Irish immigrants and shows the results of the appropriate research. The scholars used document analysis as the main research method, and the group examined U. S. Census data from 1850-1970 as well as relevant epidemiological information.

" Some 4. 5 million Irish immigrants to the United States over a period of 80 years, particularly after the great Irish famine of 1847. The famine was the most devastating example in modern European history of the acute effects of a crop failure, resulting directly and indirectly in a halving of Ireland's population" (Kelleher et al, 2004, p. 2162). Demographic analysis shows that famines has led to the changes in lifestyles and behavior of those of Irish ancestry and, when mixed with stressful environment, this lifestyle is likely to lead to cardiovascular disease. In addition, the article points to the racial approach to various diseases, as some ethnic groups have more obvious predisposition to a certain disease (ibid).

As for me, the main controversy underlies in two aforementioned statements: on the one hand, socioeconomic status contributes to the development of cardiovascular disease, but racial and ethnic factors are also included, so the real reason for posing Irish people as a risk group is quite vague. Another problem is in comparison itself is the narrowness of analysis: the scholars in fact, attempted to match socioeconomic and health factors, but spoke very little about lifestyle factors and the other important characteristics of each group. Furthermore, socioeconomic factors were reduced to employment and or the presence of another source of income, whereas they have forgotten about the huge Irish heritage, extrapolated to the United States by immigrants: job patterns and perceptions, the overall

'careerism' and the ability to spend leisure time effectively and usefully. As one might see, the research methods and nature are not broad enough to hold so categorically that Irish immigrants are at considerable risk, because literature about Irish immigration to United States is written mostly by the U. S. authors, who are likely to thicken the colors and present the poorness of socioeconomic state of the Irish in an exaggerated way. Documents are much more reliable, as they allow drawing conclusions and outline the main dynamics described, yet the Census often doesn't include the so-called 'human factor', peculiarities of the certain social group, which might be found out only by interviewing them.

In addition, the present research almost doesn't refer and doesn't make use of similar studies, for instance, it doesn't include the whole scope of psychological and behavioral aspects associated with cardiovascular disease. For instance, bad habits, overeating and alcoholism are known as the main factors contributing to the progress of this disease, but the present investigation includes information only about the latter habit, yet it would have been important to 'check' whether alcoholism rates in Irish immigrants is high enough to be a reason for cardiovascular disease. The conclusion "The principal difference between the Irish and other disadvantaged immigrant groups, such as the Italians, was dietary habits influenced by experiences during the Irish famine" (ibid) seems to have significant limitation, as it doesn't draw the transition of nutrition habits from generation to generation and doesn't address the whole scope of issues which might lead to cardiovascular threat. In general, the study itself might be a good framework for further investigations, as data validity is definitely high and the conclusion to great extent addresses factors contributing to the

health of Irish immigrants.

Reference list

Kelleher, C.; Lynch, J.; Harper, S.; Tay, J.; Nolan, G. (2004) Hurling alone How Social Capital Failed to Save the Irish From Cardiovascular Disease in the United States. *AM J Public Health*,, 94: 2162-69.