



Michigan COMMENTARY

Benign Neglect a Challenge to Justice

by Gerald A. Faverman, Ph.D., and Peter Pratt, Ph.D.

Perhaps nowhere are our society's racial divisions more clearly reflected than in health status. Study after study shows that age-adjusted mortality rates for heart disease, cancer, diabetes, pneumonia, influenza, chronic liver disease and cirrhosis, and homicide are substantially higher among blacks than whites. Infant mortality among African Americans is more than twice that among white Americans. Blacks are more likely than whites to smoke, be obese, and have high blood pressure.

The dramatic gap between white and black health status is an indictment of our health care system. Our preference for high-tech medicine—at the expense of routine preventive and primary care—consigns many black Americans, who are overrepresented among the working poor and uninsured, to second-class care at best, and no care at worst. As the Michigan Department of Public Health (MDPH) report *Minority Health in Michigan: Closing the Gap* notes: “Technological advances have not significantly benefitted minority populations because of barriers to early access to the health care delivery system.”

The grandest, most expensive technology in the world—and we have that—often does not help as much as primary and preventive care. The latter is the “cheap” health care that has the greatest potential effect on health. Technology can help prolong the life of a person with cancer or heart disease, but only primary care and prevention can ward off these killers. Good health habits need to be ingrained and ceaselessly reinforced, and minor illnesses tamed before they become major, if health care is to affect health status. White Americans have much better access to these services than black Americans.

There are explanations for this. In May, Dr. George Lundberg editorialized in the *Journal of the American Medical Association* that blacks' and other minorities' disproportionately high representation among the uninsured is a vestige of de facto racism. Dr. Lundberg explained that our system fails to offer equal opportunities for care because access to private health insurance depends on employment and wealth, which whites have in much larger measure than nonwhites. Our leaking stopgap, Medicaid, which serves the poorest among us, continues to falter in the provision of services, especially obstetrics.

It is misguided, however, to see health only in terms of the accomplishments and failures of our health care system. Dr. Lundberg hints at a deeper truth, the relationship between health and poverty. Poverty is our most intractable virus; it breeds not only heart disease, diabetes, drug addiction, and cancer but also homicide.

Recent studies show the toll of poverty on adults and children alike. A new University of Michigan study found that adults living in poverty have the same rate of heart attacks, cancer, and lung disease at ages 35 to 44 that affluent people have only after age 75. If you are poor, you are likely to face the diseases of old age in middle age.

Many black American children will remain, to borrow from the MDPH report on minority health, “a generation in danger.” Another MDPH study found that children and infants who live in poverty are two-and-one-half times more likely to die—from disease or violence—than those who do not live in poverty. Whites die from the diseases of old age, and too many blacks, overrepresented among the poor, die from the diseases and violence of youth.

This desperate state of affairs is captured powerfully in a new book, Alex Kotlowitz's *There Are No Children Here*. Kotlowitz chronicles the life of two young boys growing up in Chicago's public housing. These children face a relentless barrage of gang violence, worsened by the indifference of most teachers, police officers, and city administrators. Kotlowitz explains their predicament: “Lafayette and Pharoah [the two boys] knew of more funerals than weddings. That summer their mother prepared for the worst. She started paying \$80 a month for burial insurance [out of her meager public assistance benefits] for the

boys.” In this world, health insurance is irrelevant. Nevertheless, this book is about health in the most vital sense of that term. The boys’ harrowing attempt to hold on to some of their childhood—to keep the dreams that sustain children, even the one in five that live in poverty—will force anyone who thinks poverty is the result of an unwillingness to strive to think again.

Fortunately, there is a growing recognition that many of our health problems result from social problems. Hospitals in Michigan and elsewhere are entering the lives of the communities they serve, fostering educational opportunities for disadvantaged children. They have been willing to see health in its broadest sense, a strategy that brings them no financial rewards. Public health departments realize that violence is under their jurisdiction, and they are attempting to stop the bloodshed with enlightened new strategies.

Eradicating poverty, however, is likely the only way to improve collectively the health status of people living in poverty. Innovative and concerned health care providers cannot do it alone. We need a social commitment. We need schools that truly offer poor children a way out of poverty. We need minority role models to reinforce the value of education. As Terry Williams and William Kornblum say in *Growing Up Poor*, “The probabilities that teenagers will end up on the corner or in a stable job are conditioned by a great many features of life in their communities. Of these, the most significant is the presence or absence of adult mentors.”

It is heartless—and for those inclined to heartlessness, it is also impractical—to believe that poverty, and the increasing gap between the health of blacks and whites that it fosters, is not *everyone’s* problem. It is a simple pragmatic observation that poverty compromises our work force’s productivity in the competitive global economy. Everyone will benefit if all of us participate in the economic and social life of our communities.

Nations survive by continually striving toward the highest ideals of their founders. If we aspire to proclaim ourselves, “one nation indivisible, with liberty and justice for all,” then we can begin by affirming that in America people need not be poor for others to have wealth, nor sick for others to have health. Not to address this truth is more than our shame and our children’s tragedy; it will be a major part of our undoing as a society.