

Race in the Health of America

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AT THE BEGINNING OF THIS CENTURY W.E.B. DuBois prophetically declared that "the problem of the twentieth century is the problem of the color line—the relation of the darker to the lighter races of men in Asia and Africa, in America and the islands of the sea" (DuBois 1961 [1903], 23). Much has happened since DuBois first published his stirring, brilliant essays but the color line continues to be a disturbing force in the United States as well as in South Africa. Certainly, the issue of race is different today in America from what it is in South Africa, but progress in the United States has not erased racial divisiveness.

What to do—if anything—becomes the uncertain next question after reading the articles on health in these volumes, which document the heart-rending lives of many blacks as they relate to poverty, deprivation, and social exclusion. This article provides a review of some of these findings on race, economic and social conditions, and health, discusses interpretations of continuing black and white differences, and concludes by offering ways of thinking about and acting on policy issues that have a bearing on these issues.

Patterns

Health cannot be understood simply as a biological phenomenon. Consequently, the health of black America is first discussed in terms

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of economic and social conditions and racial attitudes, and, then, in terms of the differential data between blacks and whites.

Economic Conditions

Poverty, as it is now understood in the United States, is defined by a simple measurement: a poverty line is determined by 30-year-old food expenditure data; those with incomes below that line are officially designated as poor. The result is that the poor are probably worse off relative to the rest of society today than they were in 1960.

Racial inequality is measured by comparing blacks and whites on a variety of conditions. Some view the last 20 years as a movement toward a "melting pot" that has narrowed economic and social differences between the races, so that blacks are now experiencing the pattern of various ethnic groups who began as poor immigrants and achieved sizable economic gains over time. In this view, race is becoming less important; class-linked factors like schooling are pointed to to explain income differences among blacks. Others see increasing "polarization"; for them, the differences between blacks and whites are widening rather than declining. Farley sees both of these perspectives as misleading (Farley 1987). My own view is that evolving and revolving sets of relationships form "jagged changes," with some reductions in inequalities, small changes, and some widening inequalities all occurring at the same time.

Poverty and unemployment are two economic areas in which wide racial differences are disturbingly apparent. The white poverty rate in 1986 was 11 percent while the black rate was 31 percent. Between 1985 and 1986, the poverty rate declined slightly for both blacks and whites but was higher than it was in 1978. The percentage of the black population below the poverty line was higher in 1986 than in 1969. The most dismal statistic is that 45.6 percent of black children were living in households with incomes below the poverty line in 1986; this compares with a figure of 17.7 percent for white children (Pear 1987). A broader measure of the poor is the near-poverty line, which refers to all those whose household incomes are below 125 percent of the poverty line; in 1984, more than two-fifths of blacks lived below this standard compared to somewhat more than one of six whites (U.S. Bureau of the Census 1985, 458). While black and white rates are closer than they were in 1959, the percentage

of blacks living in poverty or near poverty today does not support a melting-pot interpretation.

The median family income of black households is a smaller percentage of white household income today than it was in 1969, 1974, or 1979. The continuing difference is partially due to the growth of single-parent households among blacks but, controlling for this factor, black household incomes are still only 80 percent of those of whites (Farley 1987).

An illustration of the improvement in the black economic picture accompanied at the same time by widening racial inequalities is provided by data on the percentage of blacks and whites in the top income groups (above \$35,000 in constant dollars) in 1984 compared to 1967. In 1967, 20.1 percent of whites and 6.6 percent of blacks were in this high-income category, a difference of 13.5 percentage points; in 1984, 31.7 percent of whites and 13.6 percent of blacks were receiving high incomes. Blacks had definitely improved their chances of moving into higher income positions but the gap in percentage points between blacks and whites was now 18.1 percent (U.S. Bureau of the Census 1985, 445). In addition, a higher percentage of high-income black households had two earners and, of course, high black poverty rates continued despite the growth of a sizable number of better-off blacks.

The greatest relative gain for blacks is in the occupational earnings distribution for women. The differences have declined to close to zero; in some comparisons, employed black women do better than employed white women. Two limitations should be noted, however. Women, both black and white, still substantially lag behind white men who have a big income advantage even when differences in education are controlled. When attention shifts to one-parent families, black female heads of households have smaller incomes than do their white counterparts.

Unemployment continues to plague black communities. The black unemployment rate is twice that of whites and has remained at that multiple for 30 years. The unemployment rate among young black males is staggering: over 30 percent of those in the labor force. Perhaps of greater damage is the high percentage of young black males who are not considered to be looking for employment, those "out of the labor force." "Indeed, all indicators report that the employment situation of young blacks vis-a-vis that of whites has deteriorated since 1960" (Farley 1987).

The widely heralded advent of a sizable black middle class does not mean that many blacks do not suffer from great deprivation. Nor does improvement in black economic conditions mean that the differences between blacks and whites have evaporated. Jagged rather than smooth upward change is occurring; gains, continuing inequalities, and some retrogression coexist.

Social Conditions

Black fertility rates have declined very dramatically and are much closer to those of whites than in 1960 (O'Hare 1987). While the number of black teenage births has not increased, they are a larger percentage of all black births (O'Hare 1987; Furstenberg 1987). In part, the importance of these teenage births is due to what sociologist Cheryl Townsend Gilkes terms the "constrained fertility" of older and/or middle-class black women, who do not have children or have only one (Wilson 1985, 157). The concern about black teenaged mothers is not misplaced but has narrowed the analysis of what is occurring. Some analysts (Wilson 1987) partially attribute the large number of unmarried black mothers to a shortage of suitable males—men who are not in jail and are employed at a decent wage.

Housing has decidedly improved, partly because fewer blacks live in the rural South, but even there black housing has advanced. This overall gain may mask the deterioration of housing in many center-city areas and ignores the fact that blacks spend a higher proportion of their incomes for housing than whites (U.S. Bureau of the Census 1985, 732). The general housing gain has been accompanied by continuing and perhaps increasing residential segregation (Farley 1987).

Differences between blacks and whites in years of schooling have decreased markedly, especially for women (Farley 1987). A warning sign is that the percentage of blacks in colleges and universities has declined in recent years, possibly due to the contraction of funds available to minority students. The overall improvement in years of schooling of blacks is not as positive as it appears, for the gap between blacks and whites in school skills has not diminished and may have increased (Farley 1987). School segregation has been reduced in the South but not in the North.

What is to be made of these changes in economic and social conditions? A sizable slice of the black population has improved its economic

position, but a large, perhaps larger, group of blacks is living under very inadequate conditions. American society is less occupationally segregated than in the past, but it is still residentially and (especially in the North) school segregated.

The Kerner commission on urban unrest, created by President Johnson in 1967, foresaw two societies, separate and unequal. While many newspaper editorials declared on the 20th anniversary of its final report that the prediction proved inaccurate, the inequalities experienced today by many blacks are very great. Indeed, it has recently become common to employ the term “underclass,” introduced by the Swedish social scientist Gunnar Myrdal in the early 1960s, to refer unclearly and ambiguously to a center-city, largely minority population that is unemployed or out of the labor force, largely dependent on public assistance and/or crime for its wherewithal. The size of the underclass varies with every politician or social analyst; sometimes it comprises everyone on welfare, sometimes only those who have been persistently on welfare, and sometimes it refers only to those young black males who have no visible means of economic livelihood. While I believe that the size of the underclass is usually exaggerated, the existence of an uprooted, economically unattached, center-city population is a reflection of the failure of American society fully to integrate blacks into the new economy. To “integrate” does not mean only to overcome barriers of segregation but also to build processes for active inclusion of those who are excluded and marginal.

Racial Attitudes

If some of the markers and effects of discrimination have been reduced, that does not mean that discrimination and prejudice—barriers against full inclusion and participation—are down. The terrible episode of Howard Beach in New York City, the surprising recognition of the continuing existence of ‘old-time’ segregation in Forsythe County, Georgia, and civilian and police violence against blacks as blacks, force the realization that the old virulent racism has not been eradicated. While certainly less widespread and evident than before, it still exists. Despite public opinion polls that show that most Americans do not favor it, prejudice and discrimination against blacks still persist in small and personal ways (in what historian Joseph Boskin terms “genteel”

or covert racism) and in the large and institutionalized ways that operate to limit opportunities for blacks and other minorities.

The continuation of residential segregation, especially in the North, indicates that discrimination and prejudice are still alive. The gentrification of city neighborhoods, which pushes out low-income blacks, is an illustration of institutional racism in that its results are not due to prejudice but to the operation of economic processes. Gentrification drives up housing prices, forcing blacks to lose their communities and to face higher rents in the neighborhoods still available to them.

A new form of racial denigration has appeared in recent years. It is not racist in the sense that the term has been used. Rather than regarding blacks (or other minorities or women) as inferior, the charge is that they receive preference in hiring, promotion, and admission to universities and professional schools on the basis of their race (or gender). The feeling that is conveyed is that of resentment at the "unfair advantage" that they are presumably accorded because of affirmative action pressure. In some cases there is an intellectual tone to the resentment, in the argument that presumably meritocratic rules that formerly prevailed are now undermined; in others, there is a more direct condemnation or rejection of the new competition for access to scarce places. How damaging this attitude is to blacks is uncertain, but clearly it does not contribute to their sense of inclusion in mainstream America.

A process of exclusion underlies the inequalities that blacks experience, which is likely to bear heavily on them—economically, socially, and physically.

Health Differences

Health is a key indicator of well-being, and health statistics a measure of both progress and continuing inequalities. The health of blacks has improved considerably but inequalities between blacks and whites are still significant.

Mortality Differences. Black longevity has certainly increased, but a 50 percent difference remains in adjusted death rates for blacks and whites (Manton, Patrick, and Johnson 1987). If blacks had the same death rates as whites, 59,000 black deaths a year would not occur (Savage, McGee, and Oster 1987). Infant mortality in 1984 was almost twice as frequent among blacks as whites (*New York Times* 1987); this

difference is not completely attributable to more young black mothers. Except for stomach cancer, the cancer survival rate of blacks is lower than that of whites (Andersen, Mullner, and Cornelius 1987).

That considerable progress has been made (and presumably could be made) is revealed in the relative change in mortality rates in the Carolinas between 1900 and 1940. In the earlier year, black mortality rates were 40 percent higher in the more urban northern state; by 1940, the New York State black mortality rate was at least 25 percent lower than that of the more rural Carolinas (Ewbank 1987). Various influences were involved, but improved housing, water supply, and other public measures in New York undoubtedly contributed to the absolute and relative decline in mortality rates.

Morbidity Differences. Blacks have more undetected diseases than whites, and black children may be in worse health than white children (Andersen, Mullner, and Cornelius 1987). The incidence of low-weight births (and their attendant difficulties) are almost twice as frequent among blacks as whites. This difference, as with infant mortality, is not completely attributable to more young black mothers (*New York Times* 1987). Older blacks suffer from more functional limitations than older whites, a situation of "accelerated" or "unequal" aging, which is associated with poverty, low education, and low-level occupations (Gibson and Jackson 1987). At the young end of the age ladder, black children seem in worse health than whites (Andersen, Mullner, and Cornelius 1987).

Self-report data indicate that 50 percent more blacks than whites are likely to regard themselves as only in fair or poor health (Schlesinger 1987). Blacks report more frequently that they feel "little" satisfaction with their health and physical conditions. Yet, there is more undetected disease among blacks than whites (Andersen, Mullner, and Cornelius 1987). While whites report more acute conditions, blacks report more chronic conditions (Manton, Patrick, and Johnson 1987). The statement that "differentials in health between blacks and whites are pervasive and long-standing, despite recent advances in black life expectancy" (Manton, Patrick, and Johnson 1987) summarizes what the morbidity and mortality data record.

To be poor *and* black is to run the risk of ill health; those who are black alone share the same health risks.

Use of Facilities. Medicaid has made a difference in access to and use of physicians and hospitals. Differences in utilization (as measured

by visits to physicians) between blacks and whites has been eliminated. A further indication of the importance of financing mechanisms to provide access to and use of medical care is that poor blacks with health coverage make twice as many visits to physicians as do poor uncovered blacks (Davis et al. 1987).

Nonetheless, some important differences persist. Whites receive more skilled nursing home care than blacks, although the differences are decreasing (Davis et al. 1987). Blacks have a lower cancer survival rate than whites, except for stomach cancer (Andersen, Mullner, and Cornelius 1987).

Despite Medicaid, 22 percent of blacks are without any medical insurance coverage, compared to 15 percent of whites (Long 1987). Furthermore, in terms of physician contact, the factors of emergency room and hospital treatment are almost twice as important among blacks as whites (U.S. Bureau of the Census 1985, 105).

While the number of black physicians has increased, the rate of increase is diminishing. The fear is that the number of black physicians will not expand as a percentage of all physicians as market pressures become more significant (Schlesinger 1987) and financial aid to black student physicians does not expand. Since black physicians are more likely to serve black patients than do white physicians, this limitation could prove important (Hanft and White 1987).

The utilization issue has three important components: (1) Does medical care make a difference? An influential survey (Levine, Feldman, and Elinson 1982) argues the importance of medical attention. The improvement in the survival rates of low-weight babies is attributed to advances in hospital care, not to other conditions (Starr 1986). (2) Will blacks, and especially the black poor, take advantage of opportunities for care? Again, surveys show that when poor individuals are provided services that are accessible and appear to them to be useful they will be used, undermining the notion of underutilization of services by the uneducated or resistant poor (Riessman 1974). (3) Do finance and delivery systems affect utilization? A strong conclusion is that they "have played a critical role in improvements in health and access to care" (Davis et al. 1987).

The clear inference is that health conditions of blacks and the poor can be influenced by governmental actions. The distribution of medical resources relative to need affects causality and successful treatment (Baquet and Ringen 1987; Savage, McGee, and Oster 1987). General

economic gains, the reduction of barriers to blacks, and governmental programs including occupational health regulations (Robinson 1987) have improved the health situation of blacks. Some important differences still persist. Black mortality and morbidity could be reduced by further government-sponsored economic and health programs.

Interpretations

Studies reported in this volume show that racial differences in health exist; numerous investigations report that class or income level influence health conditions. Surprisingly few analyses try to discern whether race is related to health conditions when differences in income levels are controlled. Studies that have made this type of cross-tabulation point to the significance for health of being black, even at higher income levels.

In Oakland, California, a comparison of age-specific mortality rates in poverty and nonpoverty areas shows that differences between blacks are much less than between whites. Improved housing, a lower concentration of poor people, and more income seem to have less effect on blacks than on whites (Haan, Kaplan, and Camacho 1987, 994).

A study of stress found its severity highest in lower-class blacks and lowest in middle-class whites. This result would confirm the importance of class factors, but an additional comparison points to the significance of racial experience: middle-class blacks and lower-class whites had similar levels of stress (Dohrenwend and Dohrenwend 1970, 132ff.). For a contrary interpretation, see Neighbors (1987).

We turn from the limited data on the important question of whether race as well as class is important in health conditions to interpretations of why black and white health differences persist despite distinct improvements in black health. Five sets of explanations are examined: biological, cultural, economic, social, and service.

Biology

Sickle cell anemia is often cited as a genetic factor among blacks. But such genetic influences would by themselves not explain higher mortality and morbidity rates for particular disease conditions (Wilkinson and King 1987). A somewhat more compelling argument is that

certain black genetic characteristics conduce toward disease. But if such biological influences were important, they would interact with economic, social, or psychological situations to produce effects (Manton, Patrick, and Johnson 1987).

It is difficult to explain black women's pronounced gains in health without introducing nonbiological influences. Nor would it be easy to contend that black health could not be further improved because it has met the limits placed by genetic factors. For example, "there does not appear to be any inherent biological reason for the differences in cervical cancer rates between blacks and whites" (Baquet and Ringen 1987). Extending this point to other diseases and afflictions, we need to rethink health policy in broader than strictly medical terms. The cloudiness of the concept of race and the many genetic strains among American blacks make purely biological explanations questionable (Wilkinson and King 1987).

Culture

Cultural explanations of health problems have even reached the extreme concept of "health criminals." Blacks and others, because they do not take proper care of themselves (e.g., poor diet, lack of exercise, homicide) are indicted as the producers of their sad fate, driving up medical expenditures and exacting tribute from the careful healthy. Certainly, a healthy life is in large measure produced by what people do for themselves, but not completely. It is too easy to blame a group's behavior rather than to look for broader or deeper causes and outcomes. For example, the higher incidence of low-weight births among blacks is sometimes attributed to the greater number of black births to teenage mothers; examination of the data shows that older black women still have a greater percentage of low-weight births than older white women (Pear 1987). Although possible biological differences have not been studied sufficiently to be ruled out categorically, cultural influences are more likely to be important, but not in the simplistic way implied in the teenage mother explanation.

Where cultural influences might be significant, the questions become: Why the pattern? What maintains it? Since not all practices of one generation are exhibited in the next, continuity has to be explained rather than taken for granted (Wilkinson and King 1987). In the case of black and white health differences, the implication is that

blacks do not behave in ways that are as conducive to health as do whites. The further implication is that conditions for blacks and whites are the same and that health differences are due to malperformance on the part of blacks (Miller, Riessman, and Seagull, 1988.) Take the greater percentage of teenage births among blacks that receives so much attention. Furstenberg (1987) explains that delaying parenthood has little payoff for blacks who suffer from "a despair of future opportunity." Circumstance as well as a presumed cultural implanting have to be considered.

A cultural explanation does not adequately reveal the dynamics of at least one health hazard, particularly important for blacks, which seems particularly suited for such an explanation—the high incidence of obesity. The continuation of eating habits of a poor childhood that relied on cheap, fattening food; work and family tensions that make planned, diet-conscious eating difficult; inadequate incomes that reduce possibilities and choices; a low sense of destiny control; and limited knowledge are all implicated in obesity. Even in this most personal of behavior, simply relying on an explanation in terms of habit and attitudes may be inadequate. Nor does the cultural approach lead to a comprehensive strategy for dealing with the issue (Susser, Watson, and Hopper 1985, 255).

Economic Factors

"To be a poor man is hard, but to be a poor race in a land of dollars is the very bottom of hardships" (DuBois 1961 [1903], 20). Black and white disparities in economic conditions contribute to health differentials despite black gains. Since a much larger and very sizable slice of blacks are poor, economic conditions and their ramifications undoubtedly adversely affect black health. Inadequate incomes affect many aspects of daily life that impinge on health. These range from housing problems (e.g., rat-infested neighborhoods and overcrowding, which quicken the spread of communicable diseases), malnutrition, the stress of struggling to make ends meet, and dangerous jobs. Jobs and housing conditions may expose blacks to certain cancers to a much greater extent than whites (Manton, Patrick, and Johnson 1987; Robinson 1987).

The emphasis on improvements in economic gains for blacks ignores the possibility that early deprivation can affect later health states.

Nutritional deprivation of children during World War I affected their health, especially of women, in later life (Titmuss 1951). Recent advances in material circumstances of blacks may not overcome the effect of earlier life experiences. With perhaps one-half of black children under the age of 6 living in poverty, this current deprivation may maintain later health differences, even if many of these children later improve their economic conditions.

Social Explanations

The problem is not only that of poverty but of economic and social inequalities associated with race. A British study provides a suggestive line of thought: A pronounced difference in mortality risk exists between high- and low-level members of the white-collar civil service. Both groups had secure tenure, relatively good pay, and fringe benefits. The author's point is that hierarchy produces tensions and stresses even where individuals seem somewhat similarly situated (Hart 1986). For blacks in the United States the sense of economic inequality, social distance, discrimination and hierarchy—of not being accorded full equality—is undoubtedly strong and persisting (Williams 1987). Racial discrimination probably “exacerbates the mental health-damaging effects of poverty status among blacks” (Neighbors 1987).

An older observation is still relevant: almost any encounter, at whatever level, with “the machinery for administering justice is a confrontation (for blacks) with a hostile environment and represents a potential stress situation above and beyond that which normally exists for whites” (Teele 1970, 237). This contention is probably still relevant and for a larger sphere than the justice system (Schlesinger 1987; Manton, Patrick, and Johnson 1987).

The concept of “endemic stress” (Fried 1982) is useful in thinking about the experience of blacks. This term emphasizes the long-run, continuing burdens, such as prolonged unemployment, and their consequences for those who have to cope with them. “Economic hardships, frustrated aspirations, chronic insecurity about jobs, frequent disruption of social ties are all features of the lives of the working class and the poor” (Susser, Watson, and Hopper 1985, 254). The experiences of poverty and inequality and uncertainty about how one is perceived because of one's race is certainly a type of continuing, prolonged stress. Such stress not only makes its victims susceptible to acute

illnesses but also harms them socially. They suffer "role contraction," a limitation of the range of roles that they are able to carry out in daily life. For example, the constrained fertility of middle-class black women shows the pressures on black women and implicitly on black men as well. Since many blacks suffer the endemic stress that is produced by low income as well as overt and covert racism, motivational problems and narrowed social roles are likely to be exhibited.

In the health area, then, the call for individuals to change to more positive health practices may not be effective among blacks because the shift requires exploration of new roles, norms, and practices, as well as access to facilities, information, and support: "Maladaptive patterns of coping . . . and hazardous forms of consumption . . . can be seen to reflect the molding of social and cultural life by contemporary economic (and race) relations" (Susser, Watson, and Hopper 1985, 255-56).

A more specific influence on blacks may be widespread and disturbing uprooting and resettlement. Although the black population of center-city areas is declining, it may be that new blacks are moving in as long-time residents move out. The data on this point are uncertain and O'Hare's (1987) data cannot be utilized for testing this hypothesis. If true, the new residents may experience heavy pressures in accommodating to a difficult set of center-city circumstances and lack the social supports that would be helpful.

What is clear is that black neighborhoods suffer disruption resulting from urban renewal, abandonment, and arson. People are forced to move, severing networks of relationships, which are important for social well-being and which impinge on health, especially of the aged (Gibson and Jackson 1987).

Some investigators believe that racial discrimination is almost inevitable in a market economy (Schlesinger 1987; Manton, Patrick, and Johnson 1987), and infer that the stress resulting from discrimination continues to affect health. Many successful blacks point not only to limitations on their occupational progress but to stressful encounters around the job.

Medical Services

Despite noticeable improvements in health care for the poor and blacks resulting from Medicare and Medicaid, there is still less adequate

medical attention for blacks than whites. The quality of health care is likely to be better in white areas, especially in access to physicians and hospitals. At every income level, blacks have substantially higher reliance on emergency room and outpatient departments for contacts with physicians than do whites. Indeed, racial differences are greater above the \$10,000 annual income level than below it. Since 1980 blacks have experienced decreased medical attention as a result of federal cutbacks (Schlesinger 1987). If such patterns continue, black and white differences in health services will not be reduced.


While these influences offer substantial reasons why racial health differences have not disappeared despite substantial black gains, they do not satisfactorily explain the relative improvements in health and occupational conditions of black women. Black women do as well as white women in the labor market (Farley 1987). These gains are surprising in light of the high incidence of female-headed families, widespread obesity, teenage mothers, and other patterns that presumably do not contribute to a state of good health.

The general implications of this array of influences are that race is still an important factor in affecting health in the United States, and that the connection between race and health is not completely due to more frequent poverty conditions among blacks. Nor are black men and women moving in completely parallel ways.

Advancing the incomes of blacks is important in improving their health condition. But economic gain would not eliminate the black-white differential. The position of blacks as blacks would also have to improve. Further, to reduce the sizable number of black poor requires dealing with issues of race and inequality.

Policy

The burdens of knowledge are heavy. Knowing that health care can be improved and health inequalities reduced, it is immoral as well as economically wasteful to refuse to pursue these goals. For in the realm of health, rights to equal consideration and conditions are much less controversial than in the realm of employment. In the 1960s a president of the American Medical Association declared that health care was a privilege, not a right. Today, few would agree. There is now a consensus that blacks should have mortality and morbidity



rates much closer to those of whites. Much less agreement exists about what to do to close the gaps.

Policy Criteria

In this section, we deal with three policy issues: creaming; universality vs. targeting; and poverty or inequality reduction.

Creaming. The jagged progress characteristic of blacks can be partly considered a result of creaming. Creaming is a policy, intentional or unintended, of concentrating on the "easiest cases." Where the poor or disadvantaged are involved, it improves the situation of the better-off of the badly-off population—those least disadvantaged of a disadvantaged group. The expectation is that as each layer moves up, those worse off gradually become the recipients of attention and will then improve their situation.

Two assumptions are usually made: The methods which led to the improvement among the better-off of the badly-off will be equally useful for the worse-off who were left behind; the departure of the better-off will not adversely affect the worst-off who remain. Both assumptions are frequently, perhaps usually, wrong. The "last mile" of social improvement—dealing with the worse-off of the disadvantaged—is more difficult than the earlier run and may require different (and more extensive and expensive) interventions than those that helped the better-off. The departure of the better-off changes the communities that they leave, by concentrating problems, depriving them of some leaders, weakening established institutions like churches, encouraging stereotyping, caricaturing, and stigmatizing those left behind (e.g., "blaming the victim").

A creaming approach is individualistic; the imagery is of plucking individuals from the arms of slothful poverty and "reducing poverty" by decreasing the numbers who suffer from it but not changing the conditions of those who remain poor nor challenging the forces that structure poverty.

The experience of creaming helps to explain the dual feelings of improvement and impoverishment among blacks; more of them now enjoy a middle-class economic status and leave low-income center-city neighborhoods, while conditions in the center-city locations deteriorate.

Creaming has its merits and role but in today's circumstances it

is inadequate if large numbers of poor blacks are to improve their condition. A broader collective effort is needed.

Poverty Reduction or Equality. Is the objective only to reduce poverty or unemployment among blacks because of the damage inflicted by that economic condition? Or is it to reduce economic inequalities between blacks and whites? In the latter case it would be unsatisfactory if black poverty rates were reduced while white household income increased and widened the gap between blacks and whites. Despite strong disagreements about the goal of economic equality, the dismay when economic inequality between blacks and whites is increasing indicates widespread agreement that these inequalities should be decreasing, even if complete equality is not the objective.

The consensus seems to be that poverty and inequality should not be disproportionately concentrated in an ascriptive group (i.e., one characterized by unchangeable characteristics like race, ethnicity, or gender), and should be dwindling rather than expanding. While this outlook is not as demanding as the right to equal health and health care, it demands reductions in inequalities as well as in poverty.

The underlying issue from the perspective of health policy is the strong likelihood that the persistence of economic, social, and political inequalities, even if black poverty is reduced, is injurious to the health of black Americans. This outlook treats equality as instrumental to health; the deeper question is, of course, the moral one of the nature of our obligations to one another.

Black and white equality may be insufficient in some health respects. The concept of "excess deaths" points to American mortality rates for certain diseases that exceed those of other nations. More effective interventions would be likely to lower American rates. If black rates were the same as white rates, that achievement would be unsatisfactory. The case of "excess deaths" illustrates a general point about equality: incorporating the excluded or disadvantaged into existing structures and improving their situation may be inadequate; the general situation for all may have to be improved. American medical care may have to face that challenge.

Universality or Targeting. The specific policy questions of how to improve the situation of blacks is part of the general policy debate about the competing principles of, on one hand, universality or comprehensiveness and, on the other, targeting, selectivity, or means-testing (Miller and Rein 1988). The first set of terms refers to programs

available to (almost) all; by virtue of being a citizen, resident, or wage earner, one receives benefits from a program. In practice, no program is available to everybody, but Social Security and Medicare come closest to it. Age and past contributions of the former and age alone for the latter make one eligible for benefits. The targeted principle sets out conditions, usually of income inadequacy, that must be met in order to receive benefits. Eligibility is not on the basis of a noneconomic characteristic like age or sickness alone; rather, one must show need, the inability to provide for one's household, or to seek the needed service in the marketplace. Targeted programs like Medicaid are aimed at "needy" persons; untargeted or universal programs do not require that the individual or household demonstrate a lack of means to cover needs.

The advantage of universal-type programs available to (almost) all is that it builds support for a program because so many, especially politically potent nonpoor persons, benefit from it. Other gains are that it avoids stigmatization of beneficiaries, may promote social solidarity by establishing institutions and activities in which all are involved (at least at some point in their lives), and is likely to promote higher quality service because of the threat of widespread political discontent if quality is low or deteriorating.

The negative side, emphasized by economists in their benefit-cost calculations, is "leakage," diffusion of program resources, which reduces the "target efficiency" of a program because it aids those not in need. By providing to all rather than to only those with insufficient resources, less is available to low-income people who need more substantial aid. Public resources are "wasted" or "leaked" to those who could handle the burden of the costs that they face. By eliminating this diffusion and concentrating the public program on those with real resource needs, more funds would be available to those who need them.

The assumption is that cost savings resulting from targeting and removal of benefits from those who do not lack resources would lead to a practice where greater resources are expended on those who lack means. No iron law of policy or politics dictates that result.

Indeed, the argument against selectivity or targeting goes further and contends that participants in means-tested programs tend to be or feel stigmatized, so that some of the benefits to them of the program may be lost because of the burden of the disgrace. (The spread of the doctrine of "rights" or "entitlements" to even means-tested services

may have reduced the dangers of self-feelings of stigma.) Determining eligibility and eliminating "abuses" by the ineligible become a prime operation of targeted programs, leading to heavy and intrusive bureaucracy. Programs exclusively for the poor frequently become poor programs—hastily formulated or modified, inadequately funded, plagued by conflicting objectives of aiding the poor and regulating them as well, oversold as panaceas, incompetently and/or under-staffed, over-investigated and overevaluated, and political whipping objects. They tend to become politically unattractive programs, subject to easy abuse by politicians courting support by denigrating program participants and operations. Swift, deep progress is expected from targeted programs; beneficiaries are expected to "shape up" so that they soon do not need the aid that is provided. If not, programs are curtailed, punitive sanctions are imposed on those who do not seem to respond to what are regarded as incentives, or the should-be beneficiaries are bitterly critized. Poor people, accused of the inability to defer gratification (Miller, Riessman, and Seagull 1988), suffer from the short attention span and the low ability of legislators to live with delayed payoffs.

Programs that are seen as for the poor, the underclass, welfare cheats, and blacks in general face political, financial, and operational obstacles. The contrast between a universal program like Social Security and a targeted program like Aid to Families with Dependent Children (AFDC) is instructive: in the 1970s and 1980s Social Security payments more than kept up with inflation while AFDC suffered real income losses as many states did not increase benefits at all despite the high rise in prices.

An "on the other hand" exists. Special needs programs that are targeted for low-income persons can garner support that is unlikely to occur without attention to specific targets. A prominent example is the anachronism of food stamps. An East European policy expert told me of her amazement at the importance of food stamps for low-income people in the United States. Programs of that type, generalized from the venerable charitable food basket to national programs limiting how people could use public resources made available to them, had long been deemed undesirable and a target of elimination in her and other nations. They were seen as demeaning and controlling; their termination was regarded as great progress. In the United States, the food stamp program is regarded by many liberal policy makers as a way of getting Congress to augment funds for low-income people that

would not be forthcoming if a plea for general increases in benefits for the poor were requested. Targeting needs can have a payoff.

The Reagan administration's objectives of drastic reductions in the levels of and eligibility for means-tested programs were largely unsuccessful. That is not to say that they achieved no significant reductions but they could not institute the depth of cuts that were initially believed could be attained. Considerable public and political pressure for maintenance of these programs blocked many Reagan efforts. While many people are critical of something called "the welfare state," they often recognize the usefulness of specific programs. This outlook can be explained in terms of the wide variety of participants in means-tested programs (Duncan et al. 1984). One-quarter of American households in a 10-year period used at least one of three means-tested programs (AFDC, food stamps, or Medicaid). Assuming that most of them felt that they benefited from the program and that each had at least one relative or friend who regarded the means-tested programs as having been of use in this instance, then over one-half of the population had a direct or near-direct positive contact with a program. A lot of people in different means-tested programs can become a political constituency of note.

This recital has moved back and forth in terms of arguments about universality and targeting. One complication is that considerations of both good policy and good politics are involved. Another is that a number of criteria for positive performance (e.g., level of resources, stigma, low bureaucracy, quality) are important. The result is that no simple rule can be induced, but I will offer a set of guidelines toward a policy of dealing with dilemmas rather than resting with the dilemmas of policy.

The first line of defense or improvement should be universal programs; they are likely to be better programs and to have strong political constituencies. The general principle is to make the needs of the black low-income population part of efforts to improve the situation of all or most Americans. Where that principle is inadequate, then targeting within the universal program can be a desirable and effective instrument. The outstanding example of the merger of these approaches is the Social Security program, which favors low-income participants. Their benefits are greater relative to their contributions than are those with higher income. Differences in preretirement wage incomes are narrowed in postretirement Social Security benefits. Elderly blacks who suffered

from low wages during their working lives are somewhat improved relative to those who were in a better situation in the preretirement period. Yet, elderly blacks are not singled out for this gain, a situation which makes that advance more politically secure.

In practice, both universality and targeting have to be utilized. When and how are the issues. Universality is the policy of first resort, but such programs often cream, are more effectively utilized by those with more education and resources, provide inadequate resources for those in greatest need, and have only a limited effect on reducing economic inequalities. Universality reduces the likelihood of two Americas or two sets of institutions—one for the “disadvantaged,” the other for those who are better off. It improves the political chances of maintaining and improving funding for programs and enhancing their quality. Nonetheless, universality has to be supplemented and sometimes supplanted by targeting on those who are disadvantaged and discriminated against.

Economic and Social Policies

Employment is a prime area for improvement of the situation of blacks—more and better jobs and a more effective upgrading of existing jobs are all needed. Following the approach just discussed, the first step is an expanding economy that produces more jobs and good jobs at that. Blacks do better in an expanding than in a contracting economy. An effective macroeconomic policy that stimulates the economy is an important first step. At issue within job growth is the quality of jobs produced. Many of the new jobs of the 1970s and 1980s have been low-paying, part-time, and devoid of fringe benefits; many of the good blue-collar jobs in mass-production industries have disappeared.

An increase in jobs, especially good jobs, does not assure that blacks will get them. Affirmative action, to which we shall return, is one route. Encouraging black entrepreneurship is another. But education, training, improved transportation, and child care are of greater importance in helping blacks to move into good jobs in greater numbers.

The current emphasis on higher standards in public education may worsen the schooling of many poor and black children if particular effort is not put into improving their learning. Federal aid to education has diminished; the downward cycle should be reversed. The Elementary and Secondary Education Act, which provides funding to school districts

with many low-income children, should be better funded and strengthened to insure that the funds are spent in ways that benefit low-income students.

A difficulty within the dual pressures on schools today—pressures toward “excellence” as well as on general learning and vocational preparation—is that schools for the poor, especially the black poor, may become so heavily vocationalized that students learn little of the world around them. If the vocational training does not lead to a good job and provides few adaptable skills, then poor blacks will be doubly handicapped—ill-prepared for employment and uninformed about significant matters. And, if they fail to measure up to “excellence,” they will drop out or be pushed out of school.

The United States lacks a comprehensive, accessible, well-funded system of worker training and development like the permanent or recurrent education schemes of France and Sweden. We have community colleges, adult education programs, and nationally funded and state and locally operated job training programs. They do not add up to a national program with priorities and direction. A comprehensive national program is needed with specific targeting to improve the employment prospects of those who are more difficult to place. At the same time, access to higher education should be facilitated by expanding aid and loan programs for low-income students. Where higher education is concerned, targeted financial help is not stigmatizing nor politically unattractive.

Affirmative action has a definite role to play, but it is certainly not the most important item on the economic agenda for blacks. Without affirmative action, many educated and trained blacks would not have attained middle-class positions. Indeed, they might not have been willing to seek further education and training if they did not believe that affirmative action would open up positions that had been closed to their parents. Despite the grievances that they are still not making it to the upper echelons of business and professional life, there is little doubt that without affirmative action some blacks would not be in the outer reaches of executive suites. Affirmative action has also been important in opening many blue-collar and white-collar jobs which had previously been barred to blacks. It has stimulated some upgrading of positions for blacks.


A charge against it is that it has not improved the situation much for those blacks with limited schooling and training and low initial

job motivation and capacity. To benefit the black poor, not only does affirmative action need to be strengthened but programs going beyond it need to be devised. For example, low unemployment rates can increase the demand for workers—including black workers—reduce entry qualifications, and promote on-the-job training. Or, the promotion of local economic development in poor black neighborhoods can improve the accessibility of jobs and improve community life.

“Workfare” and “welfare reform” are current buzzwords for efforts to improve jobs and job training among those poor who are on AFDC. While about one-half of the AFDC households are white, AFDC is politically regarded as a program dealing with black mothers and their children. The theme of many of these proposals is to turn welfare into a selective employment and training program. It will not be possible to move everyone into decent jobs that pay more than AFDC and provide medical insurance: some mothers should not or cannot work; enough jobs are not available; it is very expensive to provide the support systems of child care and transportation; good training and effective induction into work settings require quality supervision. Proposals are frequently made more attractive by grossly underestimating these costs. Creating jobs is not an easy or a cheap task. The result is that many programs produce results that fall far below expectations and the women receiving AFDC are blamed for the failures.

There is certainly a role for such programs; many women on AFDC are searching for ways into the labor market. Quality programs are needed, and mandatory requirements are not likely to lead to quality programs. Removing the threat of losing Medicaid benefits if one moves to a job would be of great help. Overcoming the appalling bureaucratic nightmare that is the daily experience of poor people who have to seek aid from diverse public programs would be an enormous boon. Furthermore, public programs should be conducted so as to promote, not thwart, self-help and community development. But self-help should not be seen as an alternative to government aid; the aid itself is needed. How it is provided is the issue.

Even with a successful welfare-type program, direct aid or transfers to low-income people would still be necessary. Again, if universal programs reduced the need for targeted transfers, the poor would benefit. Improving Social Security benefits for low-wage earners would benefit the aged black poor without invoking a special system for them. If unemployment insurance payments were weighted so that



not only previous wage income but the number of members in the household influenced the benefit, some large unemployed white and black families would gain. Or, if all families with children received a family or child allowance, that would be of aid to single-parent and low-income families without singling them out. If it were coupled with elimination or reduction of the income tax deduction for children, income inequalities would be reduced. Or, a modified version of the child allowance would provide (taxable) benefits to all single-parent households; the state or federal government would exact a payment from the absent parent but would not reduce aid to the single-parent family if it failed to get the payment from the absent parent. The aim of these proposals is to eliminate the bureaucracy of means-testing and the operation of separate systems that segregate a particular population. Instead, it aims to have one system that benefits all households with children.

Health Services

Unfortunately, only two approaches to extend medical insurance coverage are on the current congressional agenda (Long 1987). Both are limited. One would nationally mandate that employers provide a minimum package of medical insurance for their employees. A difficulty with this approach is that those who are unemployed or out of the labor force would not benefit nor would those sporadically employed if mandatory coverage applied only to those who have been with an employer for some period. A second consideration is whether all firms would be covered or only those with a minimum number of employees. It is quite likely that poorer blacks work in very small enterprises and would not be covered by the minimum-worker requirement. A third issue is the content of that mandated package and to what extent it meets the needs of blacks. A fourth point is that larger, better-off firms that are likely to be unionized have sizable medical benefits. While a mandatory program will reduce the gaps in medical coverage resulting from employment in differently situated firms, inequalities in access to health care will continue.

The alternative proposal is to extend Medicaid to more people by raising income eligibility limits (and continuing for some time Medicaid coverage for those who were on AFDC and left the rolls for a job). This approach makes sense because Medicaid in the 1980s has been


serving a smaller percentage of the poor than in the early 1970s (Starr 1986). The negative side is that by extending Medicaid we maintain a dual system of medical insurance coverage, which provides lower-quality service for the non-aged poor compared to older persons covered by Medicare and those at all ages with private insurance. Further, state variations in Medicaid provisioning would continue, so that access to health care by the poor would still depend on where they lived. Expenditure patterns are important as well. Two-thirds of Medicaid spending goes for the medical needs of the aged and disabled (Starr 1986); the more ordinary medical needs of lower-income people, especially blacks, may not be met by extension of Medicaid, particularly if the extension of coverage to more people leads to limits on the services available.

Each proposal does take an important step toward increasing medical access for lower-income citizens. Neither meets the objective of a universally based system especially targeted to aid the poor. Neither assures that hospitals and physicians would be easily available to blacks in center-city areas. Neither deals with primary and preventive health care.

Since national health insurance appears remote, the highest, somewhat realistic, hope in the next years would be to move to mandatory employer provision of a medical insurance package, to extended Medicaid eligibility, and to expanded Medicaid services. In addition, the accessibility issue could be partially met by increasing the number of black physicians through scholarships and start-up loans and by expanding incentives for physicians to locate in low-income areas.

The community health centers (CHCs) established by the Office of Economic Opportunity in the 1960s should be increased to the grand scale originally envisaged (1,000 centers serving 25 million persons), and become key health providers and educators in lower-income areas. Although they never received the acclaim accorded health maintenance organizations, they had "a decidedly positive impact" (Starr 1986). The CHCs could become the primary and preventive health care providers in black low-income communities and be closely related to community life and to school health education programs. With the extension of health insurance coverage, the targeted element is less likely to experience diminished quality.

The attention to improving financial access to medical personnel and hospital care draws concern away from the advancement of public



health measures (e.g., reduction of air and water pollution, improved regulation of food and drugs, reduction of work injuries and diseases, elimination of dangerous dumps). Public health measures are particularly important for lower-income citizens. Good health is not only a result of what physicians and hospitals do for us, or what we do for ourselves; our environments, broadly viewed, are implicated in our health status.

A final, difficult-to-resolve issue is how much should be spent on health measures to improve health and how much on improving economic and social conditions that affect health. Class and race data point inevitably to the conclusion that improving incomes and social conditions would enhance the health of blacks, especially low-income blacks. Even those who espouse the importance of personal health practices (e.g., quitting smoking, good nutrition, exercise) have to question whether improved incomes or social conditions will do more for health outcomes than medical interventions or health education. It is difficult to change practices without changing circumstances. Is the way to improve the health of blacks through the economy and society rather than through the clinic, hospital, or health maintenance organization? Reducing economic and social inequalities may be the road to the achievement of individual health and a healthy society.

Class Perspectives

Constructing policies to deal with the situation of blacks in contemporary America is complicated by the tension between opposing sensibilities: Many whites contend that much, perhaps too much, has been done to aid blacks; many blacks believe that white America has refused to produce equality and end racism. That division is not easily reconcilable.

A basic step, though only a step, is greater clarity about what America is like. In recent years, the confusion about race and class has grown and makes policy difficult to construct and implement. In this section we discuss the stunted nature of the class structure of the United States and some of its implications for blacks.

In the 1980s a new version of American social stratification was enunciated by politicians and media pundits: there was "the poor," living below the official poverty line, and then there was everyone else, "the middle class." Although this two-class view is something of an improvement over the 1950s perspective that "everyone is now middle class," it blocks understanding of the nation.

It may be unclear what a "middle-class standard of living" is in terms of income, assets, economic security, future social mobility, and social standing, but there can be little doubt that a family of four with an income below the national median family income, relying upon two wage earners, is not living a middle-class American life. Such families are scraping by and likely to be exceedingly fearful of what a layoff or illness could do to their level of living. At best, they slide in and out of middle-class conditions. Economic insecurity is not restricted to a few and middle-class life is changing dramatically if fear of the future becomes a dominating motif for many who are regarded as in this privileged sector. At the upper end of the "middle class" are those who make better than four times the median income, in professional, entrepreneurial, and managerial occupations, or through speculation, are they to be regarded as in the same economic and social circumstances as those at or just above the median family income level? Quantity thus becomes quality and produces a profound difference in everyday life and outlook.

The two-class approach also provides a misleading aura of general equality. We all share basically similar economic and social perches and outlooks—that of the middle class—except for those unfortunates, some of whom are lamentably authors of their fate, labeled "the poor" by official statistical measurements. This view obscures the economic and social processes that sort people, underestimates the divisions—economic, social, and political—in American life and constrains the ways in which we think of people and policy. For if we are all pretty much the same, except for that small but disturbing group of misfits or unfortunates, then national policies will benefit those in the one middle-class boat as it is swept along by the rising tide of economic growth. But if the United States is not a simple two-class society in which only a relatively few are classed as poor, then rising tides unequally or even adversely affect people.

The sharp split in economic conditions and social outlook conveyed by the two-class approach affects blacks. First, it portrays low-income blacks as different from the rest of us, needing the whip to push and keep them in work. Some writers loosely include all those officially poor or on welfare as members of "the underclass," a category that connotes a reluctance to do "honest" work, an individual pathology, and social disorganization. The effect is to focus attention on what is wrong with those so labeled rather than on broader economic and

social processes that foster what is thought of as "antisocial behavior." Certainly, such behavior exists, but the way to deal with it is not simply through a moral uplift motif, though that has an important role. Circumstances are implicated and have to be changed.

Second, it encourages divisiveness within black life. The enlarged "talented tenth" of educated middle-class blacks whom DuBois envisioned as providing leadership is encouraged to separate itself from the black poor, while it is castigated for being alone in benefiting from the civil rights legislation of the 1960s. The role of the so-called "black bourgeoisie" has long been questioned; the development of good employment for educated blacks outside black communities changes many things; but the curious misunderstanding of class changes in America makes it even more difficult for nonpoor blacks to play a constructive part in the current scene. The turning of many black organizations toward major concern for the black poor and to a rethinking of national and organizational policies may overcome some of these difficulties.

Race Questions

The issue of race does more than linger in the experience of America. True, profound changes have occurred in the four decades since Myrdal published *An American Dilemma* (Myrdal 1944), a two-volume account of how blacks were segregated, impoverished, and deprived of civil rights, and that this was widely acceptable despite the American creed of equality and freedom. At the attitudinal level, most whites do not express support for a separate, segregated world for blacks. But many are unwilling to change their own lives and outlooks so that blacks could enter a truly open, colorblind society. Today's "white American dilemma" is that to create a more equal society requires at least disturbing some ongoing behavior and important institutions. The hope of the early 1960s that the United States could be transformed dramatically on the cheap and without white dislocation cannot be resurrected today. Often, whites do not accept the changes that would make life different for blacks. We are often unwilling to inconvenience or burden ourselves to facilitate the entrance of blacks into the mainstream. Partly, it is because of the fear of job competition or increased taxes; partly, it is because we do not enter into full intellectual and social acceptance of blacks. Sometimes, the belief is that enough has been done or blacks should do more for themselves. The result is a

reluctance to become involved with the major problem of the twentieth century. Another problem is the false belief that all of the American poor are black and all blacks are of the underclass, a misconception that angers blacks and confuses our understanding of poverty and race issues.

There is the "black American dilemma" which was not the focus of Myrdal's book. Characteristically, it concerns the issues of integration or separatism. In the immediate post-World War I years with the widespread appeal of Garveyism, the choice seemed to be either to return to Africa or to remain in the segregated, discriminatory United States, hoping for a day of deliverance. More recently, the form the issue took was whether to build black communities and institutions and gain a high degree of self-sovereignty—what some thought of as "black power"—or to fight for desegregation and integration. These two sets of aims do not always diverge in practice but in ideology they appear as polar opposites.

While the choice may pose a dilemma for blacks, they do not have full control over what happens. In practice, they have achieved some desegregation but not full elimination of barriers, some increased influence over their local institutions but with grossly inadequate resources and very limited power.

The desegregation-separatism issue remains, though less forcefully than in the 1960s and 1970s, as a new-old controversy emerges over the question of the relative importance of class and race. Is race much less a barrier to progress? Is the lower-class status of many blacks the challenge? Or is race a persistent obstacle for blacks and still *the* problem for American society?

The class versus race issue is frequently debated as if it were a proposition about economic and social mobility. But it is essentially a political-value issue. The way that the class perspective usually plays out—it need not be used this way but largely has had this cast—is that it *is* possible to make big changes in black conditions without deep changes in American structures and life. In this view, inserting blacks into the American mainstream through education and training does not require great shifts in the way that things are done in the United States.

The race approach explicitly declares the issues are deeper. Bringing blacks into the economic and social mainstreams is not a simple process of education and training. At the level of means, the task is complicated

by race, its history, and its present impact on both whites and blacks. Changes in American life—significant changes—are needed to bring about the full equality that is part of the American Dream. Such a transformation can only occur if American institutions are transformed. In the near term, the issues are about overt, covert, and institutional racist practices. In the never-ending quest, the challenge is how to construct an equal society that does not require the submergence of a group's life and consciousness into the dominant group's way of life.

These are issues that seem far removed from the issue of differences in health and health care between blacks and whites. But health cannot be considered apart from other dimensions of life, especially in areas where public policy plays a large role.

DuBois (1961[1903], 139) saw many of the issues that we have discussed, and I conclude with a passage that ends his essay "Of the Sons of Master and Man":

It is not enough for the Negroes to declare that color prejudice is the sole cause of their social condition, nor for the white South to reply that their social condition is the main cause of prejudice. They both act as reciprocal cause and effect, and a change in neither alone will bring the desired effect. Both must change, or neither can improve to any great extent. The Negro cannot stand the present reactionary tendencies and unreasoning drawing of the color-line indefinitely without discouragement and retrogression. And the condition of the Negro is ever the excuse for further discrimination. Only by a union of intelligence and sympathy across the color-line in this critical period of the Republic shall justice and right triumph,

"That mind and soul according well,
May make one music as before,
But vaster."

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