



FOCUS[®]

MAGAZINE

African American Vote Significant in Presidential Primaries

By David A. Bositis

With the presidential primary season now in full swing, the significance of the African American vote, particularly in choosing the Democratic nominee, has become increasingly clear. While not particularly significant in the two states that traditionally go first in the process, Iowa and New Hampshire, the black vote will be critical in the primaries in Michigan (Jan. 15), South Carolina (Jan. 26), and Florida (Jan. 29). And on Feb. 5, when voters in states from New York

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The African American Climate Change Crisis: Quiet Nightmare or Subtle Opportunity?

By M. K. Dorsey

We live in a moment in the United States where civil rights are enshrined in the law and racial epithets are considered especially offensive. Ironically, when the attacks on people of color and low-income citizens are of an environmental nature, they are seldom met with condemnation, or modest redress, like remediation or clean-up, let alone prosecution. This reality comes after a decade of data revealing that race, not income, is the best predictor of exposure to hazardous waste, toxic chemicals and environmental harms in general. Researchers from across the country name

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“WHICH WAY FORWARD? THE NATION PREPARES TO DECIDE”

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Not long ago, it normally took until January or February of a presidential election year for voters to begin paying close attention to the crop of candidates vying to occupy the Oval Office. Things are different this time around. For whatever reason – the earlier primary schedule, the lack of an incumbent candidate, or maybe the intensity of feeling that exists with regard to today's hot-button issues – we are entering 2008 with the campaign having already been in full throttle for quite some time.

Notwithstanding the complaints I sometimes hear about it, I would argue that a longer campaign cycle – more debates, more public discussion, and more media scrutiny of the positions and statements of the candidates – is a good thing for our country. In fact, given the Joint Center's historic interest in expanding civic engagement of African Americans and the advancement of our issues in the policy arena, I would go so far as to say it is one of the best things that could happen to the democratic process.

Apparently, I am not the only black voter who seems to think that. You may have read or heard in the media last November that a national poll conducted by the Joint Center for Political and Economic Studies found that African Americans are paying close attention to the presidential campaign and the positions of the candidates. At the time the survey was conducted in October, some 80 percent of black voters said they were closely following news coverage of their party's candidates, and two-thirds said they were extremely likely to participate in the upcoming primaries and caucuses.

The poll also found displeasure with the current leadership of the country and a strong desire among African Americans for a new course. The war in Iraq has emerged as a major issue for black voters. Issues such as immigration, terrorism and taxes barely register. Health care continues to be a major concern, followed by the economy and education. And, by a two-to-one margin, respondents said that "commitment to change" was a more important attribute in a candidate than "experience in public office."

The level of interest we have in the candidates, the shifting nature of our concerns, and the determination to participate and have our say – all these factors tell us that no one person or institution can "deliver the black vote." We will be making up our own minds regarding who is best qualified to lead this country for the next four years.

In addition to educating the public and our national leaders about the concerns of African Americans, our survey results are useful in guiding the Joint Center toward the fulfillment of our mission to study in depth and offer policy prescriptions on the issues that affect life in our community and the prospect for a better future.

As you will read in these pages of FOCUS, many of the front-burner issues that face the country, as well as some of the proposed measures to address those challenges, can have disparate impacts on communities of color. For example, studies show that African Americans are disproportionately burdened by the adverse affects of climate change, but they might also be adversely impacted by efforts to mitigate the problem. The recent meltdown of the subprime lending market brings with it a multitude of implications for African American families, who are more likely to be carrying such mortgages on their homes. And black people across this nation are all too familiar with the disparities in disease, longevity and access that plague the American health care system and seem to be getting worse every day.

In light of all this and so many other issues, our ongoing task at the Joint Center is to explore, to investigate, to gather the evidence, to enlighten and to create an enabling environment for the development of policy solutions. Whoever gets the black vote in the 2008 presidential election will likely be the candidate who has the best of intentions toward addressing the concerns of minority communities. But we know from experience that intentions are not enough – and that real progress is built on a foundation of research, data and policy innovations.

To that end, the Joint Center will work to ensure that our next president has the inspiration and the ideas to pursue a bold new vision for a better and more just society.

*Ralph B. Everett
President and CEO
Joint Center for Political and Economic Studies*

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TACKLING HEALTH CHALLENGES FACING AFRICAN AMERICANS

AN INTERVIEW WITH DR. REED TUCKSON



A new assessment that measures the healthiness of states shows a decline in the overall health of the nation. The American Public Health Association and Partnership for Prevention collaborated with the United Health Foundation to produce the 18th annual edition of America's Health Rankings: A Call to Action for People & Their Communities.

The report found that the overall health of the nation fell by a rate of 0.3 percent between 2006 and 2007. By contrast, the nation's average annual improvement was 1.5 percent between 1990 and 2000. Even reductions in the rates of cancer and cardiovascular mortality could not offset growing rates of obesity, an increase in the number of uninsured and persistent risks such as tobacco use and violent crime.

The report ranked Vermont, Minnesota, Hawaii, New Hampshire and Connecticut as the five healthiest states. The least healthy states are Mississippi, Louisiana, Arkansas, Oklahoma and Tennessee.

Reed Tuckson, M.D., a member of the board of the United Health Foundation, discussed the report and the problems it highlights with FOCUS. The entire report can be viewed at www.amercashealthrankings.org or www.unitedhealthfoundation.org.

FOCUS: How would you describe the state of Americans' health, and how does the health of African Americans compare to that of their fellow citizens?

From 1990 to the year 2000, America saw consistent improvements in its overall health. That progress stalled in 2000 and remained stagnant until this year. We are disappointed to report that America's overall health has actually declined by 0.3 percent since 2006.

While improvements have been made in specific areas, including lower cancer rates and cardiovascular deaths, these improvements continue to be dwarfed by increasing obesity, increasing numbers of uninsured people, children in poverty and the persistence of risky health behaviors, such as tobacco use and violent crime – all of which have a significant impact on the overall healthiness of the nation.

African Americans, like other ethnic groups in America, face the additional obstacle of significant health disparities when compared to Caucasians. For example, African Americans have a premature death rate 1.5 times higher and a cancer mortality rate 25 percent higher than Caucasians.

FOCUS: What do you mean by "health disparities?"

It is a way of speaking about sub-optimal quality of life, sub-optimal health status, sub-optimal clinical care delivery and, ultimately, premature death for people of color that cannot be explained on any biological-only basis. It represents a difference in areas that have the opportunity for meaningful interventions at a variety of levels of engagement.

FOCUS: In which health areas have Americans made progress?

More young people are graduating from high school and fewer Americans are dying from cardiovascular disease. Since 1990, our infectious disease rate has decreased by 45 percent; the number of occupational fatalities is down 39 percent and the number of children being immunized has increased by 46 percent. Thirty-Three percent fewer babies are dying within their first year of life; and 32 percent fewer people smoke. However, little progress has been made in reducing the prevalence of smoking since 2000.

FOCUS: How does that progress compare with the areas where Americans are losing ground, and are those areas the same for African Americans as for the rest of the population?

It is important that we take immediate action to address the health challenges that face all Americans. Obesity continues to rob Americans of their health, with more than 25 percent of

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ECONOMIC REPORT

THE 2007 SUBPRIME LENDING EXPERIENCE: PICKING UP THE PIECES

By *Wilhelmina A. Leigh and Danielle Huff*

The 2007 subprime mortgage market collapse is likely to disproportionately harm

African Americans and Hispanic Americans and may ultimately reverse the gains in homeownership these two subpopulations have made since 1995.

Although homeownership is a core component of the American dream, this dream has persistently remained out of reach for many African Americans. In 1940, when close to half (45.6 percent) of white Americans owned homes, less than a fourth of African Americans (22.8 percent) were owners. It was not until 2000 that the African American homeownership rate (46.3 percent) surpassed the white rate of 1940. At that time, though, the white homeownership rate exceeded 70 percent. In other words, homeownership acquisition among African Americans lags homeownership acquisition among whites by roughly 60 years.

Over time, awareness of this enduring gap has resulted in federal, state, and locally supported programs and in mortgage market innovations to increase homeownership among persons with lower incomes and among groups who have been excluded from mortgage markets for many reasons, including redlining, discrimination on the basis of race/ethnicity, a low credit score, or a non-traditional credit history. In the past decade, subprime mortgage loans have become a major vehicle through which many renters who had been unable to qualify for mortgages at the prime interest rate (i.e., the lowest, most preferred rate made available by financial institutions) became owners. When compared to prime-rate borrowers, however, subprime borrowers pay higher interest rates, a greater number of points, and more in fees. They also normally must accept prepayment penalties.

THE SUBPRIME MORTGAGE MARKET

Pricing differences between prime and subprime mortgages are believed by many not only to account for the additional risk to the lenders who make them, but also to incorporate a premium that reflects unlawful racial discrimination, opportunistic pricing, and predatory lending. Predatory lending can be defined as knowingly making loans to borrowers who will be unable to repay them. Thus, loans with predatory terms are more likely than other loans to end in foreclosure. Loans can be considered predatory if they have excessive (and often hidden) fees, or are sold using high-pressure tactics or outright fraud and deception. All subprime loans are not predatory, however, and all predatory loans are not subprime.

Among the major racial/ethnic groups, African Americans are the most likely to get subprime mortgages. In 2006, more than half (52.9 percent) of all home purchase loans acquired by African Americans were subprime. (See Figure.) Almost half (47.3 percent) of all home purchase loans to Hispanic Americans that year also were subprime. Both African Americans and Hispanic Americans are more likely than American Indians or Alaska Natives (31 percent), white Americans (26.1 percent), and Asian Americans (24.3 percent) to have purchased a home with a subprime loan in 2006.

Thus, the 2007 subprime mortgage market collapse could cause major setbacks in homeownership acquisition among African Americans and Hispanic Americans—two subpopulations who have made substantial gains over the last decade. Between 1995 and 2006, homeownership among African Americans increased from 42.9 percent to 48.4 percent, while the rate for

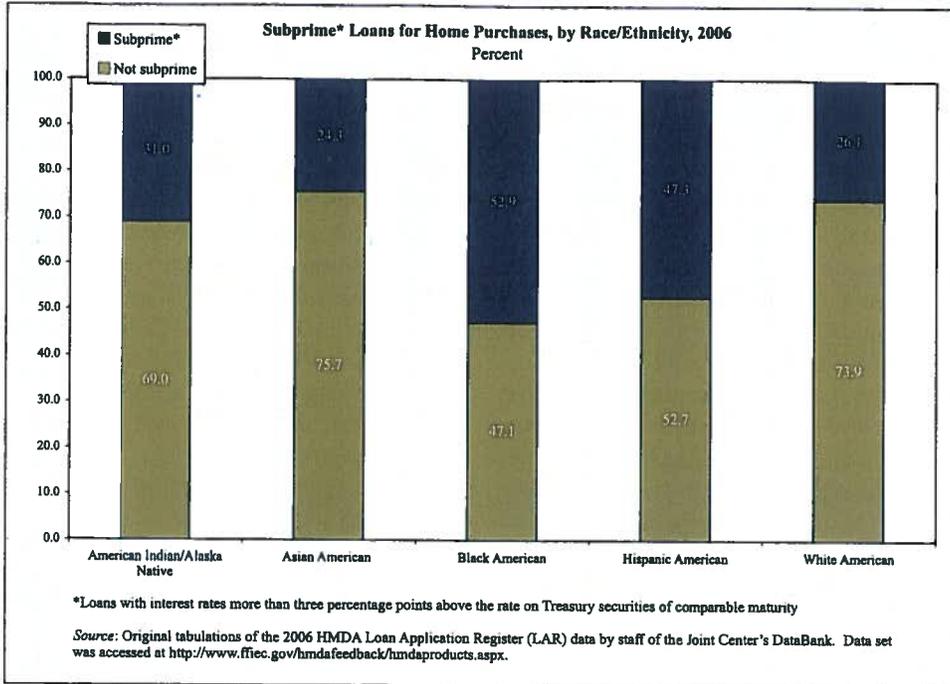
Hispanic Americans grew from 42.0 percent to 49.7 percent.

GUIDING PRINCIPLES FOR SOLUTIONS

What can be done to help households at risk of losing their homes as a result of subprime lending and to stabilize the housing market overall? Homeowners with mortgages they cannot afford or whose homes are at risk of foreclosure are an economically vulnerable group whose size is likely to grow over the next few years as the rates on an increasing number of adjustable-rate mortgages are re-set. Given the likely prospect of falling house prices and sluggish home sales in the near term, struggling homeowners may not be able to sell their homes to avoid financial collapse. Refinancing would be a viable option, but only if the refinance loan were truly affordable to the household.

At the time that this article was written, the President and the U.S. Congress separately were developing plans to address the likely future problem of numerous subprime adjustable-rate mortgages being re-set to rates that mortgage holders could not afford. To minimize the future fallout—in increased delinquencies and foreclosures—from the 2007 subprime market collapse, we need to establish clear and enforceable guideposts for this type of mortgage lending. The following two principles can help:

- Lenders should not make loans or offer mortgage products to borrowers (especially those with low incomes or with limited financial education) without fully and realistically assessing the likelihood that these borrowers can repay them. This assessment should be made not only for the initial rate on adjustable-rate



mortgages but also for the higher rates to which these mortgages may be set.

- Borrowers should not accept loans they can not repay. Many borrowers, however, lack the confidence about financial matters or have not received the financial education necessary to understand the features of mortgage loans and to reject loans they will be unable to repay.

Greater oversight must be provided, and incentives and penalties should be established to enforce these guiding principles.

REMEDIAL PROPOSALS

Enacting federal legislation (and associated regulations) to restructure and regulate subprime lending in a manner comparable to that of the prime mortgage market is one potential solution to the recent market collapse that would build upon the principles noted above. Other proposals to limit the fallout from the subprime lending collapse include many of the following elements:

- Encourage—with both a carrot and a stick—all mortgage lenders to engage in both prime and subprime lending.

“IN OTHER WORDS, HOMEOWNERSHIP ACQUISITION AMONG AFRICAN AMERICANS LAGS HOMEOWNERSHIP ACQUISITION AMONG WHITES BY ROUGHLY 60 YEARS.”

- Adjust the provisions of the Home Owner Equity Protection Act (HOEPA) of 1994 to cover more subprime loans. The HOEPA establishes practice standards for making high-cost subprime loans, such as requiring lenders to verify a borrower's ability to repay the loan and banning balloon payments in the first five years and prepayment penalties that last longer than five years.

- Require buyers of subprime loans to take responsibility for the actions of the lenders who made the loans—i.e., assignee liability. This provision (already in effect for loans covered by HOEPA) would make entities that either purchase subprime loans to hold as investments or to package for resale as mortgage-backed securities (MBS) more concerned about and responsive to the quality of subprime loans.

- Allow borrowers who encountered subprime lending abuses to get refinance loans through the Federal Housing Administration (FHA)—a federal agency that offers loans at lower-than-subprime rates to low-income borrowers. The FHA Secure program launched August 31, 2007, has provided fixed-rate loans to many borrowers with delinquent adjustable-rate mortgages.

- Freeze the initial rates on all outstanding adjustable-rate mortgages held by borrowers deemed at risk of delinquency. President Bush worked out a voluntary agreement to freeze the interest rate on adjustable-rate subprime loans made between January 1, 2005, and July 31, 2007, for borrowers who have consistently paid their monthly mortgage notes at the initial rate but would be unable to afford these mortgages at the increased interest rates that will come into effect before July 31, 2010.

- Do not give financial institutions credit under the Community Reinvestment Act of 1977—known as the CRA—for predatory lending. Initially enacted as an antidote to redlining, the CRA requires banks and other financial institutions to devote a given share of their deposits to mortgages for low- and moderate-income individuals in their communities

in exchange for the benefits these institutions receive from federal deposit insurance. By taking this step, the federal bank supervisory agencies could use the CRA to encourage responsible lending.

- Enact federal legislation to mandate that subprime lenders make information about their rates and fees publicly available. Making available to potential borrowers information about the cost (i.e., interest rates, points, fees, penalties) of subprime loans in a manner comparable to that for prime loans (e.g., in newspapers) could modify the behavior of both consumers and lenders. Consumers would be better able to comparison-shop, and some lenders would modify the terms of their mortgage products.

Not only should the federal government use its legislative and regulatory power to restructure subprime lending but federal and state governments also should work together to promote stronger regulation of subprime lending. Although some states have enacted legislation to address predatory lending, states generally defer to the federal government to regulate home mortgage lending. The monitoring and licensing of the brokers who have helped subprime lending develop and thrive, however, are state functions that are performed with varying degrees of effectiveness across the nation. Federal legislation to establish minimum standards for broker behavior and that builds upon the existing state statutes deemed most effective could improve the structure and functioning of the primary market for subprime loans.

To enable consumers to make wiser decisions when searching for loans to purchase, refinance, or improve their homes, both public and private sector entities should make financial education and counseling, in general, and housing counseling, in particular, more widely available. The increased knowledge and confidence derived by participants from financial and housing counseling

programs can enable borrowers to more accurately assess whether they will be able to successfully make mortgage payments over time and also may lessen the frequency with which borrowers who may be eligible for prime rate loans are given subprime loans.

Another way to avoid a repeat of the 2007 subprime market experience would be for both public and private sector entities to strengthen existing and develop additional means (other than subprime mortgage lending) by which to provide home-purchase financing to low-income individuals and persons with less-than-perfect credit. For example, existing publicly supported vehicles such as mortgage revenue bonds and housing

“FEDERAL LEGISLATION TO ESTABLISH MINIMUM STANDARDS FOR BROKER BEHAVIOR AND THAT BUILDS UPON THE EXISTING STATE STATUTES DEEMED MOST EFFECTIVE COULD IMPROVE THE STRUCTURE AND FUNCTIONING OF THE PRIMARY MARKET FOR SUBPRIME LOANS.”

trust funds should be strengthened and receive more funding from dedicated sources.

Increasing the rental housing options for low- and moderate-income households—especially in places with high-cost housing—also may limit the number of borrowers who fall prey to subprime lending abuses. The federal, state, and local governments should work with private sector partners toward this end. Places in which the cost of homeownership is high often are places in which the amount of available rental housing has decreased, because rental units have been either converted to condominiums or razed and replaced by new units for purchase. In environments such as these, in spite of their limited resources, low- and moderate-income households seeking a place to live might be inclined to try to buy because more and better quality properties are available for purchase than for rent.

CONCLUSION

None of these recommendations as well as none of the initiatives implemented in the aftermath of the 2007 subprime lending experience is a panacea that will right what has gone wrong and prevent its recurrence. Efforts to address the situation should and will differ, depending on their goal—e.g., to identify victims of predatory lending and make them whole, or determine who was stung while taking advantage of too-easy-to-get credit and perhaps should not be made whole, or maintain the solvency of financial institutions that make home loans. The existence of such different though defensible goals

constitutes a major challenge for efforts to redress the wrongs underlying the debacle that surfaced last year. However, the desire or need to distinguish among goals to pursue suggests that it may indeed be time to consider some or all of the above recommendations as ways to enable lenders to make loans that borrowers can repay and for borrowers to accept only loans they can repay. □

Wilhelmina A. Leigh (wleigh@jointcenter.org) is a senior research associate and Danielle Huff (dhuff@jointcenter.org) is a research assistant at the Joint Center. Sources: African Americans and Homeownership: Separate and Unequal, 1940 to 2006 and African Americans and Homeownership: The Subprime Lending Experience, 1995 to 2007 at www.jointcenter.org.

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POLITICAL REPORT

The Black Gender Gap

By David A. Bositis

The contest for the 2008 Democratic presidential nomination is historic because the party's likely nominee will be either an African American, Sen. Barack Obama (Ill.) or a woman, Sen. Hillary Clinton (N.Y.). No African American has ever been on a major party's presidential ticket, and only one woman has had that distinction; Geraldine Ferraro was the Democratic vice-presidential nominee in 1984. The competition for the 2008 Democratic nomination has focused special attention on black Democratic women since they are being presented two principal choices—one who is African American as they are—and one who is a woman—again as they are. This historic choice has also highlighted a little recognized aspect of black electoral politics, namely that there is a gender gap between black men and women that is at least as large as the gender gap between white men and women.

This gender gap was seen in a national survey of likely black primary voters released by the Joint Center on Nov. 27, 2007, at the National Press Club in Washington, D.C. The results of that survey showed black women and men holding similar views of Sen. Obama, with 74 percent having a favorable view of him and 10 percent holding an unfavorable view. However, black men and women differed significantly on their views of Sen. Clinton. Among black women, 86 percent had a favorable view of Hilary Clinton, while only seven percent had an unfavorable view. Black men viewed her less favorably, with 78 percent viewing her favorably and 16 percent unfavorably. Those findings represent a gender gap of 17 percentage points.

Those differences are important because black voters are particularly influential in the presidential primaries in many states because they represent one of the largest Democratic voting blocs. In the 2004 Democratic presidential primaries, black voters were about half of all voters in South Carolina and Georgia (47 percent), Louisiana (46 percent), Mississippi (56 percent), one-third of all voters in Maryland and Virginia, and one-fifth of the voters in Florida, New York,

and Tennessee.

Among these black voters, black women outnumber men by three-to-two. According to the U.S. Census Current Population Survey, in the 2004 presidential election, black women represented 58.5 percent of all African Americans registered to vote, and 59 percent of all African Americans voters.

The impact of the black women's vote in the Democratic nomination process not only reflects black women's greater numbers among registered voters, but also the fact that black women are more Democratic-leaning than black men. In the national survey of likely black primary voters noted above, Democrats outnumbered Republicans 9.2-to-1 among black women (90.2 vs. 9.8 percent), but only 4.7-to-1 among black men (82.4 vs. 17.6 percent).

This gender gap in both participation levels and candidate choices has been seen in the presidential election exit polls in the last four elections. In each of the presidential elections between 1992 and 2004, black women have occupied a larger share of total U.S. electorate than black men—from five percent of all voters in 1992 and 1996 to seven percent in 2004. Black men have represented as few as three percent of all voters (1992) to five percent in 1996 and 2004. Black women have also voted more Democratic than black men in each of those elections. The gender gap in those presidential elections has ranged from a high of 18 percentage points in the 1996 Clinton-Dole contest to a low of seven percentage

points in 2004; the average gap over that span has been 14 percentage points.

The Joint Center's recent survey suggests some possible reasons for the black gender gap. First, black women consider themselves more liberal than black men by 48 percent to 29 percent. Second, black women were evenly split in their voting calculus, with 46 percent saying a candidate's character was most important to their vote, while 49 percent said it was a candidate's position on one or two top issues that was most important.

Black men, in contrast, thought character more important than issues by 60 percent to 37 percent. Finally, health care was a more important issue to black women than to black men. In the survey, 24 percent of black women volunteered that healthcare was the most important national problem, while only 13 percent of black men thought the same. Further, 89 percent of black women said healthcare was a very important factor in their vote for a presidential candidate compared to only 76 percent of black men.

The outcome of the Democratic nomination process in 2008 will likely be affected by the nature and extent of the black gender gap in the 2008 presidential primaries. One of the key things to watch as those individual state contests unfold is the extent to which black men and women converge or diverge in their political choices. □

| THE BLACK VOTE BY GENDER IN PRESIDENTIAL ELECTIONS, 1992-2004 | | | | | | | | |
|---|-------------------------------|--------|-----------|--------|--------|--------|---------|--------|
| GROUP | PRESIDENTIAL ELECTION VOTE | | | | | | | |
| | 1992 | | 1996 | | 2000 | | 2004 | |
| | CLINTON % | BUSH % | CLINTON % | DOLE % | GORE % | BUSH % | KERRY % | BUSH % |
| BLACK MEN | 77 | 15 | 78 | 15 | 85 | 12 | 86 | 13 |
| BLACK WOMEN | 86 | 9 | 89 | 8 | 94 | 6 | 90 | 10 |
| GROUP | SHARE OF THE TOTAL ELECTORATE | | | | | | | |
| | 1992 | | 1996 | | 2000 | | 2004 | |
| | | | | | | | | |
| BLACK MEN | 3 | | 5 | | 4 | | 5 | |
| BLACK WOMEN | 5 | | 5 | | 6 | | 7 | |

SOURCE: 1992-2004 EXIT POLLS [VNS/EDISON-MITOFSKY]

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FOCUS: How would you describe the state of Americans' health, and how does the health of African Americans compare to that of their fellow citizens?

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While improvements have been made in specific areas, including lower cancer rates and cardiovascular deaths, these improvements continue to be dwarfed by increasing obesity, increasing numbers of uninsured people, children in poverty and the persistence of risky health behaviors, such as tobacco use and violent crime – all of which have a significant impact on the overall healthiness of the nation.

African Americans, like other ethnic groups in America, face the additional obstacle of significant health disparities when compared to Caucasians. For example, African Americans have a premature death rate 1.5 times higher and a cancer mortality rate 25 percent higher than Caucasians.

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FOCUS: How does that progress compare with the areas where Americans are losing ground, and are those areas the same for African Americans as for the rest of the population?

It is important that we take immediate action to address the health challenges that face all Americans. Obesity continues to rob Americans of their health, with more than 25 percent of

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SIGNIFICANCE OF AFRICAN AMERICAN VOTE IN PRIMARIES

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to California cast their ballots, African American voters could determine the victors in several of the races.

The recent Joint Center National Survey of Likely Black Presidential Primary Voters, a national survey of 750 black likely primary/caucus voters sponsored by the AARP and conducted between Oct. 5 and Nov. 2, 2007, found an extremely high level of engagement among African Americans. More than 80 percent of the respondents said they were closely following news coverage of their party's presidential candidates, and about two-thirds said they were extremely likely to participate in their states' primaries or caucuses. As expected, 87 percent of those surveyed said they would participate in the Democratic nominating process.

A major reason for this high level of engagement is concern about key issues that currently confront the country. More than two-thirds of those surveyed named the war in Iraq, health care issues, and jobs and the economy as the most important problems. This is a significant change from the previous two presidential elections. In a 2000 Joint Center survey, education, health care, and crime and violence were the top three issues. In 2004, employment and the economy far out-paced the war in Iraq, with health care a close third. In the current survey education and crime and violence ranked fifth and sixth, behind the top three and a category labeled other/none/don't know. The one constant in all three polls has been the high level of concern about health care. Given the wide racial disparities in infant mortality and in life expectancy, this concern should not be surprising.

However, interestingly, a slight majority of black voters (51 percent) rated character as more important than a candidate's position on the issues. When the answer to this question is broken down by gender, black women voters split about evenly on

the question, yet black men by a wide margin (60 percent) indicated that character was more important.

Concern about the direction of the country was indicated by the fact that approximately twice as many respondents rated commitment to change as more important than experience for a candidate. This is consistent with the finding that 81 percent of those surveyed feel that the country is headed in the wrong direction.

Although the survey did not ask respondents to indicate for whom they planned to vote, it did ask about favorable and unfavorable ratings of the candidates. Senator Hillary Clinton (D-N.Y.) received the highest

MORE THAN TWO-THIRDS OF THOSE SURVEYED NAMED THE WAR IN IRAQ, HEALTH CARE ISSUES, AND JOBS AND THE ECONOMY AS THE MOST IMPORTANT PROBLEMS.

favorable ratings in the survey, followed closely by Senator Barack Obama, (D-Ill.) Senator Clinton was rated favorably by 83 percent of the respondents, while fewer than 10 percent rated her unfavorably. Senator Obama was rated favorably by nearly 75 percent of black voters, while 10 percent rated him unfavorably. The only other Democratic candidate within striking distance of the top two is former Senator John Edwards (D-N.C.), who was rated favorably by 45 percent and unfavorably by just under 20 percent.

On the Republican side, not a single candidate had higher favorable than unfavorable ratings among the

TABLE 1. WHAT DO YOU THINK IS THE SINGLE MOST IMPORTANT PROBLEM FACING THE COUNTRY TODAY?

| | BLACK ADULTS | | LIKELY PRIMARY/ CAUCUS VOTERS |
|--|--------------|--------|-------------------------------|
| | 2000 % | 2004 % | 2007 % |
| EDUCATION | 26 | 7 | 9.8 |
| PRESCRIPTION DRUGS/ HEALTHCARE | 18 | 20 | 20 |
| CRIME, VIOLENCE, DRUGS | 16 | 1 | 5.8 |
| EMPLOYMENT/ ECONOMY (JOBS, POVERTY, HOMELESSNESS, HUNGER) | 14 | 31 | 14.7 |
| SOCIAL SECURITY/ MEDICARE | 8 | 1 | 2.4 |
| MORALS/ MORAL CRISIS (FAMILY VALUES, CORRUPTION, SCANDALS) | 4 | - | 2.3 |
| GUN CONTROL | 3 | - | 1.1 |
| RACE RELATIONS/ RACISM | 2 | 1 | 3.0 |
| TAXES | 2 | - | - |
| TERRORISM | 1 | 10 | 2.0 |
| WAR IN IRAQ | - | 22 | 28.2 |
| OTHER/NONE/ DON'T KNOW | 6 | 7 | 10.7 |
| (N =) | 850 | 850 | 750 |

2004 AND 2006 DATA ARE FROM JOINT CENTER NATIONAL OPINION POLLS.

respondents. Former Senator Fred Thompson (R-Tenn.) had the least unfavorable ratings with nearly 30% rating him unfavorable and just under 20 percent rating him favorably. The highest unfavorable rating among the Republicans was accorded to Rudy Giuliani, who was viewed unfavorably by nearly 43 percent of the respondents and favorably by 27 percent.

The traditional preference among black voters for the Democratic Party probably is intensified by the lack of

TABLE 8A. WHICH OF THE DEMOCRATIC CANDIDATES DO YOU THINK HAS THE BEST POSITION ON: [DEMOCRATIC PRIMARY VOTERS N = 655]

| | CLINTON % | OBAMA % | EDWARDS % | | OTHER % | D/K % |
|-------------------------------|-----------|---------|-----------|-----|---------|-------|
| DEALING WITH IRAQ | 35.4 | 22.1 | 4.0 | 0.7 | 2.2 | 35.4 |
| STRENGTHENING SOCIAL SECURITY | 41.0 | 18.6 | 4.1 | 0.9 | 0.9 | 34.4 |
| AFFORDABLE HEALTH CARE | 47.3 | 18.7 | 2.9 | 0.1 | 0.3 | 30.6 |

TABLE 8B. BASED ON WHAT YOU KNOW ABOUT THE DEMOCRATIC PRESIDENTIAL CANDIDATES, WHICH CANDIDATE DO YOU FEEL HAS THE BEST ABILITY TO BREAK THROUGH SPECIAL INTERESTS AND PARTISAN GRIDLOCK TO MAKE REAL PROGRESS IN ENSURING THAT ALL AMERICANS HAVE ACCESS TO AFFORDABLE QUALITY HEALTHCARE AND LIFETIME FINANCIAL SECURITY?

| | CLINTON % | OBAMA % | EDWARDS % | | OTHER % | D/K % |
|--|-----------|---------|-----------|-----|---------|-------|
| | 47.2 | 21.8 | 4.3 | 0.6 | 0.7 | 25.5 |

TABLE 7. I'M GOING TO READ A LIST OF THE LEADING CANDIDATES RUNNING FOR PRESIDENT. I'D LIKE YOU TO RATE YOUR FEELINGS TOWARD EACH ONE AS EITHER VERY FAVORABLE, FAVORABLE, UNFAVORABLE, OR VERY UNFAVORABLE. IF YOU HAVEN'T HEARD ABOUT SOMEONE OR DON'T KNOW ENOUGH ABOUT THEM TO RATE THEM, JUST SAY SO.

| | FAVORABLE | | | NEUTRAL % | UNFAVORABLE | | | D/K | (N) |
|--------------------|-----------|------|--------|-----------|-------------|------|--------|------|-----|
| | VERY % | % | | | VERY % | | | | |
| DEMOCRATS | | | | | | | | | |
| HILLARY CLINTON | 51.0 | 32.0 | (83.0) | 4.8 | 5.4 | 4.3 | (9.7) | 2.5 | 750 |
| BARACK OBAMA | 40.3 | 34.1 | (74.4) | 8.4 | 6.1 | 4.0 | (10.1) | 7.2 | 750 |
| JOHN EDWARDS | 12.2 | 32.9 | (45.1) | 18.4 | 13.2 | 6.5 | (19.7) | 16.9 | 750 |
| BILL RICHARDSON | 4.5 | 12.9 | (17.4) | 17.6 | 20.0 | 7.2 | (27.2) | 37.8 | 750 |
| REPUBLICANS | | | | | | | | | |
| RUDOLF GUILLIANI | 7.0 | 20.1 | (27.1) | 15.7 | 29.3 | 13.4 | (42.7) | 14.5 | 750 |
| FRED THOMPSON | 4.7 | 14.9 | (19.6) | 18.8 | 19.6 | 9.0 | (28.6) | 33.1 | 750 |
| MITT ROMNEY | 4.2 | 11.9 | (16.1) | 18.2 | 22.7 | 9.9 | (32.6) | 33.1 | 750 |
| MIKE HUCKABEE | 4.4 | 7.5 | (11.9) | 17.7 | 18.2 | 8.9 | (27.1) | 43.2 | 750 |

TABLE 2. PLEASE TELL ME WHICH ONE OF THESE WILL BE MOST IMPORTANT [SECOND MOST IMPORTANT] TO YOU PERSONALLY IN THE PRESIDENTIAL ELECTION?

| | MOST IMPORTANT % | SECOND MOST IMPORTANT % |
|---|------------------|-------------------------|
| Situation in Iraq | 35.7 | 19.1 |
| Health Care/Prescription Drugs | 18.7 | 22.2 |
| Economy and Jobs | 13.8 | 19.5 |
| Education | 9.4 | 11.0 |
| Future Financial Security/Social Security | 7.8 | 7.2 |
| Terrorism/National Security | 6.4 | 11.7 |
| Immigration | 2.2 | 2.2 |
| Moral Values | 2.3 | 1.6 |
| Taxes | 1.5 | 3.2 |
| Other/None/Don't Know | 2.1 | 2.3 |
| (N =) | 750 | 750 |

support for President Bush. Only 11 percent of the respondents thought that the president was doing an excellent or good job, while 87 percent gave him negative marks, including 58 percent who rated his work as poor. This tracks with the finding noted earlier that 81 percent think that the country is going in the wrong direction.

Although Congress, now controlled by Democrats, also fared poorly in the favorability ratings (81 percent negative), increasing numbers of African American voters appear to be moving left on the political spectrum. In Joint Center surveys of black adults conducted during the 1990s, between 35 percent and 40 percent of respondents described themselves as conservative in their political orientation. In the current survey only 21 percent describe themselves as conservative, while 41 percent describe themselves as liberal and 36 percent describe themselves as moderate.

The Joint Center will be closely watching the state-by-state results of the primaries and will post analyses of the results on its web site as soon as possible after these results. □

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About the Joint Center/AARP Poll

The 2007 Joint Center National Survey of Likely Black Presidential Primary Voters, which was sponsored by AARP, is a national survey of 750 black likely primary/caucus voters, conducted between Oct. 5 and Nov. 2, 2007. Randomized procedures were used to select respondents within each household reached by telephone, and after the initial call, there were at least eight call-backs if no interview was completed. The results of this survey should be interpreted with a statistical margin of error of ±3.7 percentage points.

BLACK YOUTH LOSING INTEREST IN MILITARY SERVICE

By Edwin Dorn

Black enlistments in the military have declined to their lowest level in more than three decades. The downturn is a major problem for the Pentagon, which is trying to increase the size of the Army and Marine Corps. Absent a recession, which would reduce civilian employment opportunities for enlistment-age youth, the only way to enlarge the all-volunteer force (AVF) is to increase the rewards of service – that is, to raise pay, benefits and bonuses. Such a course would increase the Pentagon's budget, which has nearly tripled during the past seven years to more than \$600 billion annually.

An urgent problem confronting the next president, therefore, is whether the current level of U.S. military operations is sustainable. Can the country afford the budgetary strain, and can the AVF provide sufficient numbers of qualified, motivated personnel?

ENLISTMENT TRENDS

From the late 1970s to 2000, blacks comprised, on average, 18 percent of all military accessions and around 25 percent of Army accessions. Since 2001, however, black accessions have declined dramatically. In 2007, blacks made up 14 percent of all accessions and only 12 percent of the Army's new enlistees.

Relatively high black accessions, combined with high black reenlistment rates, caused blacks to be overrepresented in the military. For much of the time since the AVF was established in 1973, blacks have made up about 20 percent of the total military and 30 percent of the Army. Blacks are about 12 percent of the total population and about 14 percent of the enlistment-age cohort – people 18 to 25 years old.

However, blacks have not been

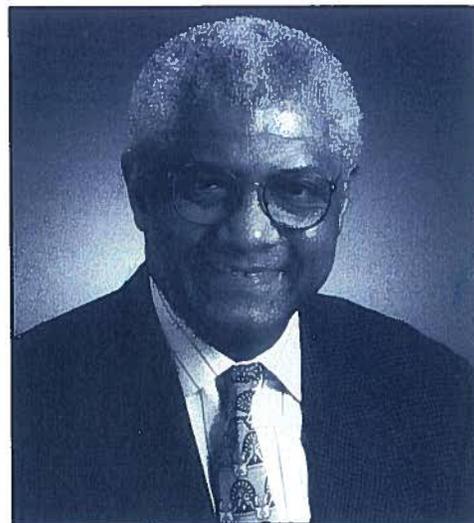
overrepresented among combat fatalities in recent military conflicts. This is because black personnel tend to be less heavily represented in combat units (infantry, artillery and armor) than in support units. Between the start of Operation Iraqi Freedom in March 2003 and Dec. 8, 2007, 3,877 US military personnel had been killed in Iraq. Of those, 368, or less than 10 percent, were black.

EXPLANATIONS

Why the decline in black enlistments? Generally speaking, enlistments are driven by two factors: the state of the economy and public attitudes toward the armed services. The reason blacks have been heavily represented in the AVF is that the civilian economy has not been providing sufficient opportunities. In recent decades, the unemployment rate for blacks ages 18 to 25, which is the enlistment-age cohort, has been roughly double the rate for young whites.

If employment prospects for black youth were to improve, black enlistments would decline. But the employment situation has not improved in recent years: black youth unemployment has been above 12 percent since 2001, higher than during the late 1990s.

Therefore, the reason for the decline in black enlistment is not an improvement in civilian opportunities, but a decline in black interest in military service. We know this from survey data. Twice a year, the Defense Department surveys high school students to measure their propensity to enlist. These youth attitude surveys, now called Joint Advertising and Market Research Studies (JAMRS) have been administered since 1975. One key survey question is, "How likely is it that you will be serving in the military in the next few years?" In the spring of 2001, 16 percent of



black respondents said that they either "definitely" or "probably" would enlist. Six years later, in the spring of 2007, only 9 percent of blacks indicated a propensity to enlist – a decline of more than 40 percent.

During the same period, the enlistment propensity for whites declined slightly, from 10 percent to 8 percent. The trend for Hispanics showed great variation during this period: propensity increased from 14 percent in the spring of 2001 to more than 25 percent from late 2001 through the end of 2005, and then declined sharply, to 11 percent in June 2007. Thus, whites, blacks and Hispanics now are roughly equal in their enlistment propensity (8, 9 and 11 percent, respectively) and all three groups are less interested in military service today than six years ago. Black enlistment propensity is lower than at any time in the past three decades.

Enlistment propensity is not a perfect predictor of the future behavior of individual respondents; many who say that they plan to enlist do not; and some who deny interest in the military actually wind up joining. Nevertheless, the general trends give DOD a good sense of how hard it will be for the services to achieve their accession goals. The services adjust their recruiting efforts accordingly— for example, by putting more recruiters into the field and offering enlistment bonuses as propensity declines.

The Iraq war, or more generally, American military activity associated with the "war on terror", is the major

source of declining propensity. We know this from the same JAMRS surveys cited earlier. In November 2001, 49 percent of all survey respondents said that the terrorist attack of 9/11 made them more likely to enlist in the military, while 38 percent said that the terrorist attack made them less likely to enlist. By June 2007, only 17 percent of respondents said that the war on terror made them more likely to enlist, while 69 percent said that it made them less likely to enlist. This is consistent with trends in another survey question: fewer and fewer high school students support the continuing presence of U.S. troops in Iraq. In June 2007, about 27 percent of youth approved of the way the Bush administration was using U.S. forces, while about 62 percent disapproved (with 10 percent undecided).

Young people's attitudes toward military service are influenced by their parents, grandparents and other adults, and these "influencers" are becoming less and less likely to encourage enlistment. In summer of 2003, the proportions of Hispanic, white and black adults who said they were likely or very likely to recommend military service were 49, 46 and 35 percent, respectively. By early 2007, the numbers had shrunk to 39, 37 and 29 percent.

Findings from other public opinion polls provide one bit of good news for the Pentagon: respect for the military as an institution remains high. For example, a June 2007 Gallup survey found that 69 percent of respondents said that they had "a great deal" or "quite a lot" of confidence in the military, a much higher percentage than expressed confidence in the police, the presidency and Congress. Public confidence in the presidency was in at 25 percent in July 2007, the lowest level since the last days of the Nixon presidency.

The black adults who influence youth may themselves be influenced by a factor that is not at work in the white and Hispanic populations: the awareness that very few blacks have held important, highly visible positions in DOD during the Bush

administration. Currently, only one of the nation's 40 four-star flag officers is black: Army General William Ward, head of the recently established Africa Command. The Bush Pentagon has had no black political appointees at the level of service secretary, under secretary or assistant secretary of defense. While black youth probably do not pay attention to such matters, many black influencers do.

It is possible that factors other than civilian job opportunities and public attitudes are depressing black enlistments. Two possibilities are an increase in black college attendance and a decrease in the numbers of black youth who qualify for military service. A third, more distant possibility, is that the services have reallocated their recruiting efforts to focus less on blacks and more on Hispanics. These warrant further study, but declining enlistment propensity stands out as the most likely explanation.

POLICY OPTIONS

The next president will inherit a military that has been stretched to the breaking point by the Bush administration's commitments in Iraq and Afghanistan. In order to maintain those commitments, the Pentagon must enlarge the active duty Army and the Marine Corps, the services that have borne the heaviest burden. Current Pentagon plans call for the active duty Army to grow by 75,000 to a total of 547,000; and the Marine Corps is slated to increase by 27,000, to 202,000. The military services also must replace tens of billions of dollars worth of equipment that has been worn out or destroyed in combat.

Total costs for the operations in Iraq and Afghanistan are approaching a trillion dollars. In February 2007, President Bush submitted a \$623.1 billion FY 2008 budget request for the Defense Department -- a "base" budget of \$481.4 billion, plus \$141.7 billion for the Global War on Terror. Later in 2007, Defense Secretary Robert Gates went back to Congress to ask for more money -- adding nearly \$50 billion to the original \$623 billion request.

The next president is very likely to conclude that those costs are not sustainable. That conclusion will lead to a drawdown of forces from Iraq, which in turn may eliminate the need to increase the size of the Army and Marine Corps. In time, the withdrawal of U.S. forces from Iraq will cause American youth and their adult influencers to look more favorably on military service. Enlistment propensity may not return to the levels of the 1980s and 1990s, but if the services do not need to grow, even a slight improvement will present the Pentagon with a more manageable recruitment situation.

CONCLUSION

Last summer, the Center for Naval Analysis (CNA) published a study about the recent decline in black enlistment in the Marine Corps. One way to reverse the trend, the study suggested, would be for the Corps to undertake an outreach campaign to influencers, helping them appreciate the ways in which military service is beneficial to black youth. Such a campaign probably would point out that the military services have been far ahead of civilian employers in extending equal opportunity to black Americans.

The Pentagon's leaders are justifiably focused on ways to revive interest in military service. But a different question weighs heavily on the minds of black Americans: what kinds of policy initiatives in the areas of education, economic development and civil rights enforcement will enhance opportunities for black youth in the civilian world? The military and the civilian sides of this issue are like the two sides of a scale. The balancing will occur in the Office of the President of the United States. During this election year, the candidates should be pressed to see who is most likely to find the right balance. □

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HEALTH CARE REFORM MOVES UP ON NATIONAL AGENDA

By Michael R. Wenger

Amid the rhetorical fog of the presidential primary campaigning, health care has emerged as a major domestic issue. Outside of the war in Iraq, health care may be the issue that will have the greatest influence on the outcomes of both the primaries, particularly the Democratic primaries, and the general election.

The rhetorical fog was never more dense than during the recent battle over the re-authorization of the Children's Health Insurance Program, commonly known as S-CHIP. While a strong majority of both houses of Congress favored a significant expansion of the program, claiming that a \$35 billion increase in the program is necessary to ensure that all eligible children are covered, President Bush vetoed the increase twice, claiming that it actually would divert funds from insuring the poorest children and that the \$5 billion expansion he proposed would be sufficient to cover the children most in need. Even if a compromise is reached, the fog will still hover.

All of the major presidential candidates in both the Democratic and Republican parties have put forth major new health care plans, ranging in cost up to \$120 billion, that they pledge to introduce if elected president. Former U.S. senator John Edwards (D-N.C.) has gone one step further with his "pass it or lose it" pledge, asserting that he will, "on the first day of my administration...submit legislation that ends health care coverage for the president, all members of Congress...on July 20, 2009--unless we have passed universal health care reform."

This is the most attention the issue of health care has received in the political arena since the congressional debacle occasioned in 1994 by the introduction of a massive health care reform plan formulated under the leadership of the then-First Lady Hillary Clinton. In the interim a program to insure children has made it into law, as has a prescription drug insurance program. But candidates for public office have sprinted in the other direction when the issue of comprehensive health reform has risen.

So, why has this issue now returned to the political front burner with such a vengeance? And what is at stake for the country, and particularly, for the African American community?

In 1994 the issue of health care, while of concern to the middle class, was primarily an issue for poor people and people of color. The latter groups made up the bulk of the uninsured, as they still do, and health care reform would have largely benefitted those segments of the population. The reform package proposed by President Clinton on behalf of his wife would have brought dramatic changes to our system of health care, changes that were difficult for the lay person to understand. So, despite the fact that middle class America was concerned about rising costs and a diminishing quality of health care, they were not sufficiently concerned to venture into such uncharted waters.

The Harry and Louise ads financed by opponents of the plan had great resonance, creating fear in people that they'd lose the ability to choose their doctors, that the bureaucracy would engulf them, and that the quality of health care actually would suffer substantially. The result was that the legislation never actually came to a vote in Congress, the Democratic Party lost its House majority in the November elections, and major health care reform was swept off the table for more than a decade.

RISING COSTS

In the ensuing period the costs of health care and of health insurance premiums have risen dramatically, and health care providers have become more vocal in

raising alarms about the state of the health care system. Moreover, employers have become increasingly resistant to the rising costs of health insurance premiums, resulting in a reduction of benefits and the shifting of more and more of the costs to their employees. Last year's contract agreement between General Motors and the United Auto Workers Union, which set the standard for union contracts in the American auto industry, hinged on the ability of General Motors to rid itself of the burden of providing health insurance to its employees.

As the 1994 debacle has faded from memory, many middle class people, especially the large and aging cohort of baby boomers, have become increasingly concerned about the availability of quality health care as they enter their senior years. The controversy surrounding the drug insurance legislation enacted during President Bush's first term fueled interest in the issue, and the congressional elections of 2006 that returned the Democratic Party to the majority in both the House of Representatives and the Senate brought the issue to a head. And so, with the middle class far more interested in and concerned about their future medical status than they were in 1994, health care has re-emerged as a critical issue. It no longer is an issue just for the poor and non-white. It is now an issue for a majority of the population, and public officials are feeling the heat. One need only look at the number of Republican members of Congress who defied President Bush to support the expansion of S-CHIP to understand the extent of the pressure.

The plans of all three major Democratic presidential candidates, senators Clinton and Obama and former senator John Edwards, are more comprehensive than anything we've seen since 1994. All of them would ensure access to health insurance for all Americans, regardless of their health status; they would preserve the concept of choice for all Americans in choosing their form of coverage; and they would sustain a level of employer responsibility. All three of them would pay for their plans by rolling back Bush-era tax cuts for those who make more

than \$250,000 per year, thus minimizing the impact on the middle class and the poor and increasing the appeal of the programs.

The plans of the Republican candidates eschew expanded government programs in favor of private sector incentives to encourage the uninsured to obtain health insurance. Former Massachusetts governor Mitt Romney and former New York City mayor Rudy Giuliani rely primarily on using tax deductions as a carrot. Sen. John McCain's plan relies on tax credits rather than tax deductions, thus making it somewhat more accessible to poor people who may not make enough money for a tax deduction to do them any good.

While this issue is important to the middle class, especially the aging baby boomers, it is the poor community and communities of color that continue to have the most at stake. Poor economic status and poor health status go hand in hand. This is especially true for communities of color. The extent of racial disparities in the United States has been extensively chronicled in recent years. For example, according to the Department of Health and Human Services, the life expectancy gap between African Americans and whites remains in the range of six to ten years. A recent analysis of 1991 to 2000 data concluded that had mortality rates of African Americans been equivalent to that of whites, more than 880,000 deaths of African Americans during this time period would have been averted.

IMPACT ON AFRICAN AMERICANS

African Americans are adversely affected in disproportionate numbers by such diseases as diabetes, asthma, stroke and heart problems. While infant mortality rates are high for the entire U.S. population, they are higher for African Americans. African Americans also have a significantly higher rate of low-birth weight babies, babies who are the most vulnerable to premature death and to cognitive development problems. And there is considerable evidence that the higher incidence of low-birth weight babies among African

Americans is due to the stress of racism experienced by pregnant African American women. In fact, a recent Joint Center report authored by Dr. Fleda Mask Jackson, entitled "Race, Stress, and Social Support: Addressing the Crisis in Black Infant Mortality", examines the impact of stress and stress mediators on pregnancy outcomes for African American women. Dr. Jackson's report aims "to shed light on the negative impact of particular stressors accompanying race and gender on African American women across socio-economic categories and to explore the plethora of conditions--especially inequity and discrimination--that African American women name and experiences as sources of stress."

The problem of poor health among communities of color is not limited to the African American community. According to the Department of Health and Human Services, eight percent of white people report being in fair or poor health. The comparable number for African Americans is 14.6 percent. American Indian/Alaska Natives are more than twice as likely as white people to report being in fair or poor health. Of Latino respondents to the National Health Interview Survey, 13.3 percent reported being in fair to poor health.

Additional examples abound. According to a report prepared for submission to the United Nations Committee on the Elimination of Racial Discrimination, Vietnamese American men die from liver cancer at a rate that is seven times higher than the rate for non-Hispanic white men. Vietnamese women have the highest rate of cervical cancer of any racial or ethnic group. Native Hawaiians have the highest rate of death from breast cancer of any racial or ethnic group.

A significant portion of these disparities can be attributed to the fact that a substantial majority of the nearly 50 million people who lack health insurance are non-white. So, ensuring that all Americans have access to adequate health insurance is vitally important for the health of people of color.

However, as the Joint Center's Health Policy Institute has made clear in the reports of its Infant Mortality

Commission, *The Courage to Love*, in its Dellums Commission Final Report, "A Way Out: Creating Partners for Our Nation's Prosperity By Expanding Life Paths of Young Men of Color", and in other reports, narrowing health disparities attributable to race will require more than guaranteed health insurance. It will require a "Fair Health Movement" that addresses the broader panoply of social and economic conditions that disadvantage Americans of color. This was reinforced in Article 5 of the report of the United Nations Committee on the Elimination of Racial Discrimination, which provides that "States Parties undertake to prohibit and to eliminate racial discrimination in all its forms" in the right to "public health" and "medical care." The U.N.'s Special Rapporteur on the Right to Health has noted:

"The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education and information..."

Thus, while communities of color have much at stake in the coming battle to provide health insurance to all our citizens, winning this battle will not, in and of itself, be sufficient to significantly narrow health disparities. It will take a concerted effort to fight both the poverty and the racism that persist in too many communities throughout the country. So, as health care emerges from the rhetorical fog of the campaigns, we should not be lulled into a false sense of security about the coming reforms. If the candidates for president are truly serious about improving health care and narrowing health disparities, they must focus an equal amount of attention on fighting both poverty and racism. □

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TACKLING THE HEALTH CHALLENGES OF AFRICAN AMERICANS

continued from page 3

the population now considered not just overweight, but obese. Obesity puts people at risk for diabetes, cardiovascular disease and other health problems that compromise the quality and the length of their lives.

It also is upsetting to report that even more Americans this year are uninsured, with an increase of 0.5 percent since 2006. Tragically, out of the 47 million Americans who are now without health insurance, nine million are children.

Finally, violent crime continues to plague our citizens. The number of violent crimes increased from 469 to 474 offenses per 100,000 people in 2007.

While African Americans are included in the assessment of health challenges for the entire nation, statistics also show that, on average, African Americans receive poorer quality care than Caucasians, which compromises their health even further.

The prevalence of smoking for Caucasians is 19.5 percent, for African Americans, it is 21 percent or 14 percent higher.

The difference in obesity is even more pronounced. Some 24.2 percent of Caucasians are obese and 36.8 percent of African Americans are obese, the highest among any racial group. Obesity is also inversely related to income – the higher the income, the lower the percentage of the population that is obese. Statistics indicate that 30.8 percent of the population with an income of less than \$15,000 is obese.

FOCUS: How does the state of health vary by location in the United States? The America's Health Rankings™ report does not directly link geographical region with health performance. However, when you review rankings you will discover that states in the

Northeast region of the country tend to rank near the top of the list for overall health quality while states in the South tend to rank near the bottom.

FOCUS: Some indicators show that improvements in health have stalled in the U.S. in recent years. Why?

Considering the fact that the United States spends more on health care than any other nation in the world, this virtual stagnation in our health is especially troubling. Our annual increase in obesity is one of the key factors contributing to this stagnation, along with the increasing number of uninsured Americans. Also, more than 20 percent of Americans today continue to smoke, which is astounding considering its direct link to numerous chronic diseases and even death.

FOCUS: How do American children fare in the assessment, and are the health issues facing African American children different than those facing others in this country?

Children – our most precious resource – have had their successes and challenges when it comes to overall health. We are encouraged that nearly 75 percent of our children are graduating from high school in four years. Good education is an important key to making healthy life choices and understanding how to treat illness and injury.

Fewer children are living in poverty; however, nine million of them remain uninsured. It also is important to point out that the obesity epidemic has hit children hard; the health implications of this are staggering. America's Health Rankings™ does not single out any one ethnic or age group when it comes to measuring these health indicators, so we do not have separate data for African American children.

FOCUS: What measures do you recommend to reduce health disparities among Americans?

We recommend that states use a combination of measures to monitor health disparities for race and other factors. These should include measures that look at personal accountability, such as exercise, diet, smoking; community environment, such as childhood poverty, crime, and safety policies; policy issues such as preventive care access and immunization coverage and clinical care indicators, such as prenatal care and preventable hospitalizations. However, the exact mix of these measures depends upon a deep understanding of the issues creating the disparities in each community – an issue that citizens should discuss with their public health officials at the local and state level.

FOCUS: Are there steps that individuals can take that can make a difference?

- We must do all that we can to discourage individuals from smoking tobacco. Cigarette smoking is still the number one cause of preventable death and disease in America. Within the African American community, roughly 21 percent of the population smokes tobacco. This is unacceptable because we know that it leads to other diseases downstream.
- We must take more aggressive action to combat obesity. We must exercise. It's time to stop watching our athletes on television and celebrating their feats from the couch. In 2008, we need to adopt healthy exercise programs for ourselves and our families. We also need to look at our communities and work together on the challenges that keep us from exercising, whether the challenges are related to the lack of parks and walking areas, crime, the

shortage of recreational facilities or other issues.

- We must also commit to a healthy diet. We understand the importance of a diet that is high in fruits and vegetables and other nutrients, but it is time to put the plan into action. We can also advocate for healthier meal programs for school age children and teens.
- We need to make sure we get our blood pressure checked regularly. Far too many people do not take advantage of this fundamental screening. Yet, it can be used to detect other health issues. We live in a society where African Americans and Hispanics are suffering from very high rates of hypertension which, in turn, leads to heart disease.
- We must make certain that our children receive immunizations, dental check-ups and regular health care.
- All pregnant women need quality prenatal care. Every adult who has contact with a family member or

friend who is pregnant should ensure that they receive prenatal care in the first trimester.

- Finally, individuals need to regularly access a source of medical care. For individuals who are uninsured, there are community based health centers in many local communities that provide health care services. The goal is to identify a regular source of health care, keep your appointments and follow the treatment plan prescribed by the doctor.

FOCUS: Are Americans the healthiest people on earth, and if not, which nations have better records?

Although the report doesn't provide a ranking of nations with respect to their overall health, it does compare nations on several health indicators – and the results are extremely disappointing.

For example, the life expectancy for Americans is 77.9 years – the highest it has ever been. Yet people in 43 other countries including Japan, Spain and Australia, have life expectancies higher than ours.

Infant mortality also is an indicator of the health of a nation. Sadly, the United States has an infant mortality rate that is higher than 40 other countries. In our nation, 6.4 babies out of every 1,000 who are born die within their first year. By comparison, only 2.3 babies born in Singapore and 3.6 babies born in Norway die within their first year.

While these statistics may seem daunting, another viewpoint is that the United States has not yet realized its full health potential. We can be healthier. We can live longer. And more babies can survive if we all heed the call to action to make the necessary changes now.

FOCUS: Thank You very much.

This interview was conducted by Betty Anne Williams, acting director of communications, Joint Center for Political and Economic Studies.

Dr. Tuckson is executive vice president and chief of medical affairs at UnitedHealth Group. He is a former commissioner of public health for the District of Columbia.

“PLACE MATTERS” INITIATIVE GOES TO MISSISSIPPI

The Joint Center's Health Policy Institute took its Place Matters Initiative to Jackson, Miss., as part of a quest for solutions that will reduce the health disparities between African Americans and other racial and ethnic populations.

Health professionals, community health advocates and elected officials representing 22 counties and two cities (in more than 12 states and the District of Columbia) took part in the Oct. 24-26, 2007, meeting. They focused on what projects they can undertake to change health status in their communities.

HPI's goal is to reduce health disparities by identifying their complex underlying causes and defining strategies to address those causes. Social science research has shown that patterns of health, illness, and health disparities can be modified if the social conditions that lead to poor health are changed.

The gap in health status and well-being between African Americans and whites shows up in a variety of measures, including infant mortality, obesity, poverty rates – for children as well as for adults -- and employment rates.

The Place Matters initiative is supported by a grant from the W.K. Kellogg Foundation.

FOCUS ON INFANT MORTALITY

Gina E. Wood, deputy director of the Joint Center's Health Policy Institute, joined neonatologist Ronald David and Ruth Lubic, a women's health activist who runs a birthing center in Washington, D.C., in talking about the kind of policy changes that could help close a gap in infant mortality rates that disproportionately harm black families.

They appeared on Capitol Hill at a briefing Oct. 16, 2007, sponsored by Rep. Steve I. Cohen, D-Tenn. Cohen put the spotlight on four reports produced by the National Commission on Infant Mortality.

The commission was convened by HPI, and its reports concluded that the infant mortality crisis can best be addressed if the socioeconomic surroundings of black women get more attention.

Copies of the reports by the National Commission on Infant Mortality, produced for the Joint Center's Health Policy Institute, are available on the Joint Center's web site, www.jointcenter.org or by contacting the Joint Center, 1090 Vermont Ave. NW, Suite 1100, Washington, DC 20005-4928.

THE AFRICAN AMERICAN CLIMATE CHANGE CRISIS

continued from page 1

the phenomena environmental racism.

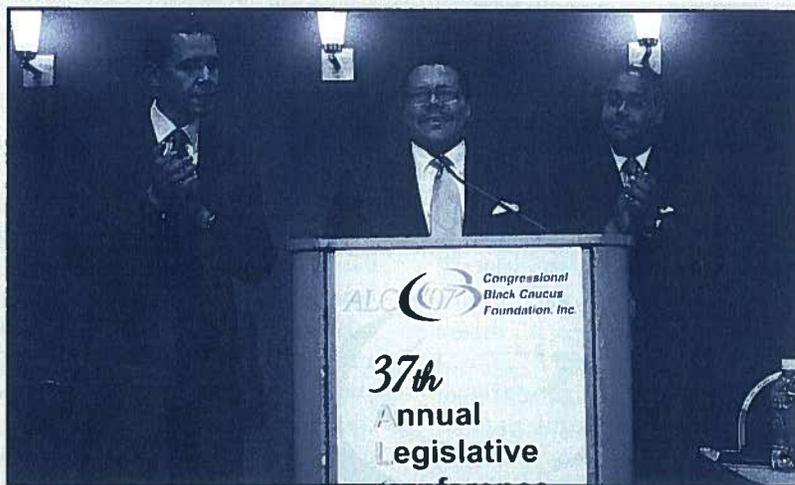
According to "Toxic Wastes and Race at Twenty, 1987-2007: Grassroots Struggles to Dismantle Environmental Racism," more than half of the 9 million people living within two miles of the nation's hazardous waste facilities are minority residents. The report, led by Dr. Robert Bullard, a professor at Georgia's Clark Atlanta University and the director of that university's Environmental Justice Resource Center, was co-produced by a multi-university team of researchers from the universities of Michigan and Montana. In every single one of the 44 major metropolitan areas in the U.S., blacks are more likely than whites to be exposed to higher air toxics concentrations. California has the nation's highest concentration of minorities living near hazardous waste facilities. Greater Los Angeles tops the nation with 1.2 million people living less than two miles from 17 such facilities, and 91 percent of them, or 1.1 million, are people of color. Statewide the figure was 81 percent.

While the Environmental Protection Agency (EPA) admits "that minority and/or low-income communities frequently may be disproportionately and adversely exposed to environmental harms and risks," reports from the EPA's inspector general and the U.S. General Accountability Office criticize the Agency for compromising the fight against environmental racism and securing environmental justice for all Americans—minorities in particular. Indeed President Bush's 2008 budget recommends a 28 percent cut in funds for EPA programs to combat environmental racism.

Like the disproportionate exposures to hazardous wastes, there is also a stark disparity in the United States between those who benefit from the causes of climate change and those who bear its costs.

In 2004 a joint study from the Congressional Black Caucus Foundation and the California based not-for-profit organization Redefining Progress revealed:

- African Americans are already disproportionately burdened by the health effects of climate change, including deaths during heat waves and from worsened air pollution. Similarly, unemployment and



Ralph B. Everett, (center), President and CEO of the Joint Center for Political and Economic Studies, announces its climate change initiative as U. S. Sen. Barack Obama, D-Ill., and state Sen. Rodney Ellis of Texas (D) applaud.

JOINT CENTER TO BRING AFRICAN AMERICAN PERSPECTIVE INTO CLIMATE CHANGE DEBATE

WASHINGTON -- The Joint Center for Political and Economic Studies is launching an effort to engage the African American community on the issue of climate change. The move is being funded by the Bipartisan Policy Center, which is providing the Joint Center with a \$500,000 grant to expand its capacity to conduct climate change research and outreach.

Energy and climate change policies are vitally important to African Americans. Black communities are likely to be disproportionately affected by the health effects of climate change – particularly those related to extreme weather events like Hurricane Katrina and further degradation of air quality. They are also more likely to be harmed by rising energy prices.

"The nation's leaders are formulating policies for a transition to a new energy economy. Those policies will have varying impacts on different socioeconomic and racial groups, and African Americans need to have a seat at the table in their formulation and implementation," said Ralph Everett, president and CEO of the Joint Center.

The Joint Center has a long history of tackling issues of concern to African Americans and other communities of color. This grant will allow the Joint Center to build on the work it is already conducting in the environmental, health, education, and governance arenas. The funds will enable the Joint Center to hire a senior research associate, as well as to form a distinguished national advisory committee to provide policy direction and point the way to opportunities to build a broader coalition.

"African Americans are not as involved in climate change policy as they should be," Everett said. "We need to take assertive action to beef up our research in this area. We need to jump-start the kinds of civic and political processes that are going to help the black community get ahead of the curve on climate change."

The BPC – led by four former U.S. Senate Majority Leaders (Howard Baker, Tom Daschle, Bob Dole and George Mitchell) – was formed to develop and promote solutions that would attract the public support and political momentum to achieve real progress. The BPC acts as an incubator for policy efforts that engage top political figures, advocates, academics and business leaders in the art of principled compromise. In addition to advancing specific proposals, the BPC also is broadcasting a different type of policy discourse that seeks to unite the constructive center in the pursuit of common goals. Working with its National Commission on Energy Policy, the BPC is working to engage new voices in the climate change policy debate. □

economic hardship associated with climate change will fall most heavily on the African American community;

- African Americans are less responsible for climate change than other Americans. Both historically and at present, African Americans cause fewer greenhouse gases to be emitted; and
- Policies intended to mitigate climate change can generate large health and economic benefits or costs for African Americans, depending on how they are structured.

As climate worsens, African Americans will continue to disproportionately bear the substantial public health burden. EPA data reveal that more than 70 percent of African Americans live in counties that are in violation of federal air pollution standards. The number of affected African Americans will increase as rising mean air temperatures, driven by global warming, further degrade air quality by increasing low-level ozone formation.

The joint Congressional Black Caucus Foundation and Redefining Progress Report found that in the U.S., African American households emit 20 percent less carbon dioxide than white households. The report added that, “despite emitting less greenhouse gas, African American families are more vulnerable to shifts in the prices of fossil fuels, since African Americans spend a significantly higher fraction of their expenditures on direct energy purchases than non-African Americans across every income” level. Ironically then, the responsibility for driving climate change does not lie primarily with African Americans, but black communities will continue to bear the brunt of the harm as the problem worsens.

Adding pain to misery, those most adversely affected by energy prices are those living at or below the poverty line. African Americans are more than twice as likely to live in poverty and fall deeper into poverty in subsequent generations. Thus, increases in the price of energy will harm African Americans more significantly than members of the general population.

In the face of these crises there is some room for hope. But like past civil rights struggles, progress and ultimate victory will not come without a fight.

As the climate crisis worsens, reducing

carbon dioxide emissions through meaningful multilateral cooperation—coordinated by a forward thinking U.S. administration in agreement with existing international bodies like the secretariat of the United Nations Framework Convention on Climate Change—is the key to protecting the nation and African American livelihoods in particular. Properly structured policies to reduce carbon dioxide have the potential to generate considerable secondary benefits by reducing emissions of particulates, oxides of sulfur and nitrogen, as well as heavy metal contaminants—all crucial to enhancing African American health and well-being. Increasingly, it will be necessary to coordinate greenhouse gas reductions with efforts to enhance air quality. The larger the reduction in carbon dioxide emissions, the larger collateral health benefits might be. Small or marginal reductions in carbon dioxide will be unlikely to significantly mitigate health threats from climate change, and may even exacerbate public health problems.

There are possibilities that effective climate change legislation could generate vast revenues to mitigate existing environmental degradation presently unchecked in African American and other people of color communities, as well as protect against future harm from worsening climate change. As of early December 2007, the most recent version of the Lieberman-Warner Climate Security Act, the first such bill to make it through any committee in Congress, calls on the EPA to allocate what could amount to more than \$1 billion each year to “a Program for Tribal Communities to deliver assistance to those Tribal Communities within the borders of the U.S. that face disruption or dislocation as a result of global climate change.” To be sure, tribal communities deserve such compensation and arguably much, much more for generations of harm and injustice inflicted upon them by the U.S. government. Yet, failure to think and professionally legislate against heretofore, widespread and growing environmental racism faced by all people of color, Native Americans, African Americans, as well as Latinos and Asian Americans, is irresponsible. Failing to recognize or even point out such obvious shortcomings in landmark legislation by environmental groups like the Sierra Club, the Natural Resources Defense Council (NRDC), the Center for Clean Air Policy (CCAP) and a host other proverbial policy-minded-

overseers underscores continued policy-blindness on the extent of environmental racism. Smart, sane climate policies are derived only when there is cooperation and consultation with grassroots community organizations and representatives across color and class lines of the country. Anything less is a recipe for further marginalization, entrenching environmental racism and climate catastrophe.

Transitioning the economy away from fossil fuels, or breaking what President Bush refers to as our addiction to them, is crucial to winning the fight against climate change. Such a transition can mean huge benefits for African Americans and communities of color broadly defined. Nine out of ten of the last economic recessions were preceded by rising fossil fuel costs. During the course of each of these downturns, African Americans were disproportionately harmed and pushed further into misery.

Kicking the addiction to oil is one key part of repeating such crises. Further on, as globalization forces further blue-collar job evaporation, labor intensive renewable energy production stands to force a tectonic economic shift from blue collar to “green collar” jobs. Just one, well planned effort, the Green Jobs Act, which passed in the House of Representatives, authorized \$125 million for a federal green job-training program -- including \$25 million specifically allocated for “pathways out of poverty” programs. Unlike the early versions of the Lieberman-Warner Climate Security Act, the coalition that led to House passage of the Green Jobs Act actively engaged a broad coalition of African American communities, leaders and organizations directly, in tandem with Native American, Latino and Asian Pacific Islander groups, as well as those representing disadvantaged people of all ethnic backgrounds.

On a global level, the December 2007 United Nations climate talks, held in Bali, Indonesia, are a crucial juncture for pressing for legally binding greenhouse gas reduction commitments, through coordinated multilateral action, to avert climate catastrophe. This time is also marked as moment when the African American voice is firmly inserted into the U.S.. national climate change debate. □

Michael K. Dorsey is professor environmental policy at Dartmouth College. He participated in the United Nations Climate Change talks in Bali, Indonesia, in December 2007.

IN MEMORIAM



FORMER REP. "GUS" HAWKINS, D-CALIF.

Rep. Augustus "Gus" Hawkins, a founding member of the Congressional Black Caucus and an architect of the Civil Rights Act of 1964, died Nov. 10, 2007. He was 100.

For 14 terms, from 1962-1990, Hawkins, a Democrat, represented a district in south-central Los Angeles that included Watts. A strong advocate for American workers, he became chairman of the Education and Labor Committee in 1984.

Hawkins was an effective civil rights advocate who made his mark as an

insider. An influential lawmaker, his name, with that of Sen. Hubert H. Humphrey of Minnesota, was attached to far-reaching legislation that set full employment as a national goal. The law that became known as Humphrey-Hawkins was passed in 1978.

He helped craft the Civil Rights Act of 1964, focusing in particular on Title VII, which outlawed racial discrimination in employment and strengthened the Equal Employment Opportunity Commission's power to combat it.

And he was a major player in passage of the 1988 Civil Rights Restoration Act that forced federal agencies, and other organizations receiving federal funds, such as schools, to comply with all civil rights laws. Before the law was passed, some attempted to comply with civil

rights only in the programs receiving federal funds. The bill became law after a veto by then-President Ronald Reagan was overridden.

Born in Shreveport, La., in 1907, Hawkins moved with his family to California when he was 11. Hawkins was elected to the California State Assembly in 1934 and served there until 1962 before winning his seat in Congress. He was one of only six African Americans in the House at that time.

In 1970, he helped found the Congressional Black Caucus which has grown to one of the most effective alliances representing the interests of African Americans in government.

After Hawkins retired in 1991, he remained in the Washington area until his death. □



REP. JULIA CARSON, D-IND.

Rep. Julia Carson, an Indiana Democrat who was an early opponent of the war in Iraq, died at her home in Indianapolis on Dec. 15. She was 69.

Rep. Carson came to Congress in 1996 after serving two terms in the Indiana House and seven terms in the state Senate. She also was Center Township trustee from 1990 to 1996. She was known as an advocate for the underdog, championing women's rights, pushing children's issues and fighting on behalf of the homeless.

Born in Louisville, Ky., to a teenage single mother, Carson never forgot her family's early struggles.

She opposed the war in Iraq from the

start, and told hundreds who gathered for a rally in Indianapolis before the 2003 invasion that it was an act of aggression aimed at protecting U.S. oil interests. "Truly, it is all in the name of greed, and truly in the name of war," the Associated Press quoted her as saying. "We should have learned by the Vietnam War, but we did not."

Carson also pushed legislation that granted civil rights pioneer Rosa Parks the Congressional Gold Medal.

She was women to have served in the U.S. Congress. She came to politics via the labor movement. She was hired away from a secretarial job with the United Auto Workers by Rep. Andy Jacobs, D-Ind., to work in his congressional office. Jacobs encouraged her to run for a state House seat in 1972, and she won. After two terms, she moved to the state Senate, serving from 1976-1990.

Then, she ran for Center Township trustee, administering funds assembled to help Indianapolis' poor.

She ran for Jacob's seat in 1996, after he retired.

Carson suffered from a variety of health problems over the years. She was recuperating from double bypass surgery in January 1997 and missed her formal congressional swearing-in, instead, taking the oath of office in her hospital room.

A few weeks before her death, a recurrence of lung cancer led her to announce that she would not seek a seventh term in Congress.

Indiana's citizens came out to honor her as she lay in state at the Statehouse Rotunda in Indianapolis before her burial. □

JOINT CENTER NAMES NEW CHIEF FINANCIAL OFFICER

The Joint Center for Political and Economic Studies has named Bernard K. Jarvis as its vice president for finance and chief financial officer.

Jarvis will direct the financial and administrative affairs of the organization, working closely with Joint Center President and CEO Ralph B. Everett to upgrade the organization's capabilities and secure its future as the nation's premier research and policy organization focused on the concerns of African Americans and other people of color.

Jarvis comes to the Joint Center from the Washington office of Citi Private Bank, a division of Citigroup, Inc., where he had served as vice president in the High Net Worth division. He had previously worked for the U.S. Trust Company, N.A., where he served as senior vice president and associate relationship manager in the company's

Washington, D.C., office.

Prior to joining U.S. Trust, Jarvis was the chief financial officer at the Summit Charitable Foundation and the Summit Fund of Washington.

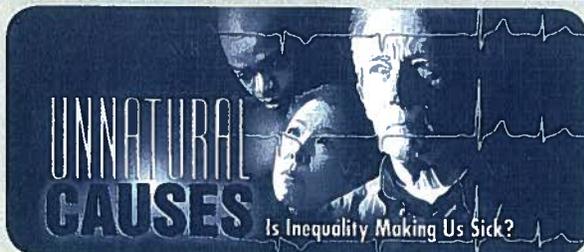
Jarvis has also served as vice president for finance and administration at Clark Atlanta University, as well as assistant vice president for financial management at Howard University in Washington, D.C.

"We are delighted that Bernard Jarvis will be bringing his experience, integrity and skills to the task of managing all of the financial and administrative functions of our organization," said Everett. "His extensive background in managing the affairs of non-profit institutions like the Joint Center, as well as his commitment to our mission and purpose, will be invaluable to our organization."

Jarvis is a Certified Public Accountant, as well as a Certified Trust and Financial Advisor. He serves on the board of directors of Unity Health Care, Inc.

A 1974 graduate of Morehouse College in Atlanta, Jarvis received his M.B.A. from the Wharton School of the University of Pennsylvania in 1975.

The Joint Center for Political and Economic Studies is a national, nonprofit research and public policy institution based in Washington, D.C. Founded in 1970, it is headed by a board of governors and is recognized as one of the nation's premier think tanks that focuses on issues of importance and concern to African Americans and other people of color. For more information about the Joint Center and its influence in shaping public policy debates, visit its Web site at <http://www.jointcenter.org> or call 202-789-3500. □



THE JOINT CENTER IS A MAJOR SPONSOR OF A GROUND-BREAKING DOCUMENTARY THAT EXAMINES THE SOCIAL CONDITIONS IN WHICH AFRICAN AMERICANS ARE BORN, LIVE AND WORK AND HOW THEY AFFECT HEALTH.

UNNATURAL CAUSES: IS INEQUALITY MAKING US SICK? WILL AIR ON PBS STATIONS FOR FOUR CONSECUTIVE THURSDAYS FROM MARCH 27-APRIL 17, 2008 (CHECK LOCAL LISTINGS FOR TIMES).

OTHER EXAMINATIONS OF HEALTH STATUS HAVE CONSIDERED HOW IT IS AFFECTED BY MEDICAL CARE, LIFESTYLES AND GENES. BUT THIS DOCUMENTARY EXAMINES WHY ECONOMIC STATUS, RACE AND ZIP CODE ARE SUCH POWERFUL PREDICTORS OF HEALTH STATUS AND LIFE EXPECTANCY.

UNNATURAL CAUSES WAS PRODUCED BY THE SAN FRANCISCO-BASED FILM PRODUCTION AND DISTRIBUTION CENTER CALIFORNIA NEWSREEL, WITH VITAL PICTURES OF BOSTON. IT IS BEING PRESENTED ON PBS BY THE NATIONAL MINORITY CONSORTIA OF PUBLIC TELEVISION. CALIFORNIA NEWSREEL IS THE NATION'S OLDEST NONPROFIT DOCUMENTARY PRODUCTION AND DISTRIBUTION CENTER, DEDICATED TO DISSEMINATING SOCIAL INTEREST FILMS AND VIDEOS.

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RECENT PUBLICATIONS



African Americans and Homeownership: Separate and Unequal, 1940 to 2006 - November 2007 - Brief #1

This brief provides an overview of the current homeownership status of African Americans, along with relevant historical detail to place the present in context. Why homeownership has been a cherished part of the American dream, and homeownership sustainability among African Americans both are discussed. Trends in homeownership rates among African Americans and initiatives to increase homeownership also are covered in this brief.

African Americans and Homeownership: The Subprime Lending Experience, 1995 to 2007 - November 2007 - Brief #2

This brief provides a primer on subprime lending and how it has affected homeownership among African Americans. Its story begins in the mid-1990s with the increase in subprime lending for home purchases, home improvement, and refinancing. How the primary and secondary markets for subprime loans operate and how African Americans and households belonging to other racial/ethnic subpopulations have been served by them are detailed. This brief concludes with a discussion of principles and recommendations for enhancing the operation of the subprime market to better meet the needs of African Americans and other disproportionately low-income populations.

Aging Out of the Foster Care System to Adulthood: Findings, Challenges, and Recommendations

To enhance our knowledge about youth who age out of the nation's foster care systems, the Joint Center Health Policy Institute (in collaboration with Black Administrators in Child Welfare Inc.) conducted reconnaissance on the unmet needs of these youth. A literature review, a telephone survey (with 800 social workers), and listening sessions with youth and stakeholders in the foster care systems in three cities (Jacksonville, Fla.; Houston and Chicago) were conducted to gather information about youth who age out of foster care. The full report based on these findings is available for downloading from the Joint Center website.

These publications are available for download on the Joint Center website. www.jointcenter.org



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