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POLITICAL TRENDLETTER®

Perspective

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Presidential Politics and Black Coattails

As this year's presidential race nears the home stretch, political pundits are busy factoring the variables: which candidate will attract the greater share of support from women, which way will the "Bubba" vote go, and who will win the battle for Texas? But figuring out where one major variable—the black vote—fits in the election puzzle requires no analysis. The question is not *how* blacks will vote. For the last 30 years, they have been solidly Democratic and, in presidential elections when Ronald Reagan or George Bush were candidates, their Democratic opponents captured about 90 percent of the black vote. According to a nationwide survey released by the Joint Center and Home Box Office in July, black Americans are dissatisfied with President Bush's leadership and gave him a 77 percent *disapproval* rating for his job performance. Support for the president among those polled was only 13 percent. Indeed, the question this year is *how much* of the black vote will turn out for Bill Clinton.

The significance of black support is dismissed at one's peril. In 1988, black voter registration was just three percentage points behind white registration. And while all the polls show Clinton leading President Bush, the smart money is betting on a close election in which Clinton will need all the black votes he can muster to capture a share of Southern states and key Northern states like New York, Ohio, Michigan, and Illinois.

But Jesse Jackson has complained that organized labor, urban America, and the Rainbow Coalition (read "blacks" in the last two groups) have been shut out of the Democratic presidential campaign because it has focused on middle-class whites and "Reagan Democrats." To blunt this charge, while keeping his political distance from Jackson, Clinton has incorporated a growing cadre of black elected officials into his campaign, including Chicago alderman Bobby Rush, who recently defeated Congressman Charles Hayes in the Illinois Democratic primary, to head his black voter mobilization effort.

This move ruffled feathers among some black political leaders since Rush is relatively unknown outside of Cook County. Meanwhile, Democratic National Committee chairman Ron Brown has appointed Jackson to head up the DNC's grassroots voter registration drive. It remains to be seen whether the Jackson and Rush voter mobilization initiatives will work collaboratively or at cross purposes in their efforts to encourage blacks to register and turn out on November 3. But it appears that the involvement of Jackson in the DNC initiative is a shot-gun marriage that the Clinton folks are willing to live with.

Despite the headlines in the major newspapers, the race for the White House is not the only prize in this year's election sweepstakes. Black votes will help determine the outcomes in a half dozen U.S. Senate races and in over 100 contests for U.S. House seats where blacks make up significant proportions of the electorate.

Black votes will be crucial to the historic election bid of Carol Moseley Braun to be the first black woman elected to the U.S. Senate. Black voters also have the power to expand the ranks of the Congressional Black Caucus by a third since black candidates are running in 12 newly created majority-black congressional districts in Maryland and eight of the 11 states of the old Confederacy. Many of these candidates have already won primary elections but their ultimate victories are not guaranteed since most will have opponents in the general election. A high black voter turnout in November could not only result in sweeping these black aspirants into office but it also could carry Clinton to victory on black coattails. ■

Eddie N. Williams

PRESIDENT

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New Diagnosis for Cocaine Exposed Infants

Early Predictions About "Unsalvageable" Crack Babies Are Being Revised But Commitments to Prenatal Care, Drug Treatment, Still Needed

by Katherine McFate and Marla Robinson

The term "crack baby" surfaced in the mid-1980s amid a wave of dire predictions that a growing "biological underclass" of cocaine-exposed infants threatened to overload the country's health care system. Cocaine-exposed children were characterized as socially and mentally stunted, impervious to pain, and incapable of emotion—in short, sub-human creatures who could not develop into normal adults. The media were quick to publish sensationalized albeit tragic stories of the defects of these babies in a way that fit the political rhetoric of the Reagan Administration's War on Drugs.

However, as research on the matter has expanded and become more sophisticated over the past six years, it has called into question many of the early prognoses. Cocaine-exposed children are not turning out to be the lost generation many predicted. With good prenatal and perinatal care, a majority of them may achieve normal development. With help, they can even enter mainstream educational institutions and develop their mental and social capacities with the rest of their peers.

Unfortunately, very few cocaine-exposed children are receiving the help they need. Beset by budget deficits and declining revenues, state and local governments are finding it difficult to maintain current drug treatment services for pregnant mothers, let alone establish new programs that in addition to treatment would provide prenatal care and parenting classes. This is so even though it is clear that such investments would save money in future health costs.

Not by Cocaine Alone

Cocaine use is only one of a number of health risks pregnant mothers impose on the unborn. A number of other drugs, legal as well as illegal, cause similar risks and are more likely to be used during pregnancy than cocaine.

According to the National Institute for Drug Abuse's 1991 National Household Survey on Drug Abuse, an estimated 4.5 million American women of child-bearing age admitted to recent use of illicit drugs. About 3.3 million women of child-bearing age use marijuana, the illegal drug most commonly reported, compared to just over 600,000 women admitting cocaine use.

Alcohol is by far the most commonly used legal drug. Women of child-bearing age are 16 times more likely to have consumed alcohol than to have used cocaine. According to Dr. Joel Hay, a senior research fellow at the Hoover Institution, each year at least 50,000 infants are born alcohol-affected. These infants are likely to experience slower fetal growth and to suffer from cardiac abnormalities, neurological defects, irritability, and sleep dysfunctions. Another 5,000 are severely affected and experience fetal alcohol syndrome—a condition that results in mental retardation and physical deformities.

The second most often used legal drug is nicotine, which surpasses marijuana in the number of users. Over 70,000 babies born each year suffer some physical effects from their mothers' tobacco use during pregnancy. Such use increases the risk of premature delivery and Sudden Infant Death Syndrome (SIDS).

Nevertheless, policy makers and the media have focused almost exclusively on women who use cocaine and more specifically crack. Unfortunately, this fixation has helped to create the false impression that crack poses the greatest risk to infants. Some babies born to cocaine-abusing mothers emerge healthy and normal; others suffer from severe health problems and physical deformities. The vast majority fall in between these two extremes.

Some of the effects in infants attributed to cocaine use may in fact be the result of multiple drug use over time—or result from combined cocaine and alcohol abuse that is not reported to the researcher. It is not unusual for a crack user to abuse cocaine, alcohol, nicotine, and marijuana in various quantities at various times, depending on availability. However, when asked, drug abusers are likely to name the "primary" or favorite drug used, not all four.

Moreover, it is difficult to distinguish among the *in utero* medical effects on fetuses of drug exposure and of non-drug-related factors such as poor nutrition and poor prenatal care. It is also difficult to distinguish between these prenatal factors and inadequate, unstable care-giving in early infancy in determining the cause of delayed mental and physical development. In reviewing the early research on cocaine-exposed children, researchers are finding that most of the studies were flawed because they did not attempt to sort out the impact of these various factors.

Methods for selecting participants were also flawed. In recruiting maternal cocaine abusers as subjects for some of the early studies, researchers often selected the worst abusers. (This is analogous to determining the effect of alcohol use on fetal development by only studying alcoholic mothers.) These women were more likely than other

Ms. McFate is a senior research associate, and Ms. Robinson is a research associate at the Joint Center.

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Babies

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users to experience health problems related to their drug habits (including poor nutrition and physical abuse) that could also cause birth defects in newborns.

Perhaps the most obvious flaw in the early studies of maternal cocaine use was the failure to identify the degree of prenatal care received by study participants. The lack of prenatal care is associated with low birth-weight and other infant health problems. Even *drug-free* poor women who do not receive prenatal care are at risk of delivering babies whose health problems may result in delayed physical or mental development. Studies that do not control for prenatal care and income level may confuse the effects of poverty and lack of care with the effects of drug use.

Some of the early findings about the impact of cocaine use during pregnancy have been confirmed, although the extent of damage and the ramifications for infants are still unclear. Cocaine use may cause constriction of blood vessels in the placenta and umbilical cord, constraining the oxygen and nutrients that travel to the fetus; this may result in poor fetal development. Women who use cocaine during pregnancy are more likely to have premature, low birth-weight babies than drug-free women. Cocaine-exposed infants may also be at greater risk of dying from SIDS than infants born to non-drug-using mothers.

The Lost Generation Found

The largest and longest study to examine cocaine-exposed youngsters over time is being conducted currently. It is directed by Dr. Ira Chasnoff, president of the National Association of Perinatal Addiction Research and Education at Northwestern University Medical School. Preliminary results from the study show that among the children of serious cocaine abusers/addicts who are now two and three years old, over 60 percent show no physical or mental deficits. Chasnoff recruited more than 300 cocaine-abusing pregnant women who were enrolled in a drug treatment program in the late 1980s. Not all the women remained drug-free during the course of their pregnancy, but all received prenatal care, and ate a balanced diet, and their children enrolled at birth in "well baby" programs, which give parenting advice, health care, and regular check-ups.

A pilot program that was coordinated by the Charles R. Drew Head Start Program based in Compton, California, is showing similar results. Hanna Hunter-Hamilton, the project's coordinator, began working with 42 children who had been exposed to cocaine during their mothers' pregnancy. Hunter-Hamilton examined them initially through home visits soon after birth and later in preschool classes. She has found that the majority of children fall within the normal range of development.

Another recent study by the Perinatal Center for Chemical Dependence based at the Northwestern University Medical School confirms that treatment and prenatal care can have an important positive effect on the health of cocaine-exposed infants. The researchers examined infants born to 23 cocaine-using pregnant women who had not stopped using drugs until the end of their first trimester. The children born to the mothers in treatment were no more likely to be delivered prematurely than those born to drug-free mothers. The drug-exposed babies were also close to normal in size and weight.

Even cocaine-exposed children whose mothers do not receive treatment or prenatal care should not be written off as "unsalvageable." Dr. Judith Howard, a researcher at UCLA, found that drug-exposed children she studied scored within the average range on standardized development tests.

The experiences of other preschool programs operating in California and Florida suggest that, with special assistance, many children identified as cocaine-exposed can achieve developmental norms for their age group and be "mainstreamed" in school. Many of these children do not require the creation of extraordinary interventions to meet their needs, contrary to previous predictions.

No Treatment for Addicted Moms

Unfortunately, the drug treatment resources available in urban areas to female drug users, including pregnant mothers, are few in number and woefully inadequate. Despite a growing body of research documenting successful interventions for cocaine-exposed infants, the Bush Administration has not been forthcoming with new treatment initiatives for pregnant mothers.

In 1990, Joint Center researchers reviewed treatment slots reserved for pregnant women in 10 major metropolitan areas and found pitifully few slots available. In updating this information over the summer of 1992, it was found that little has changed. The problem is exacerbated by the fact that state Medicaid rules still inhibit reimbursements for drug treatment, effectively barring poor pregnant mothers from these services.

One efficient way of ensuring that the children of poor families with substance-abusing mothers receive the services they need would be to reform the Medicaid system. "The Medicaid Substance Abuse Treatment Act of 1991," introduced by Senators Daniel Moynihan (D-NY) and Bill Bradley (D-NJ), would provide more stable funding for existing treatment centers, allow women to enter treatment with their children, and allocate resources to replicate successful programs. Unfortunately, positive action on the bill before Congress adjourns is unlikely.

Drug-exposed children are not a "lost generation." The signs from the medical and educational communities are encouraging. Today we can be cautiously optimistic that with early and proper interventions these children will grow up to lead healthy, productive lives. However, while the federal government has not shown a strong commitment to fund treatment programs and duplicate successful intervention approaches, federal support to already financially over-burdened cities and states is essential if services for pregnant drug abusers are ever to become adequate. ■

POLITICAL TRENDLETTER

Inside This Issue:

- Candidates vie for newly created majority-black districts in Florida, Louisiana, and South Carolina.
- Groups in Jackson, Mississippi, hold a caucus to select a black consensus candidate to run for mayor.
- The massive departures of congressional incumbents provide new opportunities for black legislators to move up in House committees.
- **Across the Nation** looks at the political comeback of Marion Barry, the former mayor of the District of Columbia; and Jackie Barrett is about to be elected the first black female sheriff of Fulton County.

Redistricting Update

FLORIDA

Because the Florida house and senate were unable to find common ground on their state's congressional redistricting, the plan was decided by a panel of three federal judges. The resulting new districts included two majority-black districts (the 3rd and 17th) and one black-influenced district (the 23rd). The 3rd district has a black voting-age population of 51 percent, and represents a 14-county area that includes parts of Jacksonville, Gainesville, and Orlando. The 17th, located in Miami, has a 54 percent black majority, while the 23rd, which includes parts of Fort Lauderdale and West Palm Beach, is 44 percent black.

In the September 1 Democratic primary, black state representative **CORRINE BROWN** of Jacksonville failed to win a majority but was the top vote getter in the race for the 3rd district. Receiving 43 percent of the vote, Brown led three other candidates, including black Jacksonville state senator **ARNETT GIRADREAU** and white former Jacksonville state representative **ANDREW JOHNSON**. Johnson came in second with 31 percent and will face Brown in an October 1 runoff. In the 17th district, black Democratic state senator **CARRIE MEEK** from Miami walked away with the nomination, capturing 82 percent of the vote. She soundly defeated Miami attorney and law professor **DONALD JONES** and freshman state representative **DARRYL REAVES**, both black. Since her election to the state house in 1979 and subsequently to the state senate in 1982, Meek has acquired a reputation as an advocate for women, minorities, the poor, and the aged. She is a member of the appropriations, commerce, health and rehabilitative services committees. With no Republican opposition in the November 3 general election, Meek is guaranteed a seat in Congress.

ALCEE HASTINGS of Ft. Lauderdale, a former federal judge for the southern district of Florida, will meet white attorney and three-term state representative **LOIS J. FRANKEL** of West Palm Beach in the October 1 runoff for the 23rd district seat. Frankel garnered 35 percent of the primary vote to Hastings' 28. The primary also-rans included black state representative **BILL CLARK** of Lauderdale Lakes who came in third followed by black Riviera Beach accountant **WILLIAM WASHINGTON**. Hastings was the first black federal judge in Florida, having been appointed by president **JIMMY CARTER** in 1979. Prior to the appointment, he had served as a circuit court judge in Broward County.

In 1989, Hastings was impeached and removed from the bench by Congress for conspiracy to accept a bribe, despite having already been acquitted of the charge in 1983 by a federal jury. Hastings protested that the congressional action violated his 5th Amendment rights protecting him from double jeopardy. On September 17 of this year, a federal judge reversed the 1989 conviction, ruling that Hastings had been improperly tried because the evidence in the case had been heard by a 12-member Senate panel and not the full Senate. The Senate plans to appeal the judge's decision. In recent years, Hastings has made several unsuccessful bids for elective office

including his 1990 attempt to win the Democratic nomination for Florida secretary of state.

SOUTH CAROLINA

JAMES CLYBURN, South Carolina's black commissioner of human affairs, won the Democratic nomination for the 6th congressional district in an August 25 primary. The newly created district has a black voting-age population of 58 percent, and combines cities and rural areas, including portions of Florence, Columbia, Charleston, and Orangeburg. Clyburn, 52, received 56 percent of the vote in a six-way contest that included state senators **FRANK GILBERT** and **HERBERT FIELDING**, attorney **JOHN RAY HARPER**, and South Carolina State University professor **KENNETH MOSELY**. All are black. Republican candidates **DELORES PORCHER DaCOSTA**, a black legislative assistant for the state's white Republican congressman **ARTHUR RAVENEL**, and **TONY GRAHAM**, a black physician from Lake City, were both defeated by white Florence businessman and city council member **JOHN CHASE III**.

Though Clyburn was an early favorite to win the Democratic seat, local observers saw the anticipated reelection bid of white five-term Democratic congressman **ROBIN TALLON** as a serious obstacle to Clyburn and the other black candidates. Tallon had won his last primary and general election by broad margins, and the 6th district includes part of Tallon's old district where he had built up strong support among black constituents. At the eleventh hour, however, Tallon decided not to seek reelection.

LOUISIANA

By creating the 4th congressional district, the Louisiana legislature increased the Bayou state's majority-black districts to two. The sprawling 4th district includes Shreveport, Monroe, Baton Rouge, and Alexandria and has a black voting-age population of 63 percent. (The state's other majority-black congressional district, the 2nd, is in New Orleans and is represented by freshman congressman **WILLIAM JEFFERSON**.) Nine contenders are vying for the 4th district in the state's October 3 open primary. Among the cast of candidates are several seasoned black politicians: Shreveport council member **JOE SHYNE**, state senators **CLEO FIELDS** of Baton Rouge and **CHARLES D. JONES** of Monroe, and attorney **FAYE WILLIAMS**, a congressional staffer who ran for Congress twice before in the former 8th district. Also in the running are black attorneys **JAMES ROSS** of Monroe and **RALPH HALL** of Baton Rouge. Two white candidates in the race are **STEVE MYERS**, a Baton Rouge newspaper publisher, and physician **EMILE K. VENTRA** of Opelousas.

State senators Fields and Jones are seen as the leading contenders. Fields is a two-term senator who chaired the government affairs committee, which had jurisdiction over redistricting. This is Fields' second bid for Congress; in 1990 he challenged white Republican congressman **CLYDE HOLLOWAY** in the former 8th district. Jones, a former state assistant district attorney, was elected to the senate in 1991 after serving 12 years in the house. During last year's gubernatorial campaign, Jones and Fields were both instrumental in organizing black get-out-the-vote drives. That effort was a major contributing factor in Democratic governor **EDWIN EDWARDS'** victory over Republican **DAVID DUKE**, the former Ku Klux Klan leader. For Faye Williams, counsel to the U.S. House Committee on the District of Columbia, this will be the third try for a congressional seat—she launched unsuccessful bids against Holloway in 1986 and 1988. She backed Fields against Holloway in 1990.

Search for a Consensus Mayor in Jackson, Mississippi

On August 29, the Coalition for a Progressive Jackson held a caucus to select a single black mayoral candidate that the black community could unite behind in next year's election. The city of nearly 200,000 is 56 percent black but has never yet elected a black mayor. The coalition took its cue from the successful 1991 effort in Memphis to select **WILLIE HERENTON** to run as that city's first black mayor. About 400 people met at Jackson's historic Lynch Street Masonic Temple, the site of numerous civil rights rallies in the 1960s, and selected as their favored mayoral candidate 77-year-old **HENRY KIRKSEY**, a longtime civil rights activist and former state senator. The assembled coalition chose Kirksey from among a group of candidates that also included city council member **LOUIS ARMSTRONG** and state representative **CREDELL CALHOUN**. Kirksey won with 68 percent of the coalition's vote. (The primary will be held on May 4, 1993, and the general election is slated for June 6.)

Coalition chair **ALI SHAMSID-DEEN**, a political organizer and graduate student at Jackson State University, says the organization was formed last November following the firing of the city's first black police chief, **DAVID**

WALKER, by white first-term mayor **KANE DITTO**. The mayor said that he and Walker had conflicting management styles. Walker, who was popular among Jackson's black citizens, was given 45 minutes to vacate his office. The mayor disregarded the black community's requests to retain him. The coalition began discussing a black mayoral bid in January and held a series of meetings to develop a strategy and platform and to allow interested candidates to campaign. The meetings were open to all black residents of Jackson.

A faculty member at Tougaloo College, Kirksey is a political activist who has demanded racial equity in the redistricting of congressional, state legislative, judicial, municipal, and county jurisdictions. Successful lawsuits (*Kirksey* v. *Hinds County* in 1971 and *Kirksey* v. *City of Jackson* in 1977) led to the expansion of the number of black elected officials in the Jackson area and the state legislature. Kirksey ran unsuccessfully for governor in 1975 and was likewise frustrated in his campaigns for the U.S. Senate in 1978 and to become mayor of Jackson in 1981. He served two terms in the state senate, from 1980 to 1988. If elected, Kirksey says that he would promote economic development to build up the black business community and enhance the physical facilities of predominantly black Jackson State University in an effort to shore up enrollment. He also hopes to promulgate policies and programs that would stem the flight of whites and middle-class blacks to the suburbs, a problem that has depleted the city's tax base.

CHARLES HOLMES, a political analyst teaching at Jackson State University, believes the coalition's efforts are laudable but adds that so far they have not generated unified support in the black community. Attendance at the coalition's August 29 caucus was poor, and another faction, the Minority Leadership Conference, which includes white members, has organized a counter-effort. It is still early in the game; local political observers note that a candidacy by Calhoun cannot be ruled out. If the various factions divide the black vote, next year's election may be won by Ditto or the city's former three-term white mayor, **DALE DANKS**, who has hinted at entering the race.

Moving Up in Congress

In the mid-1980s, black California congressman **RON DELLUMS**, who then ranked eighth among the Democrats on the House Armed Services Committee, vowed to outlive all his colleagues on the panel. His message was that through longevity and seniority he expected eventually to chair the committee. So far, the legislator's words seem to have been prophetic. By the beginning of this Congress, Dellums's ranking had jumped to fourth, and with the retirement of the committee's number-two person, **CHARLES BENNETT** (D-Fla.), Dellums, 57, moves up to third. Dellums was originally elected in 1970 as an anti-war candidate and has since advocated reducing Pentagon spending. He was an ardent opponent of the military build-up during the Reagan administration.

With this year's massive turnover of senior incumbents in the House, several other members of the Congressional Black Caucus will advance on key committees. As of September 15, a total of 86 House members had retired, run for another office, or been defeated. The impact of this exodus has already been felt on other committees. Black congressman **LOUIS STOKES** (D-Ohio) moves from the rank of seventh to sixth on the powerful Appropriations Committee. More importantly, the retirement of **BOB TRAXLER** (D-Mich.) places Stokes in line to chair the subcommittee with jurisdiction over funding for the Department of Housing and Urban Development, the Veterans' Administration, and independent agencies such as NASA, the National Science Foundation, and the Federal Emergency Management Agency.

The subcommittee handles spending for programs such as low-income rental assistance, FHA loans, and Community Development Block Grants. The appropriations bill for the agencies covered by the subcommittee for FY93 totals $86.6 billion. If Stokes is selected by the House Democratic Caucus to chair the panel at the beginning of the next Congress, he will become one of the 13 Appropriations subcommittee chairmen, nicknamed by colleagues as the "College of Cardinals" because of their power over congressional spending.

Another Caucus beneficiary of the congressional departures is three-term Representative **MIKE ESPY** from Mississippi. Provided he doesn't win assignment to another committee—such as Appropriations—Espy could chair the Agriculture Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition, which has legislative authority over food stamps. This may not be the end of the story. By the time the remaining primaries are concluded and the general election is over, the toll of incumbents leaving Congress will no doubt be higher, providing yet more opportunities for black members to expand their authority.

ACROSS THE NATION

CALIFORNIA: Citing the anti-incumbent mood of the electorate and the riots in South Central Los Angeles, the city's 74-year-old mayor, **TOM BRADLEY**, announced he would not run for a sixth term. A former police lieutenant and city council member, Bradley entered City Hall by defeating then mayor **SAM YORTY** in a 1973 campaign marked by racial overtones. Under Bradley's leadership, Los Angeles supplanted San Francisco as California's center of finance and transportation. Modern office buildings rose above the city's previously low-rise skyline, and in 1984 the city hosted the summer Olympics.

Bradley almost became the nation's first black elected governor in 1982, when he barely lost to Republican state attorney **GEORGE DEUKMEJIAN** by only 93,000 votes out of 7.8 million cast. Four years later, in another gubernatorial bid, Bradley lost to Deukmejian by a wider vote margin of 37 to 61 percent.

DISTRICT OF COLUMBIA: In the September 15 Democratic primary, former mayor **MARION BARRY**, 56, soundly defeated four-term incumbent **WILHELMINA ROLARK**, 75, in a race for a seat on the city council. Barry's 70 percent of the vote—compared to Rolark's 21 percent—amounted to a stunning upset. Marking a political comeback after six months in prison for a cocaine conviction, Barry defied Mayor **SHARON PRATT KELLY** and much of the District's current political establishment, who endorsed Rolark, with his populist appeal to the residents of Ward 8, the poorest ward in the city.

Rolark, 75, began to prepare for a fight when she realized Barry had moved out of his four-bedroom home in another ward and taken an apartment in Ward 8 after his release from prison earlier this year. Barry campaigned on the theme of bringing respect and attention to the 8th ward, which suffers from high rates of crime and unemployment. With his preacher-like speaking style and African garb, Barry the candidate was reminiscent of Barry the activist who headed the Student Non-violent Coordinating Committee during the civil rights movement and was director of Pride Incorporated, a Washington-based community development organization. (Barry's elected offices, aside from mayor, included stints on the school board and city council.) This year Barry boosted his efforts by helping to register a thousand new voters.

Kelly opposed Barry's candidacy, fearing that he would become a disruptive element on the city council. She also warned that his return to the council would revive the negative image the city received when the allegations of Barry's substance abuse became public. Kelly fears that a poor image could damage the improving relations between the District and Congress, which has veto power over city council actions.

GEORGIA: Victory in the August 11 Democratic primary runoff for Fulton County sheriff virtually assured **JACKIE BARRETT**, 41, of becoming the first black woman to hold such a position in a major metropolitan jurisdiction. The seasoned law enforcement administrator defeated black interim Fulton County sheriff **ROBERT McMICHAEL**. The final tally was 56 percent to 44 percent. (Fulton county encompasses the city of Atlanta.) Barrett is highly favored to defeat white Republican candidate **MORRIS CHAPPELL** of Roswell in November. Barrett is currently director of the Fulton County Public Safety Training Center in Atlanta. Prior to assuming this position in 1987, she served as chief administrative officer for the county sheriff's department and for 10 years with the Georgia Peace Officer Standards and Training Council, the state oversight board for licensing and training police officers.

Like Barrett, state representative **NADINE THOMAS**'s July 21 primary win assures her a place in history. Running unopposed in the November general election, Thomas should become the first black woman elected to the state senate. Thomas was first elected to the house in 1990 after three unsuccessful tries. The 40-year-old registered nurse will represent the newly created 10th district which includes parts of Atlanta and Decatur County.

MASSACHUSETTS: Republican governor **WILLIAM WELD** appointed black Republican **RALPH C. MARTIN, JR.**, as district attorney for Suffolk County, which includes Boston. Martin, 39, worked under Weld as an assistant U.S. attorney in Boston in the mid-1980s. Martin's appointment is viewed in some circles as an effort to improve race relations in the Boston area, where blacks have long been excluded from the administration of law enforcement. He replaces **NEWMAN FLANAGAN**, who held the post for 13 years before resigning. Martin will have to run for election in 1994 when Flanagan's term expires.

MICHAEL M. MURPHY, a member of the Governor's Council for the second district in Boston, says Martin's appointment is important because relations between the police and Boston's black community are strained. He says Martin "will have the opportunity to set the pace in Boston."

WISCONSIN: Black Democratic county supervisor **TERRANCE L. PITTS** came in a distant second in a six-candidate race in the September 8 primary for the 5th congressional district, which includes much of Milwaukee. The victor was white state senator **THOMAS M. BARRETT**, who received twice as many votes as Pitts.

Making Health Care Work for Blacks

The U.S. Health Care System Reaches Few of the Working Poor and Fails to Address Many of the Needs of the Youngest Black Americans

by Allison J. King

On June 12, the Joint Center held a one-day conference entitled "Meeting the Health Needs of the African American Community: Public Policy and Community Initiative," which addressed the crisis confronting African Americans and the failure of the nation's health care system to adequately respond to it. The conference featured a mini-town hall meeting moderated by ABC News health correspondent George Strait, a luncheon with guest speaker Arthur Ashe, and workshops on major health issues. This article is based on the presentations made at the conference.

What does a 35-year-old mother of three with a low-wage job and no health insurance do when one of her children gets sick? How will she pay for physical therapy for a child recovering from an auto accident or prenatal care for a pregnant daughter? These are issues for thousands of African Americans, and the answers do not seem to lie in the current health care system. The health of African Americans is precarious today, with blacks at greater risk of illness and death than whites, in part because they have less access to quality care than whites.

Joint Center senior research associate and health conference coordinator Dr. Wilhelmina A. Leigh offers this capsule summary of black Americans' general health status: Diabetes is 33 percent more common among blacks than whites; and blacks have the highest overall cancer rate of any population group in the U.S. In addition, more than one-fifth of all black Americans have no health insurance; as a result, blacks comprise a larger share of the uninsured population (17.5 percent) than they do of the total population (12.4 percent).

Among the several factors responsible for this severe health crisis are flawed government health policies, the high cost of health care, inadequate health education, and high-risk lifestyles. Unhealthy lifestyles may be the most difficult factor to change. As Arthur Ashe said at the conference, "If we are going to accomplish what we set out to do [educating the black community on health issues], we are talking about a wholesale change in the mind-set and the cultural norms of African Americans."

A System That Ignores Inner-City Needs

A panel of health experts at the conference discussed the various layers of the current health care system as well as the Bush administration's understanding of the health needs of African Americans. Even though over $800 billion is spent annually on health care in the U.S., nearly every panelist agrees that some type of health care reform is needed; the question is what kind.

"I don't think that [the health care system] requires more money," says Kevin Moley, deputy secretary of the U.S. Department of Health and Human Services. "I think it requires us to spend the money we're currently spending far more wisely than we are." Moley believes an infrastructure for the health care system already exists—with hospitals, doctors, and treatment centers already in place in cities and small communities—it just comes down to making it work for all Americans.

At the conference, ABC News health correspondent George Strait presented the hypothetical scenario of an 18-year-old African American male who has been shot, has no health insurance, and is diagnosed during his hospital stay as HIV positive. This fictionalized situation symbolizes some of the most serious problems that urban health care facilities must face. Treatment of gunshot victims and indigent AIDS patients are among the nation's most expensive public medical costs, and the number of such patients is growing.

According to Rashidah Hassan, executive director of BEBASHI (Blacks Educating Blacks About Sexual Health Issues), a Philadelphia-based volunteer organization, community organizations and public hospitals that treat the poor are under-staffed and under-funded. BEBASHI provides home health care, meal deliveries, and transportation to and from medical care for newly released patients. "We are used as an agency to support what the public health department is, in fact, responsible for. Because of shrinking government expenditures, agencies like mine are contracted to provide support services," she says.

Behind the charge of shrinking government expenditures are those who argue that the Bush administration is turning a deaf ear to African American concerns. As Julius Chambers, director-counsel of the NAACP Legal Defense and Educational Fund, sees it, "[The government] still restricts access to health care, and the reforms that I've seen bandied about by this administration simply will not address the major problems that African Americans bring to the health care system." Part of the difficulty is that most insurance policies are employment-based. Blacks who are working part-time or even full-time

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for employers who offer no health benefits have to pay for medical expenses out of their own pockets.

A Competition Children Lose

In order to successfully mature, children need education on good nutrition and behavior, social training, and medical care including preventive screening and vaccinations. Yet, says Dr. Roselyn Epps, professor of pediatrics and child health at Howard University School of Medicine, "There is a health crisis in this country and it affects children more than any other single group of the population, whether the indices are infant mortality, low immunization rates, [or] child abuse and neglect. These disproportionately affect children of African-American descent."

According to the Children's Defense Fund, fewer than 60 percent of all children under the age of two in major metropolitan areas have had full immunizations. "We can prevent illnesses, and immunizations are an excellent way of preventing illnesses," says Dr. Robert Johnson, chairman of the Task Force on Minority Children's Access to Pediatric Health Care at the American Academy of Pediatrics in Newark, N.J. But in a competition for government dollars for immunization and other preventive measures, Dr. Johnson says, children will always lose because they are a non-voting bloc.

The Elderly Who Can't Retire

Growing old gracefully in today's world can be difficult. For many elderly black Americans, unstable family structures and dwindling financial resources represent the crumbling "golden years" they must look forward to. The increase in black women working outside the home has brought a decrease in the number of women caring for elderly parents. Grandparents who live at their adult children's homes often find themselves caring for their grandchildren, some of whom are drug-exposed babies.

The continued burden of raising grandchildren imposes both physical and financial strain on elderly blacks and also contributes to the fact that many black Americans never retire. Either they never earned enough to have a pension that could support them if they retired, or they have additional financial responsibilities in their later years that necessitate continued work despite failing health.

Today's black elderly, at 55 years and older, probably are better off than any other group of black elderly in this century, in terms of both physical and financial status. Many have had good jobs and can count on benefits in their later years. However, between the years 2000 and 2020, the baby boom cohorts will turn 55 years old and greatly increase the proportion of all elderly, especially black elderly, in our population. This larger group of elderly citizens may lack the buffers of pensions and health insurance that their predecessors had and therefore impose additional strain on the nation's health care system.

Drugs, AIDS, and Needles

The facts on AIDS in the African American community are startling. According to Dr. Mitchell Rice, a professor of public administration and political science at Louisiana State University: the death rate from AIDS is three times higher among blacks than among whites. And while blacks are only 12 percent of the U.S. population, between 1981 and 1988 they comprised 27 percent of all AIDS cases, 24 percent of adult male AIDS cases, 54 percent of adult female AIDS cases, and 55 percent of pediatric AIDS cases.

Unfortunately, the prevalence of drugs in the black community is inextricably linked to the AIDS epidemic. Rice points out that 36 percent of black males with AIDS contract the disease through the sharing of drug needles.

For that reason, many state and local health departments are wrangling with the idea of needle exchange programs whereby officials dispense clean needles to drug users in exchange for their dirty needles. This could limit the spread of HIV and other communicable diseases among that population. Lorna McBarnette, former executive deputy commissioner of health for the state of New York, endorses a needle exchange program. But in New Jersey, the jury is still out on needle exchange because state officials do not feel there is sufficient evidence that exchanging needles will help.

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The conference participants agree that one way to reverse the various negative trends is for black Americans to change their lifestyles by altering their habits in eating, substance abuse (drinking, smoking, and drug use), and prevention (e.g., fastening seat belts and getting prenatal, dental, and eye examinations). Rising health care costs have spurred policy makers to shift their focus toward prevention. If blacks, and all Americans, can receive vital health care before illness or accident, hospitals and treatment centers might be less crowded and better able to handle their current caseloads. ■

Joint Center Health Program to Air

"Prescriptions for Change-African American Health Forum" will be aired by WETA in the Washington metropolitan area on Monday, October 26th at 10 p.m. The hour-long program was filmed by WETA at the Joint Center's June conference on the health problems of African Americans. Issues covered include limited access to health care, inadequate insurance, and the decreasing life spans of black Americans. ABC health correspondent George Strait moderates a discussion among Congressman Louis Stokes (D-Ohio), Kevin Moley, deputy secretary at the U.S. Department of Health and Human Services, and Frances Dunston, commissioner of the New Jersey Department of Public Health.

The Plight of Black Male Job-Seekers

The Shrinkage of Manufacturing Employment in Chicago Has Affected Blacks and Mexican Immigrants Very Differently

This article was adapted from a recent presentation by William Julius Wilson, the Lucy Flower University Professor of sociology and public policy at the University of Chicago, before the U.S. House of Representatives Committee on Ways and Means. It is based on the findings of the Chicago Urban Poverty and Family Life Study, a research project directed by Dr. Wilson. A detailed account of these findings will be published by Alfred A. Knopf Inc. in 1993.

In recent years, inner-city black males as a group have increasingly been maligned in films, television, and in the news media. The negative and worsening image of these men exacerbates racial hostility because it lends itself to overgeneralization about the entire black community. This image combined with the loss of traditional manufacturing and other blue-collar jobs in Chicago are partly responsible increasing unemployment among inner-city black males and have contributed to their concentration in low-wage, high- turnover laborer and service jobs. Moreover, inner-city blacks tend to be parts of neighborhoods, networks, and households that are less conducive to employment. Hispanics have easier access to manufacturing jobs because many employers not only prefer them over blacks, but they also like to hire by referrals from current employees, which Hispanics can easily furnish, since they are well connected in immigrant networks.

Inner-city black men frequently express bitterness and resentment about their poor employment prospects and low wage work settings. Their attitudes and their erratic work histories in high-turnover jobs create the widely shared perception that black men are undesirable workers. That perception becomes the basis for employer discrimination that sharply increases in a weak economy. Over the long term, discrimination has also grown because employers have been turning increasingly to an expanding immigrant and female labor force.

This has not always been so. Previously, when black males sought jobs, employers mainly examined their strength and stamina. Industries that involved strenuous work readily employed black men. Data from the Chicago Urban Poverty and Family Life Study show that 51 percent of Chicago's employed inner-city black males born between 1941 and 1955 worked in manufacturing industries in 1969. By 1987 that figure had plummeted to 29 percent. Of those born between 1956 and 1968, 45 percent worked in manufacturing industries as late as 1978. By 1987 that figure had declined to 25 percent.

The loss of traditional manufacturing and other blue-collar jobs in Chicago has caused young black males to turn to the low-wage service and laboring jobs for employment, or to go jobless. The decline of manufacturing has not affected Hispanics the same way, especially recent Mexican immigrants. They have had greater success holding on to the declining number of manufacturing jobs or finding other employment when their industries shut down. For example, while Mexican men possess considerably less formal education than black men, Mexicans have lost manufacturing jobs at a slower rate, and when they are displaced, they have found other employment more quickly. Although Mexicans and blacks compete in the same labor market, their respective social environments (neighborhoods, households, and social networks) differ in ways that distinctly affect employment and labor force participation.

Poor black neighborhoods lack the access to resources normally provided by stable working residents and informal job networks. In the black Chicago neighborhoods studied, social contacts were far more successful in helping residents gain informal work to help make ends meet than in obtaining steady employment; although networks existed, they generally lacked the capacity to elevate residents into the formal labor market. For example, black men and women in the study were less likely than members of other ethnic groups to report that they received help from a friend in obtaining their current job. Blacks also reported using public transit more often than Mexicans who rely more heavily on carpooling, an important network.

Perception Shapes Reality

The deterioration of the socioeconomic status of black men can be associated with increases in negative perceptions. Interviews of a representative sample of Chicago-area employers show that many consider inner-city blacks—especially young black males—to be uneducated, unstable, uncooperative, and dishonest. For example, a suburban drug store manager said:

> It's unfortunate, but in my business I think, overall, [black men] tend to be known to be dishonest. I think that's too bad but that's the image they have. *(Interviewer: So you think it's an image problem?)* Yeah, an image problem of being dishonest men and lazy. They're known to be lazy. *(Interviewer: I see. How do you think that image was developed?)* Go look in the jails.

Adding to the image problem is the hostility young black men hold toward their low paying jobs compared to

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Black Males

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immigrant Mexican men. Many young black men demonstrated less willingness to be flexible in taking assignments or tasks not considered part of their job, and less willingness to work as hard for the same low wages.

These attitudes contrast with those of many Mexicans and other Third-World immigrants who are perceived to exhibit better "work ethics" than native workers because they are willing to tolerate harsh conditions, lower pay, and few opportunities to advance. Many immigrants are harder workers because they have migrated from areas of intense poverty, and even boring and gruelling jobs look, by contrast, good to them. They also fear being deported if they fail to find employment.

Black men interviewed in the study strongly felt that they are victims of discrimination and complained that they get assigned the heaviest work or dirtiest jobs, were overworked, and paid less than nonblacks. Immigrant Mexicans also reported feeling exploited but tended to feel that this was to be expected because of the nature of the job. Richard Taub, a researcher on the project concluded that the inner-city black men had a greater sense of "honor" and often viewed the work, pay, and treatment from bosses as insulting and degrading. This heightened sensitivity to exploitation, Taub believes, increases anger and leads to a tendency, in some work settings, to just walk off the job.

The attitudes that many black males express about their jobs and job prospects reflect their plummeting position in a changing labor market. Turnover rates of 50 to 100 percent are common in low-skilled service jobs in Chicago. One employer in the survey, who reported turnover rates in his firm above 50 percent, acknowledged a decision to tolerate a high turnover rather than increase the starting salary and improve working conditions to attract higher caliber workers. He stated that, "Our practice has been that we'll keep hiring and, hopefully, one or two of them are going to wind up being good."

This employer, and others in similar situations, can afford such high turnover rates because the work they offer is simple and requires very little, if any training. On average, jobs paying less than five or six dollars an hour had high quit rates. In higher paying jobs, by contrast, the turnover rates fell to less than 20 percent per year. Yet, the data show that the number of black males in the higher paying positions has sharply declined.

The more black males complain about low-paying jobs, poor working conditions, and restricted opportunities for upward mobility, the less desirable they seem to employers. They therefore experience greater discrimi-nation when they seek employment and clash more often with supervisors when they find work. For all these reasons, it is important to link attitudinal and other cultural traits with structural realities of the economy and job market.

The employment struggles of black men in Chicago are clearly caused by several intermingled and mutually reinforcing factors. The shifting economy, race, and differing cultural orientations and attitudes all fuel the worsening employment opportunities for blacks. Effective public policy designed to address the employment problems of blacks must take these interrelated influences into account. ■

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