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FOCUS

The monthly magazine of the Joint Center for Political and Economic Studies

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POLITICAL TRENDLETTER®

Perspective

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The Other Side of Child Support

Fathers who do not provide financial support to their children, often called "deadbeat dads," have become the focus of much scorn in recent years. Many of the children of these men end up being supported by public assistance and thus become wards of the American taxpayers. Policy makers have had little success at inducing these men to assume their responsibilities. We know little of their attitudes on parenting or the circumstances involving their disconnection from their children.

But a recently released report by Public/Private Ventures (P/PV) sheds new light on the lives of the most easily stereotyped fathers of all: young, poor men who are not married to the mothers of their children. P/PV recently conducted an 18-month demonstration project involving 460 young fathers between the ages of 18 and 24 to encourage them to formally acknowledge their parenting obligations and then help them meet those responsibilities. P/PV is a private, nonprofit Philadelphia-based corporation that designs and manages social policy initiatives aimed at assisting young people. The report revealed that:

- Poor, young fathers face burdens of inadequate education and work skills, discrimination, and lack of opportunities as they seek decent livelihoods to support their children.
- Unemployment impedes family formation. The mothers of these children often do not want to commit to long-lasting relationships with men who cannot obtain good jobs. And jobless fathers do not feel they can fulfill the roles of husband and provider if they are unable to find steady employment. In addition, unemployment places tremendous stress on young relationships, especially if those young people are simultaneously learning to be parents.
- Not all unwed fathers are absent from their children's lives. Nor are all unwed fathers deadbeat dads. Most of the young men in the demonstration project said that they provide substantial income for their children whenever they can.
- Many of the fathers see no advantage in declaring paternity, because they believe it will result in a loss of income—which is provided not by the fathers but through public assistance—for their children.

According to the P/PV report, government-issued support orders generally quickly follow on a formal declaration of paternity. If a father is jobless, he rapidly builds up an insurmountable debt to the state. The same is true if he pursues education or job training. Pressure from child support enforcement agencies has forced many of these fathers to leave educational programs and opt for short-term jobs so they may meet their payments. While they could then make their payments in the short run, they were less likely to become stable providers in the long run.

A few programs have begun to move in the right direction. They link early declaration of paternity to referrals for education and job training. Fathers who seek to improve themselves are then able to suspend their child support payments temporarily. But these programs require that government agencies responsible for child support enforcement, job training, and welfare coordinate their activities more effectively. These new efforts point to the urgent need for government policies and practices that are more supportive of those young men who are trying to become good providers for their children.

The negative emotions inevitably accompanying any discussion of men who father children without the means to support them have often led policy-makers toward a punitive approach that has only exacerbated the problems that poor, young fathers face. However, we will be better served if we take the time to understand the complex reality of their lives and fashion policies that will help them become more effective parents and productive citizens. ■



PRESIDENT

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A Future Full of Promise

South Africa Poised to Enter the 21st Century as a Full Democracy Turns Its Back on 48 Years of Racial Hatred

by Deborah Kobak

Last month, Nelson Mandela marked his 100th day as President of South Africa. Perhaps what was most remarkable about the passing of that milestone was that it was unremarkable. That his government was not in crisis and that regions of the country were not in the throes of violent upheaval are clear evidence that his fledgling administration has kept South Africa's transition to democracy on a smooth and steady course.

The violence which threatened to disrupt the April election and keep thousands of people away from the polling stations never materialized. Instead, police, military, and security forces standing ready for trouble were busy ferrying ballots and other voting materials to stations hampered by shortages. After six long days of sorting out the ballot count, the Independent Election Commission (IEC) formally declared the election "substantially free and fair" and the election of Nelson Mandela as President consummated the liberation of all South Africans from the racism of apartheid.

While the election represents a formal end to apartheid and a victory for Mandela and the African National Congress (ANC), it is far more than a mere transfer of power from one group to another. Mandela and the ANC will lead the new interim national and provincial governments in partnership with other political parties. And over the next five years, a permanent national constitution will be crafted to chart the country's political future. However, if South Africa is to eradicate the legacy of its dark past, its political rebirth must accompany a restructuring of the nation's economy. On the twin tracks of democratic government and economic equity, South Africa may enter the 21st century as a model multiracial society.

Getting Out the Vote

A major obstacle to full voter participation during the elections was the majority African population's unfamiliarity with voting procedures and high illiteracy rate. According to South African estimates, close to 50 percent of the total population is either illiterate or semiliterate and three quarters of the eligible population had never voted before. Yet the Independent Election Commission chairman, Justice Johann Kriegler, reported that turnout exceeded 86 percent of the eligible voters and that only one percent of the ballots cast in April were improperly marked. Kriegler attributed this impressive showing to the voter education effort undertaken by numerous South African and international organizations which conducted voter education programs leading up to the election.

The massive voter education drive was one of the biggest success stories to come out of the election. The Matla Trust, the largest nongovernmental organization to establish national voter education programs, designed an innovative, multimedia education campaign that covered the entire country. The program included the distribution of 30,000 tape cassettes to the taxis that carry thousands of commuters between South African cities and their surrounding townships. A theater group dramatized the election rules in a variety of South African languages. After each performance, members of the audience were taken through voting simulations. And a weekly television soap opera portrayed the lives of several fictitious characters contemplating the election.

In order to guarantee orderly and fair treatment at the polls, the IEC deployed about 200,000 people to assist at 10,000 polling stations across the country. Approximately 25 American organizations participated in the election observation effort. Several thousand international voter education specialists and election observers were representatives from the United Nations, the European Community, the Organization for African Unity, and the British Commonwealth.

Dr. Pearl-Alice Marsh, the director of the Joint Center's South Africa Election Support Project who served on the National Democratic Institute's international observer mission, noted, "The South African election was not only a historic moment for its citizens but was an international event in which people all over the world felt invested. Election observers from Africa, the United States, Europe, Latin America, and Asia were deployed around the country alongside South Africans in a real show of solidarity and support."

Victory Without Dominance

Even though the ANC fell just short of winning two-thirds of the vote to be awarded a clear mandate to govern, its commanding lead over the other parties ensures that it will be the managing partner in a government of national unity where power is shared—a government legitimized by the high turnout of voters from all sectors of the society. The final tally gave Nelson Mandela's ANC 62.6 percent of the national vote and 252 National Assembly seats; former President F.W. de Klerk's National Party (NP) came in second with 20.4 percent and 82 seats, and the Inkatha Freedom Party (IFP) was third with 10.5 percent and 43 seats.

Ms. Kobak is a research analyst who specializes in African affairs at the Joint Center.

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Africa

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The election also confirmed the interim constitution and officially dissolved the "homeland" states created under the apartheid regime. Similar to the national government, each provincial government is headed by a premier and has multiparty representation in both its regional legislatures and executive councils. The ANC won seven of the provincial elections while the National Party and the Inkatha Freedom Party each won a majority in one new province from which they can build a solid base for future elections. The NP took the Western Cape based on a campaign focused heavily on the Afrikaans-speaking coloured community. The Western Cape, a "coloured-preferred area" under the apartheid government, previously gave coloureds jobs and housing privileges over Africans. Fear of losing status and amenities to Africans drove the coloured vote to the National Party.

In KwaZulu/Natal, the IFP won a majority in the region after boycotting the elections up until the last days. Though significant violence did not erupt between the IFP and the ANC during the election, charges of irregularities and mismanagement of polling stations were made by both sides. In the end, however, the IEC concluded that the problems were not sufficient to nullify the election.

Next year, the electoral process will reach down to the local levels. Before those elections occur, however, local negotiating councils must negotiate the creation of new municipal subdivisions in which heretofore segregated black and white urban areas will be combined—such as Johannesburg and Soweto. The formation of these unified political entities will result in redistributing local revenue, sharing services, and integrating school districts.

The challenge now is for the political parties forming the government of national unity to make it work. Before the election, the parties agreed to a power-sharing arrangement hammered out over the course of four years of intense negotiations which would downplay opposition and build on unity. Under an interim constitution, the newly elected government will serve for five years and oversee the writing of South Africa's first formal constitution. However, ideology and politics still divide them. Strains have already begun to emerge between the parties over regional autonomy and other issues concerning the division of power. It will be up to Mandela and his administration to cement those divisions.

Dividing the Political Pie

Mandela's executive cabinet reflects his awareness that divisions exist and that he is committed to reconciling them and shared leadership. In his victory speech in May, he committed himself to unifying the country into one nation by sharing power and authority with his former enemies. His appointments to fill the two deputy executive and 25 cabinet minister positions include leaders from the ANC, the NP, and the IFP. Mandela chose British-trained economist and former ANC youth league leader, Thabo Mbeki, to serve as his first executive deputy president. The second executive deputy president position is former President F.W. de Klerk.

Mandela appointed five white ministers from the National Party and three prominent IFP leaders, most notably IFP leader Mangosuthu Buthelezi who was named Minister of Home Affairs. Buthelezi's duties will be to oversee domestic policy. "Given the animosity between the ANC and the IFP, the Buthelezi appointment appears to be a genuine gesture of good will and political accommodation," commented Pearl-Alice Marsh.

Patricia Keefer, regional director for Southern African programs at the National Democratic Institute for International Affairs (NDI), adds, "Buthelezi earned himself a significant position by coming into the electoral process in the end, and also because he is an important leader in South African politics. Political expediency, yes, but in actuality [the Buthelezi appointment] is based on an effort to establish stability in a country that is also trying to attract investment. Buthelezi has a lot of friends in this world."

The other 14 ministerial posts are held by ANC members who represent the organization's older and/or exiled leadership ranks, like Minister of Defense Joe Modise, the former commander of the ANC's armed wing Umkhonto

(Continued on last page)

Future Joint Center Activities in South Africa

This month, the Joint Center concluded its electoral assistance project in South Africa which was conducted in collaboration with the National Democratic Institute for International Affairs (NDI) and the International Republican Institute (IRI). The joint program will continue with a new emphasis on policy research supporting the structures of democratic governance within civil society.

The Joint Center will conduct a two-year program, funded by the U.S. Agency for International Development, designed to facilitate consensus-building between civil society institutions, political parties, and government on selected public policy topics currently under debate in South Africa. Using national and regional forums and workshops and analytical research, the program will link civil society and political institutions. A related objective of the new program is to undertake an institution-building initiative to improve the capacity of South African research organizations to conduct policy research and sustain independent civil society institutions.

With representatives of South African political parties, the Joint Center will also convene a national, multiparty forum to analyze the historic April elections. The forum will specifically address the implications for the South African political community of the massive political awareness that was generated by the elections.

POLITICAL TRENDLETTER

Inside This Issue:

- Amnesty International reports that capital punishment, torture, and other human rights abuses continue to be practiced by governments around the world.
- Africare plans to expand its emergency relief efforts in Rwanda.
- Energy Secretary Hazel O'Leary meets with the Joint Center staff to discuss the minority education programs she has initiated.
- About 7,200 minority journalists at the UNITY '94 conference in Atlanta demand diversity in the newsroom and non-biased reporting.
- Across the Nation: Vikki Buckley is nominated to be Colorado secretary of state; Alex Williams from Maryland's Prince George's County is appointed to the federal bench; and Alan Wheat wins his primary for the U.S. Senate.

Amnesty Reports Human Rights Abuses Continue Worldwide

The enforcement of human rights worldwide continues to decline, according to Amnesty International, the human rights organization that won a Nobel Peace Prize in 1977. Amnesty's 1994 annual report, released this summer, carefully documents stark and brutal human rights abuses which occurred between January and December 1993 in 151 countries. The 352-page report cites the murder of homeless children on the streets of Rio de Janeiro, Brazil, by police and death squads; the torture of political prisoners in China by electric shock, starvation, and sleep deprivation; the failure by German police to protect foreign nationals from racist attacks; and evidence that the United Kingdom is holding unfair trials based on uncorroborated confessions in Northern Ireland. To combat the assault on human rights worldwide, the 33-year-old organization has long advocated the abolition of the death penalty, the release of prisoners of conscience, and improved international standards for handling refugees.

The struggle to abolish what the report calls the "most gross violation of human rights"—the death penalty—continues. During 1993, the total number of prisoners known to have been executed worldwide was 1,831. The Amnesty report expressed "great concern" regarding countries such as the United States, the Philippines, Peru, and Japan that maintain the death penalty. In the United States, 38 prisoners were executed last year, including four youths under the age of 18. A total of 226 executions have occurred in the United States since 1976 when a U.S. Supreme Court decision permitted states to reestablish capital punishment. (In 1972, the Court had outlawed the death penalty as unconstitutional, ruling that it was cruel and unusual punishment and a violation of the Eighth Amendment.) In 1993, Texas carried out 17 executions, while the state of Washington carried out its first execution in 29 years. The omnibus crime bill recently signed by President Clinton will expand the number of federal crimes punishable by death.

Some progress was made at curbing the use of capital punishment, however. Guinea Bissau, Hong Kong, Gambia, and Greece eliminated the use of the death penalty for all crimes. And the Judicial Committee of the United Kingdom Privy Council ruled that the execution of prisoners who are imprisoned for more than five years after receiving a death sentence amounts to "inhumane and degrading punishment." The Amnesty report notes that by the end of 1993, 47 percent of world governments had abolished the death penalty "in law or practice."

The release of prisoners of conscience remains a major concern in many parts of the world. For example, last year Chinese authorities used force to put down demonstrations by Muslims protesting the suppression of their religious expression, storming a mosque occupied by protesters in Qinghai Province in the southwest part of the

country and arrested more than a dozen Islamic leaders. Also in China, at least 160 Tibetans were reported to be detained in prison for activities that support Tibetan independence. France was cited for giving prison sentences to conscientious objectors who refused to conform to national service laws; more than 700 Jehovah's Witnesses were imprisoned last year in France for refusing to perform military service. In Malawi, prisoner of conscience **VERA CHIRWA** was released last year after spending more than 11 years in prison in Malawi. Amnesty International members in Tanzania, Japan, Germany, and the United Kingdom had mounted economic and political pressure against the Malawi government to make Chirwa's release possible.

The number of refugees continued to grow worldwide last year. The United Nations High Commissioner for Refugees estimates the refugee population to be about 20 million. Yet, despite the number of refugees, the Amnesty report states that fewer world governments are "committed to the fundamental principles of international refugee law." While world governments are obliged to protect refugees who arrive in their countries, the report states that many nations are now intercepting refugees before they reach a nation's borders in violation of international law.

A major success the report cites is the United Nations World Conference on Human Rights held in Vienna last June. The 11-day meeting, the first global conference on human rights in 25 years, reviewed progress in protecting human rights in the world since the adoption of the United Nations Universal Declaration of Human Rights in 1948. Amnesty International credits the conference for approving a proposal to establish a United Nations High Commissioner of Human Rights, a post the organization has advocated for several years. The High Commissioner will be responsible for all human rights activities within the United Nations.

Africare Responds to Crisis in Rwanda

For many Americans, Rwanda was a little-known African country until early April, when they turned on their television sets and saw news reports of human corpses floating down the Kagera River that borders Rwanda and Tanzania. The brutality of civil war—a deadly clash between the two main Rwandan ethnic groups, the majority Hutus and the minority Tutsis—was evident in the bloodied waters. According to the Office of Foreign Disaster Assistance at the U.S. Agency for International Development (U.S.A.I.D.), between 300,000 and 500,000 Rwandans either have been killed in inter-ethnic fighting or have died as a result of starvation or disease since the civil war began. In a television interview broadcast on CNN in mid-August, **HARRY BELAFONTE**, UNICEF Goodwill Ambassador, reported that a total of 1.2 million people have fled to neighboring Tanzania, Zaire, and Burundi, as a result of the war.

"This is one of the world's greatest tragedies," says Dr. **JOSEPH C. KENNEDY**, director of international development and senior vice president of Africare, an African American nonprofit organization founded in 1970 to provide developmental assistance to African countries. "I don't think anyone really knows when the people of Rwanda will be able to recoup," Kennedy said. A shortage of clean water and sanitary facilities has led to an outbreak of cholera, dysentery, and typhoid fever in the camps. The refugees have also been at risk of contracting malaria. Africare responded immediately to the crisis by sending doctors, medicine, sanitation workers, and water engineers to refugee camps in Tanzania, an effort that was coordinated by its office in that country.

Although millions of dollars in aid will be needed in the coming months, by mid-August, Africare had received a total of only $90,000 in contributions. Dr. Kennedy says Africare's relief efforts have been supported mainly by private donations from individuals. The amount of private support "is less than what we expected," Kennedy says, explaining that because the organization's work is largely in development assistance and not emergency relief aid, the public is not aware of its financial need. Africare has been providing development assistance in agriculture, environmental protection, health, and water systems in Rwanda since 1984. The organization's Rwandan office was evacuated soon after the unrest began.

Dr. Kennedy says Africare plans to apply for federal aid from the U.S. Agency for International Development, Office of Foreign Disaster Assistance to send three volunteer health teams to work in Rwanda this fall. The organization is currently recruiting doctors and nurses from black higher education institutions specializing in health professional training. The teams will work on a rotating basis in Rwanda for one year.

Energizing Black Education

On August 11, Energy Secretary **HAZEL O'LEARY** visited the Joint Center as a guest of its Leadership Discussion Series and said that minority students should focus more on careers in science and technology and place

less emphasis on the selection of more traditional fields such as business and the social sciences. "We need more people to be involved in environmental management, and people who understand physics and technology," O'Leary said. "If you don't have the technical background, opportunities will be limited."

According to O'Leary, the Department of Energy has committed about $49 million to historically black colleges and universities to "change training courses and focus on training students to prepare for the jobs that will be available in the 21st century. We are trying to make sure that the money we are spending is focused so that the graduates coming out of our minority institutions might have a greater number of options among the career paths they might take." The Secretary has also implemented the Minority Technical Education Program for two-year community colleges and established a committee of presidents at historically black colleges and universities to address the needs of the institutions and identify how the Energy Department's programs can be better structured to meet those needs.

UNITY '94: A Demand for Diversity in the Press

About 7,200 African American, Hispanic/Latino, Asian, and Native American journalists gathered in Atlanta, Georgia, to put the American press on notice: If print or electronic media organizations of the 21st century are to be credible and profitable, they must be staffed by professionals who reflect the growing diversity of our nation's population. That challenge was issued at the "UNITY '94" conference, collaboratively sponsored by the National Association of Black Journalists, the National Association of Asian American Journalists, the National Association of Hispanic Journalists, and the National Association of Native American Journalists, held from July 26 to 30. The historic five-day conference marked the first time members of the four professional organizations came together to discuss the roles of people of color in American media. Two of the primary objectives of UNITY were to advance the hiring and promotion of people of color in journalism and to end racial stereotypes in news coverage.

During a panel focusing on the status of civil rights in America, **YVONNE SCRUGGS**, director of the Joint Center's Urban Policy Institute, said, "Black journalists working in mainstream news organizations can be effective counteractors of news distortions of blacks and the black community. They can refuse to compete in the black murder-and-mayhem front page sweepstakes, and instead concentrate their reporting attention on positive black profiles and success stories in the black community. This would help to isolate those in the newsrooms and television studios who insist on presenting negative images of black people."

Although people of color make up 25 percent of the American population, African Americans, Hispanics, Asians, and Native Americans comprise only 10.5 percent of the work force at American newspapers, and 18.2 percent at broadcast (television and radio) stations. However, according to the American Society of Newspaper Editors, white Americans are not only 90 percent of the work force at newspapers, but they constitute 92 percent of news executives. "The media industry has undergone only small changes during the quarter century since the Kerner Commission took it to task for its racial practices," writes **DOROTHY BUTLER GILLIAM**, president of NABJ and a columnist for *The Washington Post*, in *Drumbeat for Diversity: The Legacy of UNITY '94*, a UNITY publication. "Meanwhile, we knew firsthand that while some minority journalists have moved to positions of power and a great number enjoy their work, in too many broadcast houses and newsrooms around the country, others are battling racism and fear and continue to leave the industry out of frustration."

The retention of journalists of color is only part of the problem. The continuing stereotypical portrayal of people of color in the media was also an important issue at the conference. "News Watch: A Critical Look at Coverage of People of Color," a study by the Center for Integration and Improvement of Journalism at San Francisco State University, found that numerous newspapers, magazines, and broadcast stations across the country routinely depict people of color in a demeaning and inhumane manner.

A *USA TODAY*/CNN/Gallup Poll found that people of color believe in the principle of diverse media coverage, but they are angry and dissatisfied with the media's inability to portray them with dignity. According to the poll, blacks are twice as likely as Hispanics, Asians, or whites to believe that the way the media covers the news worsens race relations.

Conference guests included Surgeon General **JOYCELYN ELDERS**; Congressional Black Caucus Chair **KWEISI MFUME** (D-Md); Rev. **JESSE JACKSON**; and then-NAACP Executive Director **BENJAMIN CHAVIS**. The conference also featured workshops on professional development and panels on civil rights and "political correctness." In addition, a job fair was held in which 627 news organizations participated.

Across the Nation

COLORADO: VIKKI BUCKLEY was nominated to be the GOP candidate for secretary of state at the Colorado Republican Convention on June 4. (Other African Americans who have been nominated for statewide office in Colorado were Democrat **GEORGE BROWN**, who was elected as lieutenant governor in 1974, and **RACHEL NOEL**, also a Democrat, who won an at-large seat on the University of Colorado Board of Regents in 1978.)

With a campaign slogan, "Keep the Experience," Buckley, 47, began working in the secretary of state's office 20 years ago as a clerk. Since then she has worked in several positions in the office, most recently as an administrative officer in the elections division. By earning 38.1 percent of the vote at the GOP state nominating convention, she narrowly defeated four white candidates and avoided having to compete in the August 9 primary. (In Colorado, if GOP candidates earn at least 30 percent of the vote during the nominating conventions, their names are automatically put on the November ballot). Buckley will face white Democratic nominee **SHERRIE WOLFF**, an aide to U.S. Sen. **BEN NIGHTHORSE CAMPBELL**, on November 8.

In another race, **ISAIAH "IKE" KELLEY** lost his bid for the GOP nomination for lieutenant governor. Kelley, a 46-year-old small business owner, was defeated by 32-year-old conservative state senator **BOB SCHAFFER**, who garnered 80 percent of the vote in the August 9 primary. Schaffer, who is an attorney, has been a member of the state senate since 1987, and is currently the chair of the Senate finance committee. Although Kelley had never run for a statewide office, he had made an unsuccessful attempt in 1986 to gain a seat on the Denver City Council. In 1982 then-President **RONALD REAGAN** appointed Kelley to be special assistant to the regional administrator for the U.S. Department of Housing and Urban Development (HUD) in Denver. In 1988 former President **GEORGE BUSH** appointed Kelley to continue his work at HUD as executive assistant to the regional administrator in Denver. He is the president of his own consulting firm in Denver.

MARYLAND: Prince George's County, Maryland, State's Attorney **ALEXANDER WILLIAMS, JR.**, was confirmed by the Senate on August 17 to become a judge on the U.S. district court for Maryland. Williams, 46, had become the county's first black state's attorney in 1986. Although he was nominated for the judgeship by President **BILL CLINTON** on August 7, 1993, his nomination was stalled because of a low rating he received from the American Bar Association (ABA), and was only reopened after a second investigation into his qualifications was completed.

The ABA is the largest organization of atttorneys in the United States. It reviews the qualifications of all federal judicial nominees and ruled through its 15-member Standing Committee on the Federal Judiciary that Williams did not have enough trial experience, that his writing was "pedestrian," that his analysis was "shallow," and therefore that he was "not qualified" for a federal judgeship. (Williams, a graduate of Howard University Law School, was a trial lawyer for 12 years prior to his election to state's attorney.) The NAACP and the National Bar Association, an organization of African American attorneys, endorsed Williams' nomination. They claimed that the ABA's rigid criteria for evaluating nominees for federal judgeships were racially biased and rooted in a history based on white-dominated backgrounds. Williams also had the support of both of the U.S. senators from Maryland (**PAUL SARBANES** and **BARBARA MIKULSKI**).

MICHIGAN: In the August 2 Democratic primary, Congressman **JOHN CONYERS, JR.**, 65, who represents Michigan's 14th congressional district, defeated two challengers in his bid for reelection to a 16th term in Congress. The chairman of the House Government Operations Committee won 51 percent of the vote compared with 29 percent for attorney **MELVIN "BUTCH" HOLLOWELL** and 20 percent for Detroit City Council Ombudsman **MARIE FARRELL-DONALDSON**. (See July issue of *FOCUS*.)

Throughout the campaign, Conyers faced criticism for having a poor attendance and voting record in Congress. But he has been instrumental in the passage of several important bills, including the "motor voter registration" bill and President Clinton's FY94 economic stimulus plan. He will meet white Republican challenger **RICHARD FOURNIER** in November, but Conyers is favored to win in his 65-percent black, majority-Democratic district.

MISSOURI: In the August 2 primary, Congressman **ALAN WHEAT, 42**, won the Democratic nomination for the U.S. Senate. In the seven-candidate primary, Wheat's closest competition came from Jackson County Executive **MARSHA MURPHY**. Wheat earned 40.7 percent of the vote to Murphy's 38.4 percent. The six-term congressman, who represents the 5th congressional district in Kansas City, which is only 24 percent black, ran particularly strong in Jackson County (Kansas City), St. Louis, and St. Louis County.

Wheat will have a tough battle in November when he will meet Republican conservative **JOHN ASHCROFT**, who previously served two terms as attorney general and two terms as governor. Ashcroft also cochaired the 1992 Republican National Convention in Houston.

Measuring the Barriers to Health Care

A Joint Center Conference Exposes the Obstacles Minorities Face in Obtaining Affordable, High Quality Health Care

by Joye Mercer

Addressing the Joint Center's Washington, D.C., conference on "Health Care Needs of Hispanics and African Americans: Policy Issues and Challenges" last May, Dr. David Satcher, director of the Centers for Disease Control and Prevention, recalled his experience as a young black medical student. During the early 1960s, a hospital affiliated with Case Western Reserve University Medical School in Cleveland reserved one floor for indigent patients who were primarily from nearby black neighborhoods. The patients received health care in exchange for their permission to allow medical students to participate in their treatment, but they received the lowest level of care available at the hospital. And, as Satcher recalls, they were treated with no more dignity than guinea pigs or laboratory rats. As a medical student, Satcher refused to serve a rotation on that floor because he did not want to participate in a system that treated poor people of color by a lower standard than it treated other patients.

Unfortunately, inequities continue to burden poor and minority Americans. That was the general conclusion of the health experts who participated in the May conference, which was sponsored by the Joint Center and the Johns Hopkins University School of Hygiene and Public Health with support from the Commonwealth Fund. "I think it's very important to recognize that the reason we're talking about health care reform today is because our system doesn't work, and many of the people that it doesn't work for are, unfortunately, low-income Americans, Hispanic and African Americans," said Dr. Diane Rowland, senior vice president of The Henry J. Kaiser Family Foundation and executive director of The Kaiser Commission on the Future of Medicaid. "Everyone is commonly stating that everybody in America gets care and no one is ever turned away, but the research increasingly shows that if you're uninsured, you get less care, you get care later."

These charges by Rowland touch on two essential issues for minorities in the health care debate: access to quality and affordable care. As the congressional debate over health care has become bogged down, members of Congress are backing further away from a commitment to universal coverage. It is unknown whether, by the end of the 103rd Congress, the millions of Americans who fill the ranks of the unemployed and working poor will join those in our society who enjoy access to the world's finest health care system.

The researchers at the conference focused on African Americans and Latinos because relatively few studies have looked specifically at the health care problems these groups face and both groups share a history of discrimination that has limited their access to high-quality and timely care. The barriers to health care that blacks and Hispanics most often confront have differed to some extent, according to Dr. Marsha Lillie-Blanton, an assistant professor in the Department of Health Policy and Management at Johns Hopkins University, but the outcome has generally been the same.

Scholars who were commissioned by Johns Hopkins to submit papers for the conference based their research primarily on data in the 1987 National Medical Expenditure (NME) Survey. Overall, the NME Survey found that minorities were more likely than whites to report that their health was fair or poor and less likely to have a usual source of medical care or to see a physician in a given year. Minorities were also more likely than whites to be uninsured. Dr. Robert O. Valdez, deputy assistant secretary for interagency policy at the U.S. Department of the Health and Human Services (HHS), stated that "the rate of insurance coverage for Hispanics is just one-third that of the Anglo population." When they do get health care, blacks and Latinos are much more likely than whites to receive that care from hospital emergency rooms or outpatient facilities.

Buses and Clean Water

In their research on the factors that determine health care use, Dr. Verna M. Keith of Arizona State University and Dr. Thomas A. LaVeist of Johns Hopkins found that while racial and ethnic differences in access to health care decreased in the 1970s, there has been a recent reverse in that trend. They examined the impact of income, coverage, the availability of a health care provider, and the use of health care services by blacks, Hispanics, and non-Hispanic whites, and found that the probability of having blood pressure checked regularly drops for people who lack health insurance or regular health care providers.

Dr. David R. Williams, an associate professor of sociology at the University of Michigan, said it is important to keep in mind that medical care explains only some of the differences in health status between whites and minority groups. Health status cannot be viewed in isolation, he observed, but must be examined "within the larger context of their lives." Much of this larger context has more to do with environmental factors than health care. HHS Deputy Assistant Secretary Valdez noted that in the Southwest and other areas with dense Hispanic populations, public health factors such as clean water and effective waste disposal are

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Ms. Mercer is a reporter on government and politics for *The Chronicle of Higher Education* in Washington, D.C.

Health Barriers

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as important as medical treatment. Valdez called for a health care system where medical care and public health are improved and integrated.

"I think we need to continue on our agenda of really doing all that we can to understand and then to improve the health status of minority groups, especially in terms of medical care. But we need to keep in mind the bigger picture of improving their social and living conditions as well," said Williams, who is also an associate research scientist at the University of Michigan Survey Research Center. Williams added that some evidence suggests medical care makes a "greater contribution to the health of racial and ethnic minorities and poor persons than it does to others."

In their study of the barriers to care among whites, blacks, and Hispanics with hypertension, Christine A. Stroup-Benham and Linda Perkowski Rogers, both from the Office of Educational Development at the University of Texas, Medical Branch, found that one of the key barriers to continuous care for Hispanics and blacks was financial. "Financial barriers of any kind are particularly significant for those with hypertension," Stroup-Benham said. "Not only does such a chronic condition require continuous monitoring...it may also necessitate the use of several types of medication. If patients don't have the resources to pay for visits to the doctor and for medications, the likely outcome is increased morbidity and mortality." Transportation—or the lack thereof—was also found to be an issue. Blacks and Hispanics were more likely than whites to rely on buses and other forms of public transportation to keep their appointments. On average, Hispanics endured the longest travel times and the longest waits for a health care provider.

The relationships between cultural sensitivity and the health status of Puerto Ricans, Mexican Americans, and other Hispanics was the focus of the research of Dr. Ruth E. Zambrana, director of the Child Welfare Center at George Mason University. She found that Puerto Ricans were at higher physical, social, and psychological risks for health problems than the other Hispanic groups in the study and suggested that their vulnerability may partly result from institutional racism, coupled with the poor quality of health services Puerto Ricans have tended to receive in Northeastern urban communities. Her research underscored what several other studies have found: Those who cannot speak English don't have access to health care. Hispanics often face a language barrier, which results in misunderstandings that can obstruct access to care. HHS Deputy Assistant Secretary Valdez added, "The lack of cultural sensitivity that is built into our institutional procedures, whether it be appointment systems or other intake approaches, contributes to making the medical care resources in areas with high concentrations of Hispanics inadequate."

Reliance on emergency-room service for non-critical care, together with the money that could be saved if other methods of care were used, was the focus of the study by Dr. Shelley I. White-Means, an associate professor of economics at the University of Memphis, and Dr. Michael C. Thornton, an associate professor and director of the Asian Studies program at the University of Wisconsin. The typical emergency room user is either low-income, likely to have Medicaid, to be unemployed, elderly, or a minority.

Health Care—A Constitutional Right

In their assessment of the state and federal roles in health care, Dr. Lillie-Blanton and Charisse Lillie, a partner in the law firm of Ballard, Spahr, Andrews & Ingersoll and former city solicitor of Philadelphia, concluded that state reform would be ineffective to ensure equitable care for minorities without a strong role for the federal government. States have traditionally provided care to the poor, but it is also clear, Lillie-Blanton said, "that the federal government has authority under current interpretations of the Constitution to assume responsibility in health" through two provisions: its power to tax and spend "for the general welfare" and its powers "in matters of national interest." That interpretation of the Constitution is consistent with the assertion by an increasing number of health reform advocates that health care is a right, and must be extended to all Americans.

To secure this right, David Satcher identified priorities for government action that include: strengthening essential public health functions (clean water and waste disposal); enhancing the ability of communities to respond to urgent health threats; developing a nationwide prevention network; and promoting the health of women and children.

Even with government action, the intersection of racial and economic discrimination frequently means that there are no guarantees that the poor will receive the same level of care as others. Lillie and Lillie-Blanton discovered regional differences in health care coverage which, they said, also point to the need for a federal role. Hispanics and blacks in the Northeast, for example, were more likely to rely on public health insurance than whites; and those who live in the South were more likely than other Americans to be without any coverage at all. The researchers suggested that health care reform must eliminate the distinctions in payment that would enable providers to identify the economic status of the patient. The consensus among the researchers was that as long as poor people can be readily identified as poor people by the health care facilities that treat them, they will face a high risk of discrimination based on perceived ability to pay.

The participants at the conference generally concluded that if poor and minority Americans are to fare better with regard to health care delivery, the government—at the federal, state, and local levels—must play a major and an enlightened role. That applies to a range of issues including access, preventive public health programs, as well as enforcing anti-discrimination measures. Whether Congress will craft health reform legislation that will respond to the needs of these major segments of the society is yet to be seen. ■

The Status of Minority Health

As President Clinton Seeks Health Care and Welfare Reform, Surgeon General Joycelyn Elders Comments on the Status of African Americans

The following article is an excerpt from a speech Surgeon General Joycelyn Elders delivered in July for the UNITY '94 conference, a meeting of 7,200 journalists of African, Asian, Hispanic, and Native American descent held in Atlanta.

While blacks constitute only 12 percent of the U.S. population, 30 percent of the nearly 39,000 infant deaths that occur in this country each year are of black infants. Minority teenagers have twice the pregnancy rates of white teenagers, an outcome that predestines many of these young mothers and their infants to a cycle of poverty. Today, one-third of black Americans live in poverty, three times the rate of the white population. Over half live in central cities and are at risk of poverty, unemployment, poor schools, pervasive drug use and the attendant crime and violence, and inescapable stress.

The United States is one of the most violent countries in the world. But the violence is felt most keenly in black and other minority communities. The FBI tells us that 78 percent of murder victims are male and half are black. In this country, one of every four young black men is in jail or prison, on probation, or on parole. I don't see this as a *crime* statistic. I see it as a *health* statistic. For many who do make it through an unconscionably perilous youth, the future remains risky. Complications of uncontrolled hypertension, especially stroke, left-ventricular hypertrophy, congestive heart failure, acute myocardial infarction, and end-stage renal disease are far more common in blacks than in whites.

Among adult Americans, cerebrovascular diseases were the third leading cause of death in blacks and whites in 1989, but age-adjusted death rates for these diseases are some 89 percent higher in blacks. As early as 1988, AIDS was the leading cause of death among black women aged 15-44 in New York and New Jersey. By 1990, AIDS had become the leading cause of death nationwide for black men between the ages of 35 and 44 and the second leading cause of death for black children between the ages of 1 and 4. Now it has been reported that AIDS surpasses homicide as the leading cause of premature mortality among young black men.

The Human Factor

As a nation, we cannot afford to shield ourselves from these numbing figures. For they are not figures, they are people: children, parents, brothers and sisters, neighbors, our future leaders. In the face of these crises, disproportionate numbers of minority Americans are disadvantaged yet again when they seek health services and find they can neither afford nor access them. Lack of access to health care stems from barriers that include: a failure of our system to recognize culturally specific health-care-seeking patterns of blacks, Hispanics, Native Americans, and Asian Americans; a lack in continuity of providers; and inadequate provider-patient communications. The list of barriers goes on. But even when such barriers to access are surmounted, there are great differences in clinical outcomes between those who can afford the health care system they gained access to, and those who can't—in other words, those who are insured and those who aren't.

The health crisis in black and minority America occurs in a context of economic, environmental, behavioral, and political factors. If we focus exclusively on any one factor, others will envelop us from behind. President Clinton's domestic policy agenda includes health care reform and welfare reform. Both proposals are radical, but only in the degree to which they adhere to fundamental values which we all share: equality, security, accountability, and responsibility. Both proposals are distinctive from policies of past decades in that they favor empowerment over entitlement.

In seeking to ensure a more secure future for young Americans, the welfare reform proposal emphasizes the need to stay in school and delay having children until a young adult is capable of rearing them. These building blocks of economic security are also the building blocks of health, for this and future generations. As students, young Americans will benefit from key elements of the health care reform proposal because comprehensive school-based health education and school-linked health services, essential first steps toward empowerment for health, will place higher priority on abstinence as the key to preventing teen pregnancy. Central to the administration's welfare reform proposal is an emphasis on skills training and private sector employment—employment that, in our reformed health care system, will bring with it a guarantee to high quality, accessible health care that will not be denied or priced out of reach of any American.

I am under no illusion that next week or tomorrow some journalists will be reporting news and writing editorial comments that will not be supportive of the legislative initiatives to which I have referred. So be it. But I hope that they write, report, produce, and publish to educate and inform their readership and audiences as honestly and thoroughly as space and time permit. If their jobs afford them the opportunity to communicate directly to minority groups, they should be particularly attentive to their opportunity to convey information that can have a direct and immediate impact on improving people's access to health care and to a healthier life. ■

Africa

(Continued from page 4)

we Sizwe (Spear of the Nation); Minister of Justice Dullah Omar, a veteran civil rights lawyer; Minister of Housing and Welfare Joe Slovo, a key ANC negotiator and national chair of the South African Communist Party; and Dr. Nkosazana Zuma, Minister of Health.

Reconstruction and Restitution

Now that his government has been established, President Mandela must make major investments in the social development of the country's poor, especially in rural areas. This month he unveiled his Reconstruction and Development Plan which will commit $714 million to education, health, and housing programs. About $135 million will go to a primary school lunch program, $5.7 million will be set aside for housing construction, and $17 million is to be allocated to provide running water to rural black communities. Shortly after taking office, Mandela established a program to provide free medical care to women and children under six years old. Funds from private and foreign sources will also be sought to support the Reconstruction and Development Plan which is projected to exceed $10 billion over the next five years. In a step toward restitution, at the end of the year Mandela will begin to return land seized from blacks for white settlement during the apartheid era.

While South Africa seems to be on solid ground with respect to its political future, the nation's economic future is more in doubt. Although it is economically strong by Third World standards, factors such as the undercapitalization of the economy and the low skill base of its labor force may slow future growth. With other options, mainly in the Pacific Rim, foreign investors have been slow to return to the South African economy since sanctions have been lifted. Sluggish economic growth will delay Mandela's plans for reducing unemployment that ranges up to 50 percent among the country's blacks. Mandela also needs a strong economy to support government education, health care, and housing programs.

To add to his troubles, he has inherited a bloated bureaucracy dominated by white civil servants. Because of an agreement not to impose any substantial reductions in force over the five-year interim period, Mandela cannot trim the government work force to save money nor can he offer government jobs to qualified black office seekers.

Nevertheless, the overall outlook for South Africa is positive. It has the strongest manufacturing base on the African continent and a large pool of technically trained professionals. In addition to gold, diamonds, and coal, it has rich reserves of other critical minerals. Moreover, it is a major exporter of agricultural goods to its southern African neighbors, a source of trade that will surely expand. While these elements were in place in the past, the system of apartheid made South Africa an international pariah, restricting its export trade with other countries.

The drafting of a permanent constitution will finally fix South Africa's place among the community of nations. In addition to guaranteeing the franchise to all adult citizens, it will outlaw discrimination based on race, religion, or African ethnic group and will codify gender equality. It will contain a bill of rights protecting a free press and free association—all things that few would have thought possible in that land not so long ago. ■

BOOK ANNOUNCEMENT:

Young Black Males in Jeopardy: Risk Factors and Intervention Strategies

This book provides a detailed statistical profile of young black males and the environment in which they live, including educational achievement, criminal involvement, and poverty and employment rates. It also includes a summary of findings from a 1988 conference of the Carnegie Corporation. 1994 (90 pages, including numerous tables and figures).

Cost: $10.00. For orders of 25 books or more, each book costs $8.00. **To Order:** Make checks, money orders, or purchase orders payable to: Joint Center for Political and Economic Studies/1090 Vermont Avenue, N.W./Suite 1100, Washington, DC 20005-4961.

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