

Herbert C. Smitherman Jr, M.D., M.P.H., FACP
Interim Vice Dean, Diversity and Inclusion
Assistant Dean, Community and Urban Health
Associate Professor, Department of Medicine
and Karmanos Cancer Institute,
Wayne State University School of Medicine/Detroit Medical Center
President and CEO, Health Centers Detroit Foundation, Inc.

I agree with much of what Robert Putnam says in his book *Our Kids: The American Dream in Crisis*. There has been a significant increase in income inequality during the past three to four decades in America largely caused by globalization, technological changes, an attack on unions, a decrease in manufacturing jobs, a decline in public education, an increase in college educational costs, increasing health care costs, and an inflation-adjusted decline in the paychecks of the middle class, to name just a few challenges. This has led to a significant shrinkage of the middle class in America, forcing more Americans into poverty and therefore an ever-increasing gap between the rich and the poor.

This economic decline has placed significant pressures on the American family, especially the middle class and the poor. So it is not surprising, given these extraordinary economic stresses, that social consequences result such as doubling of single-parent households, quintupled divorce rates, sharp rises in unwed birth rates, and skyrocketing childhood poverty.

All of this is the direct result of public and social policy in America including cuts in Medicare, public education cuts of 20 percent, cuts to the care of the elderly and the disabled, cuts to medical research, cuts in college aid, cuts in women's health, cuts in Medicaid, cuts in nursing home care, cuts to Planned Parenthood, cuts in food stamps, cuts to Pell grants, etc., in order to pay for tax cuts to the wealthiest one percent in this country. All culminating in the economic and social collapse of the working class in America and therefore the American Dream.

I do not, however, agree with the author that America in the 1950s allowed African Americans to "use their talents and work ethic to achieve great upward mobility compared to present day." Although

some African Americans have always been able to succeed despite numerous barriers in America, the vast majority of African Americans especially in the 1950s were met with systemic institutional racism and discrimination that, no matter their "talents and work ethic" skills, training or educational levels, were severely oppressed socially and economically. The effects were wide racially disparate outcomes between blacks and whites, caused by individual/institutional actions and government practices and policies, singularly and collectively.

African Americans with similar educational levels to their white colleagues still today make 60 cents for every dollar their white counterparts make. The significant racial violence, brutality, discrimination and lack of opportunity of the 1950s and prior, would lead to race-based rebellion in the '60s and '70s and to significant public policy changes such as civil rights legislation, Medicare and Medicaid, and the Community Health Centers legislation. As a result, the life expectancy difference between blacks and whites in the 1950s was almost 10 years and by 2000 had decreased to approximately five years. Federal resource investment mobilized upward mobility.

U.S. history reveals two periods of health reform whose efforts specifically sought to correct race-based health disparities. In both periods the positive effects on African American health were dramatic. The first period, 1865 to 1872, occurred during the nation's post-Civil War reconstruction period linked to federal legislation and federal policy. These policies led to the establishment of black medical schools, black hospitals and black clinics throughout the South, given blacks had to be separate. These resource improvements somewhat reduced the alarmingly high death rates among African Americans and improved many health status indicators and outcome parameters.

The second period of improvement in African American health status, which lasted from 1965 to 1975, was an outgrowth of the Civil Rights Movement. During this time the modern health system made its first real move toward solving the racial health dilemma via judicial and federal legislative/policy milestones such as the 1965 Civil Rights Acts, outlawing racial discrimination in government-funded health programs for all people of color, hospital desegregation, integrating both hospital staffs and patient populations; Medicare and Medicaid

were established, which gave huge blocks of African Americans access to health care for the first time in their lives. Also, the community and neighborhood health center movement helped provide needed basic access to primary care for African American communities. African American health status improved dramatically in virtually every measurable parameter during this 10-year period of public policy investment.

However, after 1975, especially starting in the 1980s, U.S. public policy dramatically changed with significant contractions in federal safety-net spending, changes in global trade policies, and significant and disproportionate tax cuts to the wealthy. The gains and upward mobility of middle-class Americans (black and white) halted and have experienced a continuous decline since, ultimately undermining the American Dream.