

# United States: Race and class — African Americans in a sick system

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The critical lack of quality and affordable health care is devastating for African Americans. Twice as likely as whites to go without health insurance, African Americans suffer chronic illnesses such as high blood pressure and diabetes at an escalating rate. The root of the problem is not inferior Black — or better white — health care. It is first and foremost a class issue, exacerbated for Blacks and Latinos because of the institutional racism that still permeates society.

Only the wealthy can afford “the best medical care in the world”. Everyone else’s care is rationed by the employer or private plans that each can afford to buy, or if uninsured, by the use of “free” clinics and emergency rooms. The debate over the broken US health-care system and what to do about it is one of life and death.

## Stubborn facts

The facts don’t lie. The United States is the only industrialised country that refuses to provide health care for all its citizens on principle. Health care is considered a privilege, not a right. The words “preventive care” and “cradle to grave” are demonised as “socialistic” and anti-capitalist — against the American way of life.

Unlike hundreds of billions spent on US wars of occupation in Iraq and Afghanistan, the cost to provide quality health coverage for all Americans is considered “too expensive”. The “right” of the insurance monopoly, the drug industry and organised doctors’ partnerships to make profits off the backs of sick people is a foundation principle of the free market health-care system.

The false charge that US President Barack Obama is a “socialist” is a cheap appeal to the “market fundamentalism” with which US society is permeated. Further, the persistent appeal to the right wing’s white, racist base about Obama not being “one of us” exposes the deep racial undercurrents in the country. The target today is health care; tomorrow another issue.

Obama’s stance, articulated during the presidential debates where he said he considered health care “a right not a privilege”, put him on a collision course with the insurance industry and their hired hands in Congress. The conservatives reject the French, British and other European models where health care is provided by the government directly or the insurance industry is highly regulated like a public utility. Hatred for government programs that actually help the common citizen is fundamental to their free-market philosophy.

## **Sixty years and still waiting**

It's not new. In the 1940s the same forces fought US President Harry Truman's call for national health care. In the 1960s President Ronald Reagan, the hero of the conservative movement, led the charge against "socialised medicine". In a series of recordings, Reagan attacked a government-run health-care system for the elderly (Medicare) as being the sure-fired road to socialism.

Reagan and the Republican Party aggressively opposed the establishment of Medicare. Every Republican voted against the bill that established the program.

The result? Thanks to Medicare most retirees have better health care than younger citizens who can't afford high insurance premiums. In fact, fewer than 10% of Americans with Medicare coverage say they don't like it. Not surprisingly, the right refuses to openly call for its elimination even as they attack universal health care.

The Veterans Administration (VA) is another successful government-run health program. It provides a program that is superior to most private for-profit plans. Yet it came under attack by President George W. Bush, who sought to gut the VA and shut hospitals. This was only stopped by scandal when the public learned how veterans were not getting the treatment they expected.

The problems with Medicare and veterans' care are mainly about money, as privatisation hawks seek to starve the programs to get the private sector back. Both Medicare and the VA programs provide better health care than the private sector — and, significantly, equal care to all racial and social groups.

With the profit motive taken away by the government, the service is more "socialised". The limitations of these programs are primarily due to Congressional attempts to underfund them, not administrative inefficiencies that are comparable to the private sector and much cheaper to taxpayers.

These two government programs could be the basis to build fair medical coverage and provide universal care. Most importantly, they show how a government solution could begin to close the racial gap in the type of care provided to Blacks and Latinos.

## **Racial and class gap**

A myth of the health-care system is that it may be broken, but treats African Americans and whites equally. In reality Blacks and Latinos are nearly 50% of the 48 million uninsured, and the least likely to be insured. This racial gap is rooted in the history of institutional discrimination that the rise of the talented African-American middle class does not negate.

The problems of health care for African Americans are interlocked with race and class. In a 2005 article entitled, "The Consequences of Being Uninsured for African Americans", Gail C. Christopher, the former vice-president of the Joint Center for Political and Economic Studies Office of Health, Women and Families and current vice-president for health at the W.K. Kellogg Foundation, wrote:

National surveys have consistently confirmed the simple and primary reason why people are uninsured — they cannot afford to purchase health insurance if their employers don't offer and pay for health insurance. Compared to white Americans, studies show that African Americans are less likely to work in jobs that make health insurance available, they are less likely to be offered health insurance, and they are less likely to take it when offered. Just 53% of African Americans get

insurance through work as compared to 72% of white Americans....

African Americans constitute 12% of the overall population but 16% of the uninsured. 53% of African Americans earn less than 200% FPL [Federal Poverty Level] as compared with 25% of white Americans. 20% of African Americans are uninsured compared to 12% of white Americans; [and] 24% of African Americans are covered by public insurance (Medicaid) as compared with 16% of white Americans.

The situation is even more pronounced today in the deepest recession since the 1930s. African-American official unemployment rate is twice that of whites.

"Of the estimated 48 million American adults who spent any time uninsured in the past year, 67 percent were families where at least one person was working full time", according to the Commonwealth Fund Biennial Health Insurance Survey in its 2006 report. Further, "Two of five (41.1%) working age Americans with incomes between \$20,000 and \$40,000 a year were uninsured for at least part of the past year."

"African Americans", adds Christopher, "have higher incidence of chronic disease such as diabetes, high blood pressure, and obesity; health status outcomes will reflect constrained access to healthcare services. For example, heart disease mortality rates for nonelderly adults are twice as high for African Americans as for white Americans. The infant mortality rate for African Americans — 15% in high school and 14% post-high school — is almost one-third higher than the next ethnic group and more than twice as high as for white Americans."

Even when they can pay for medical coverage and the high insurance premiums, African Americans and Latinos can be excluded if afflicted with diabetes, high blood pressure and other diseases because of the "pre-existing condition" clause in all health insurance policies.

There is no such thing as a safe job or career with paid health insurance for life, as auto workers have recently learned. An aging unemployed worker with a pre-existing condition simply can't purchase affordable health care.

## **How to win**

The fight to win health care for all against the big insurers, pharmaceuticals and the American Medical Association lobbyists requires mass public pressure. What's missing are street mobilisations in Washington DC and across the country to take on the anti-reform right. Reliance on friendly politicians has never worked.

Tweaks to the health insurance industry may help a few, but will not provide millions of uninsured and under insured Americans the urgent and preventive health care they need. African Americans and Latinos — already worse off — will continue to receive inferior care with the resultant premature deaths from preventable diseases and treatable illnesses.

While President Obama's moderate "public option" plan may be better than what exists, the status quo alliance will oppose any changes to the system that takes away control from the private insurance companies. The disagreement between Obama and the conservatives, including the self-named "Blue Dog" Democrats, is a diversion from the real debate the country needs: how to solve the discriminatory treatment of Blacks and Latinos and achieve universal health care for all Americans.

A key lesson of history is that universal health care will not be won by waiting for Obama or Congress. Lyndon B. Johnson didn't create Medicare in the 1960s; it came as a by-product of the social upheavals led by the civil rights movement, which also won historic civil rights and voting rights legislation.

Unless a new mass movement is built to win universal health care, true reform is impossible. Extra-parliamentary action is what's needed to break the status quo and impose change on the system.

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**P.S.**

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