

What's Next?

Psychiatric Association Conference

Copyright by Julian Bond

May 10, 1978

Atlanta, Georgia

When I was invited to address your convention, it was suggested that I touch on some of the special problems facing minority groups in seeking mental health care, and about the need for cultural sensitivity on the part of those who provide it. I'll do that. But first I want to put those "special problems" in a context which I believe must be appreciated before they can be dealt with effectively.

In a preliminary report last September, the President's Commission on Mental Health stated, "The time has come for mental health care to become part of a broader effort to meet human needs." That is a point many of us have been trying to get across for years with regard to Black people and other minorities.

For too long, well intentioned but not very knowledgeable experts have tried to examine the etiology of Black mental health problems with little or no awareness of the ontology....the essence of what it is to be Black in America.

We've learned a lot in recent years about the interlocking relationships between elements of the physical world....the ecological unity of things. We've begun to require environmental impact studies before major construction projects are approved. Well, we also need human environmental impact studies of major social and economic decisions, for there also is an ecological unity in the lives of our people... especially people whose lives have been injured by years of poverty and discrimination.

You cannot grapple with the mental health problems of Blacks until you-and our society-come to grips with that over-arching element of the Black experience, which is racism, its central role in the formation

of our country, the writing of its Constitution, its industrial growth, its political process, its foreign and domestic policies, its entire past and its probable future.

Just this weekend the Rand Corporation released a study which demonstrates that despite impressive gains, it will take 30 years before wage rates for Black American males equal those for whites.

That suggests a malignancy among us, a mental illness rooted deep in the American psyche, a cancer no surgeon can excise. It is the central fact of life for non-white Americans, eclipsing sex, geography, education - everything.

The Bryant Commission cites racism as one of the basic roots of American culture and, quote, "Part of the etiology of much of the mental illness seen in America's Black population." As some of you may recall, that same finding was made more forcefully by the Black caucus of this association, almost ten years ago. A lot has changed in the course of that decade, but for many Black Americans it has been a change for the worse.

For the last century and a quarter, Black people in this country have been making the long exodus from slavery...first from slavery itself, later from its Jim Crow adaptations the American version of apartheid. But now that the formal, legal trappings of racism are nearly abolished, a growing number of Black Americans find themselves simply left out. We now can sit in the front of the bus, but too often can't afford the ride. We can eat in any restaurant, but too many can't pay the bill. We have traded a debased place in this society for no place at all.

3

The Bryant Commission finds that minorities, and Blacks especially, comprise a growing percentage of the mentally ill. That should not be surprising, for it matches an overall trend in the Black situation. Our position in the labor force has worsened steadily. Twice as many Black Americans are jobless now than in 1968, and in just the year since Jimmy Carter became president, 100,000 Black men have lost jobs. We make up 10% of the labor force, but 20% of the total unemployed. Black unemployment has ranged from 12 to 14%, while white unemployment is just over 5%. The Black rate rises faster and falls more slowly than the white rate.

Illustrating that is the fact that Blacks, and other minorities, make up 27% of those who have been out of work at least 15 weeks, 30% of those who have been out of

work at least 27 weeks, and 34% of those unemployed a year or longer. And we account for fully 30% of those who have gotten so discouraged they have just quit looking and dropped out of the employment statistics. That last figure has gone up steadily since 1972, when it was only 24%.

In this century, and especially since the start of World War Two, millions of southern Blacks migrated to America's great urban centers. It was a time when the cities offered jobs and hope to the unskilled. More than half of us live in central cities today. But no sooner did we arrive than the jobs began to depart. What were starting points for the Irish, Jews, Poles, Germans, and Italians, have become urban traps for Black Americans.

These immigrants were caught in the downward spiral of change, racism and poverty. Jobs, whites, and taxes all moved to the suburbs, where racism and their own poverty prevented Blacks from following.

4

And as American society became more technologically complex and demanded more sophisticated skills for survival, urban educational systems began to decay.

For many urban Blacks, as for their neighborhoods, deterioration has been progressive and its rate exponential. Racism has enforced poverty and poverty has insured failure. One of the grim effects of poverty, of course, is under nourished youngsters. We now know that malnutrition... and even just poor nutrition...can seriously stunt the growth of the brain and impair cognitive development during the first year or two of live.

~~I'm told that~~ Recent studies indicate such impairment may be reversible...up to a point. The cut-off point for reversibility, however, is likely to be early adolescence, or before. And, in any case, the evidence is pretty clear that many poor children suffer at least temporary cognitive impairment during the early, formative years of their educational experience.

The symptoms are familiar ones in our urban schools; restlessness, and inability to concentrate, heightened emotionality, irritability and a tendency to temper tantrums and even mayhem. And these effects are intensified by a ravaged physical environment and the pathological effects of life lived on the margin.

Educational failure is epidemic in our urban ghettos. While Blacks have made some strides in educational and occupational attainment, only 46% manage to complete high school, as against 67% for urban whites. And many who do graduate are merely processed through, emerging nearly illiterate.

5

That is a large part of the reason Black youths face such awesome difficulty in getting a start in this society... A difficulty evidenced by a staggering unemployment rate among Black teenagers of nearly 40%. The rate for white youth is less than 15%.

Nearly a third of Black Americans live below the poverty line. The figure for whites is less than 10%. And due in large part to a welfare system that penalizes poor families which stay together, the proportion of Black families headed by a woman rose from 28% in 1970 to 35% in 1975. The increase for whites during that period was from 9 to 11%.

Dr. Harvey Brenner, of John Hopkins, has described that he calls a "doom factor" operating as a result of high unemployment and few prospects for improvement. And Dr. Bruce Danato, of the Detroit Suicide Prevention Center, has noted a feeling of helplessness and futility and unworthiness in people, "because the idea of being worthy is tied to the idea of having a job and money." A rural doctor in Tennessee, a few years ago, said that fully 50% of his patients suffered from depression due to economic and environmental poverty.... from the feeling: "There's no way I can get out of this."

Others have noted that exposure to the big city sickness: Poverty, congested and polluted living conditions, tend to make some city dwellers less humane toward themselves and others.... and that self-destructive or suicidal impulses are generated by the attitude of "What have I got to lose?"

6

Life expectancy has doubled for Blacks during this century, but it still is 6 years shorter than that for whites. Moreover, Black males somehow have lost a year of expectable life since 1960. One report to the Bryant Commission suggests that higher rates of Black suicides, homicides, drug abuse and imprisonment may account for the loss.

The problem I am trying to suggest was outlined recently by Representative Louis Stokes, of Ohio. Stokes is sponsoring a Minority Mental Health bill in the House, and last month he told the members that psychiatrists examining Blacks "rarely have considered social, economic and environmental factors as primary contributors" of Black mental health problems. He said traditional methods have neglected the fact that Blacks undergo tremendous stress as an element of routine existence, and that inner city concentration, slums, high unemployment rates, police brutality, underemployment, poverty level wages, menial employment, and broken families are all factors which produce minority mental illness.

Now, there is a global phenomenon taking place which is sharply relevant to all this. I'm referring to the shrinking of natural resources relative to population. It has begun to reverse the economic and political dynamics which produced the industrial democracies... the Keynesian economics of perpetual growth.

We have entered, we are told, the age of scarcity. The effects already are being felt in this country. The energy crisis and rising inflation are but two examples. Another is that millions of Black Americans who have been standing in line, these many years, to get their piece of the American pie, now are being told, when they approach,

7

the counter, that the pie is already divided and all gone.

Richard Barnett, in a disturbing essay last month in the New York Times Sunday Magazine, discussed this new "Age of Scarcity," and the growth of what has been called the lifeboat ethic . . . a metaphor that suggests humanity as the passengers on a kind of global Titanic, a sinking ship without enough lifeboats for everyone.

Naturally, those to be left out of the lifeboats constitute that increasing portion of the world's population that is becoming irrelevant to the productive process...the chronically unemployed, predominantly people of color.

Barnett believes this is the heart of the global human rights problem. That, in an age of slowing growth brought on by shrinking resources, the cost of those resources is going up and the value placed on human life is going down.

The lifeboat ethic, and its consequences, are becoming increasingly visible in the United States: in the decay of the Center Cities, where most of the poor are concentrated: In the depressed rural areas no longer needed to produce the nation's food: In the seven million Americans unemployed.

And it is visible in the striking similarities between Jimmy Carter's budget proposals and those of Gerald Ford and Richard Nixon. All three have tended to write off the desperate needs of poor people in the name of a new brand of economic realism. Carter's response to the plight of the cities is an urban plan that amounts to a band-aid for an ampu-

8

tation. The Humphrey Hawkins full employment bill has been so severely disembowelled by the White House that its passage into law will amount to little more than a legislative funeral. . .the remembrance of good intentions.

The code words and slogans are: "austerity," "conservation," "limits to growth," and "limits to what government can do." Whatever validity they may have. they signal to minority groups that there is no more room in the boat for us.

There are other signals and shifts in mood and attitude that express the lifeboat ethic even more ominously. Samuel Huntington, and advisor to the National Security Council, warns against the "excesses" of democracy, and suggests that the problems of government are too complex to accommodate the conflicts inherent in democratic rule.

Interest in repairing the ravages of racism and deprivation has faded away as Americans increasingly look out for number one. And the growing volume of complaints about the cost of welfare, Medicaid, Social Security and other social programs, voices the fear that too many swimmers are hanging on to the sides of the boat, pulling it under with them.

That is the social and economic perspective of too many minority members today, and it should come as no surprise that the incidence of mental illness among them is growing. For them, life is an attenuated desperation. They are treading water, waiting for exhaustion. Dissipated by the sharks of ghetto life.

Last Sunday's New York Times put forward the interesting proposition that more doctors may not mean a healthier population; indeed, if each

9

new physician creates between \$150,000 and \$350,000 in health care spending annually, we could be healthier and save money too if we could sharply limit the number of M.D.'s. Perhaps then one solution to the country's mental health problem might be to curtail the number of mental health practitioners; the fewer of you there are, the fewer the number of people who will see you, and the fewer, therefore who will be counted as needing your help.

That kind of Alice In Wonderland solution unfortunately won't do.

Health problems - physical and mental - are epidemic in America's minority community. The ordeal of daily life for Black Americans renders this population chronically susceptible to contagion, and chronically unable to seek a cure.

Mental health care professionals have been severely handicapped in trying to treat the psychological casualties of the American ordeal, because they have not appreciated the ordeal, and because their profession has been, in its own sphere, part of the problems.

Minorities still are pitifully underrepresented, especially in psychiatry. Fewer than 2% of America's psychiatrists today are Black. The proportion is about the same among psychologists. I'm told there is no reliable racial count for psychiatric nurses, but only 7% of all employed registered nurses is Black. We do account for more than 11% of the social workers. But that is the only category matching the Black share of the population, or of the labor force.

The result is that, to many Blacks, psychiatry is just another

10

thing that white people do. Six years ago, Dr. Alvin Poussaint described the traditional Black experience with psychiatry, saying that "usually, the only time a Black man saw a psychiatrist was when the police took him down to the hospital and a psychiatrist signed a paper saying they had to lock him up."

Things have improved somewhat, but not radically. The face behind the desk is invariably white, and so is the prescription. Few white mental health care workers have been, or can be, trained by education to understand Black culture and Black problems, and few Black people have been equipped by experience to trust white professionals. Most members of minority groups carry a heavy load of suspicion to any dealings with white institutions or authorities. It is a well earned suspicion, though the white professional frequently assumes it to be evidence of irrational paranoia.

Mental health care professionals tend to relate best to young, verbal, attractive and successful patients. Those criteria, of course, exclude many poor Blacks. Some studies have shown that, as a result, Blacks tend to be underdiagnosed or overdiagnosed. Both extremes lead to the same result: Blacks tend, more than whites, to be treated with medication rather than individual or group therapy. At clinics, they tend to be shunted off to para-professionals instead of being seen by psychiatrists or psychologists.

And Blacks are institutionalized at more than twice the rate for whites. That fact alone should make it clear that something is very wrong with the delivery of mental health services to Black people.

11

The problem, of course, dictates the remedy. And the foremost remedy here must be Black mental health care workers in numbers at least proportionate to the numbers of Black people in this society. America must produce more Black psychiatrists and psychologists.

But here, again, we run into the lifeboat ethic -- the growing resistance to remedial measures, such as the affirmative action programs--those programs to reverse the crippling effects of racism and poverty, and to compensate for the economic, psychological and educational deprivations which have prevented Black people from entering the medical profession except in token numbers.

It was relatively easy for much of white America to agree to Black demands for a seat at the lunch counter, but agreement to demands for an equal place in the factory or the office has come a lot harder. And the demand for a compensatory place in medical school has started a national backlash.

The need is clear.

It was not until 1968 - ten short years ago - that the numbers of minorities - Blacks, Native Americans, Mexican Americans, mainland Puerto Ricans - accepted into M.D. programs climbed past 200 a year. In all the years of medical education in the United States, never before had 200 students of color been admitted at any one time into American medical schools.

The slow realization spread from 1968 that it would take more than regular admissions policies to redress the imbalance caused by the 200 year-old racially and sexually motivated quota system that has guaranteed to this day that only the male and the pale will enjoy a

12

permanent monopoly on good jobs, on seats in colleges and universities, on all the benefits and rewards the United States promises the many and delivers only the few.

The problem is real. Black people are 13% of the national population but only 2.6% of the doctors. There are over five million Mexican Americans in America - only 250 of them are doctors. There are nearly a million Native Americans - only 72 are doctors. While there is one white physician for every 538 white people in America, for Blacks the ratio is one to every 13,888, to bring these figures into line with what they ought to be, the country would have to produce 29,000 additional Black doctors immediately. These are comforting statistics only if you believe that white people are sicker than Black people are.

The issue, dramatized by the case of Alan Bakke, has divided many old friends and allies in the civil rights movement, for some see in it an ethical contradiction. Bakke charged that the special admissions program at the University of California's Davis Campus amounted to a quota system, and that he had been the victim of reverse discrimination. But to admit Alan Bakke now to the first year class in medicine at the University of California at Davis would:

- overturn the unanimous conclusion of 13 admissions committees at 13 medical schools which rejected him;
- declare him the winner of a retroactive lottery among more than 22,000 unsuccessful applicants;

- hold suspect the degrees of whites granted admission at Davis despite scores lower than Bakke's.

13

- and certify the admission to medical school of whites with low paper qualifications while denying such entry to similarly situated minorities.

But the furor created by this case, and the agonizing reappraisals it caused, revealed a philosophical and semantic trap in which many liberals found themselves caught. The trap is the concept of color-blindness.

You know, it's curious. In days of yore, when Jim Crow still was king, color-blindness was gospel for reformers and anathema to racists. But when legal equality arrived, and economic justice also seemed to be in the offing, the racists adapted. They suddenly embraced color-blindness and used it as a shield of philosophical and constitutional respectability behind which they could hide. The reformers, however, were less adaptive, or more consistent, depending on how you look at it. The result was a strange new coalition which today poses a serious threat to the hopes of minorities.

Given the bitterly unequal situations of white and non-white Americans, the idea of color-blindness is pernicious fraud. It denies reality, and sets a trap for many well-intentioned people. It is sprung by code words like "quota" and "reverse discrimination."

The former is an old associate of minority life in America; the latter, a fiction of the fearful minds of the beneficiaries of quotas that kept our best out while letting their worst in.

Reverse discrimination would exist if minorities were to brutalize, dehumanize and degrade white people, were to cause white people to take the worst jobs, to live in the least attractive sections of town, to send their children to the worst schools, and to face death at an

14

earlier age than Black people do.

What Bakke's supporters call reverse discrimination is actually not a new notion in American education or American law.

Veterans in Georgia are given preferential treatment when they seek employment with the state. Georgia residents are given preferential treatment when they apply to our state's medical school, even though non-residents may have better paper qualifications. In undergraduate education, such qualifications are athletic ability and genetics - that is, direct lineal descent from an alumni - are used to discriminate against some and in favor of others.

The real issue here is not the right of Alan Bakke, or any one else, white or Black, to a seat in medical school or to a medical degree. The issue is society's pressing need for more Black psychiatrist, more Black psychologists, more Black general practitioners.

Additionally, the issue is the American unwillingness to pay the social costs of fulfilling the American dream, to insist that each of us has an equal chance at life, liberty, and the pursuit of happiness.

American history is the history of dreams deferred, the creation of a permanent underclass, too many of whom are Black.

No non-white American can escape the terrifying kalidescope he sees each day - a national policy devoted to keeping him always on the margin, educationally, economically, politically and mentally unwell.

The surprise is not that so many of us need your ministrations; the wonder is that all of us don't, and quite probably, all of us victims and all of you in the victors role could equally profit from your skills.

15

You know, there is a myth of homogeneity in America that is applied even across racial and ethnic lines, where it is least supportable. It has caused a lot of trouble in the day of missed signals and misunderstandings, and it is an especially important feature in any discussion of minorities and white staffed and oriented mental health care.

We use the same basic language. But, because our experiences and cultural foundations are so different, our assumption that we are communicating what we

want to communicate and understanding what the other person is saying, often are woefully in error.

It reminds of something that once happened to Adlai Stevenson. He had given a speech to some group or other, and afterward a woman came up to him, gushing, "Mr. Stevenson, your remarks today were just absolutely superfluous!" Well, Governor Stevenson rose at the occasion, and with a twinkle in his eye, he replied: "In that case, Madam, perhaps I should have them published posthumously." "Oh, yes," she said. "And soon, I hope."

It was one of the few times in his life that Adlai Stevenson was left speechless. What more could he say? What more can I say. Thank you.

SOURCES

The Bureau of Labor Statistics

The Bureau of the Census

The National Institute for Mental Health

The American Psychological Association

The American Psychiatric Association

Various reports and draft reports of the President's Commission on Mental Health, including the report of the Special Populations Sub-Panel on Mental Health of Black Americans.

"No Room in the Lifeboats," by Richard J. Barnett, The New York Times Sunday Magazine, April 16, 1978.

"The Web of Hunger: Ill-Nourished Brains," by David A. Levitsky, Natural History, October, 1976

The Congressional Record, April 12, 1978.

Editorial Research Reports.

Newspaper clipping files.

Document Information

Date:

10 May 1978

Object Type:

[Speech](#)

Author:

[Bond, Julian](#)