

DR. SMITHERMAN: Thank you to the Eisenhower Foundation for sponsoring this resident hearing.

My name is Dr. Herbert Smitherman. I'm a physician. I am an assistant dean here of Community and Urban Health at the Wayne State University School of Medicine.

I'm going to talk about the health status of Detroit, especially compared to the rest of the state and the nation, especially given since 1970, the health status indicators of Detroit are about 40 percent worse than the rest of the state and the nation. We've had about 60 percent of our primary care physicians and our physicians who are first-contact physicians have left the city since around 1990.

Sixty percent of the city is designated as a health professional shortage area and a medically underserved area, and we have a continued rise in the number of uninsured in the city of Detroit. We have a population of just about 900,000 now, and about 200,000 of the population is underinsured or without any health insurance, and 33 percent of the population is on Medicaid. That means 55 percent of the Detroit population is either uninsured or underinsured.

If you look at major health status indicators such as infant mortality rate -- and people always talk about improvement or the decline in infant mortality rate, especially in Detroit, but that's only half the story. When you talk about infant mortality rates or life expectancy or any health status indicator, you have to compare it to something. And when you compare it to something -- that is, European Americans, whites, whatever you want to categorize the majority population -- even though there has been a decline in the infant mortality rates in the black community compared to the white community, the gap is widening.

In 1970, the infant mortality rate -- that is, our babies dying before age of one -- was about 65 percent higher in the black community than in the white community. Currently, it's 205 percent higher in the black community than in the white community. If you look at any health status indicator, we have 24 percent less prenatal care in the city of Detroit compared to the rest of the state.

We have 120 percent higher low-birth weight babies in the city of Detroit compared to the rest of the state.

African-American men, since 1970, have lost 2.6 years of life expectancy in the city of Detroit compared to the rest of the state. We have increasing asthma rates that are 174 percent higher in the city of Detroit as compared to the rest of the state. Diabetes is 132 percent higher in the city of Detroit as compared to the rest of the state, and HIV/AIDS is 1000 percent higher in the city of Detroit as compared to the rest of the state.

For the record, I just want to make sure we're clear to the Eisenhower Foundation that the health status in general in this city has declined over time since the 1970s. In fact, you can almost say that, if you take the Kerner Report which says Kerner Report 1968

and replace 1968 with 2008, you can almost say you can read the same report and have the same recommendations because none of them have actually been implemented as of yet.

When you look -- I don't know if people know, but there is a gentleman named James Watson, of the Watson & Crick DNA model. Dr. Watson was a 1962 Nobel Prize winner. He co-discovered DNA, a former Harvard researcher -- one of the most famous and prestigious biologists of the 21st century. He headed the Cold Spring Harbor Laboratory, the most prestigious biological laboratory in the world. He was head of the human genome project; and he had to apologize on October 14, 2007, because he suggested that blacks were less intelligent than whites.

This was huge in the scientific world.

All of the scientists in this room -- in this world were weaned on the Watson-Crick model of human DNA.

It's one of the greatest discoveries of mankind of which all biomedical and genetic research in the world is based.

Now, I don't care about Dr. Watson's personal opinions, but I do care about the policy implications that his personal opinions mean. That is, this gentleman runs and controls large parts of the resources within this world and country and how those resources are used in the change that we need for health status improvement in this country. That's what I'm most concerned about.

If you talk about the improvement of people of color, especially African-Americans, and you examine history -- and this is important for the Eisenhower Foundation, I believe -- that history reveals two periods of health reform where efforts were specifically sought to correct race-based health disparities in the United States.

One of those periods was 1865 to 1872, and this was post-Civil War reconstruction period, and it's linked to federal legislation and federal policy and resource implementation within the black community. During this time there were large numbers of African-Americans who left forced servitude of plantations to pursue independence, and there was an apparent movement to reconstruct America.

It was the largest time we had for the first time after the Civil War that African-Americans actually got and established black medical schools, black hospitals, black clinics throughout the South, given that blacks had to be separate.

These improvements somewhat reduced the alarming death rates among African-Americans, and it was predicted after the Civil War that people of African descent would be extinct in America. We had one of the largest improvements of our health status because we had resources and public policy change, and those resources were implemented into our community.

The second period of improvement was 1965 to 1975, and it was the outgrowth of the civil rights. And we had major legislative and public policy milestones. One was the 1965 Civil Rights Act, which outlawed racial discrimination in government, funded health programs for all people of color; number 2, hospital desegregation, which occurred, and it integrated both hospital staffs and patient populations; number 3, we had Medicaid and Medicare was started in 1965. And we had one of the largest expansions of health care insurance for African-Americans. And, Number 4, we had the expansion of primary care health clinics in urban communities. This created and improved dramatically every measurable parameter, every health status indicator during this ten-year period of time.

However, since 1975, the gains have been halted and stagnated because the resources that were initially implemented have all been taken away. You have cuts in Medicaid, cuts in Medicare, cuts in federally qualified health centers, cuts in black hospitals, black medical schools gone. I'm saying when you start -- if you want to make change, every time we see resource implementation within the African-American community as it relates to health, we see health status improvement. Every time you take it away, we see decline. It's not a complex formula. And I can tell you we have not made the change.

One of the things we can say is, well, can we eradicate poverty, et cetera, et cetera? I can say we are a country that put a man on the moon. And when President Kennedy announced his goal in his State of the Union address that no such thing -- there was no such thing in this country as a spaceship. There was no plan for space travel and there was no entity in the government called NASA when he made his State of the Union speech.

What I'm saying is, when we had 9/11, we were arguing about Social Security reform, where are we going to find the money for it? And within 48 hours after 9/11, we found \$40 billion for New York City, a billion dollars an hour. When we want to do something as a country, we do it. This is not about can we do? This is about a will. This is about do we want to do? This is about when you start saying, "I'm going to have cuts in Medicare and Medicaid," is that going to improve health status within urban black communities? Cuts to housing and urban development, no subsidies to mass transit, eliminate funding for job training, cut school lunch programs for inner-city children, eliminate school loan programs for minority students, repeal after-school programs, et cetera. Increasing the age of Social Security from 65 to age 70, which is the proposal, when the life expectancy of African-Americans is 67. What I'm saying is this is about public policy. This is about resource implementation. This is what this is about.

I know I'm out of time, and I can say a lot more and I'm sorry; but I will say that I have written a book and it has just been released this week. And so what I will do -- it's called "Taking Care of the Uninsured," where it kind of chronicles a program that we've done here in Detroit to improve health status and health insurance to 33,000 people in the city of Detroit without health insurance. And I'll submit this book to the Eisenhower Foundation for your records.

