University of Michigan professor David R. Williams wrote the chapter on health in the National Urban League's report "The State of Black America 2004."
U-M professor urges black Americans to fight for equal health care

By CASSANDRA SPRATLING
FREE PRESS STAFF WRITER

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David R. Williams is a man in demand these days. He's on the road almost as much as he is at his University of Michigan office, where he's one of the nation's leading researchers on health disparities that black Americans face.

He advises presidents on health matters, serves on nationally prominent government and academic health councils and speaks to professional and community groups about what he considers one of the most important, yet often overlooked, issues in the black struggle for equality: health.

"Martin Luther King Jr. said injustice in health care is one of the greatest injustices," Williams says. "If you don't have good health, you are unable to realize the opportunities that America offers."

Williams, a University of Michigan professor, teaches that lesson throughout the nation. On Thursday he spoke at a conference on black mortality, sponsored by the Detroit Area Agency on Aging, called "Dying Before Their Time: The Startling Truth of Senior Mortality in Urban Michigan."

Today he will expand on the health challenges facing black Americans when he speaks on a panel at the National Urban League conference that is meeting through Sunday at Cobo Center in Detroit.

Approximately, 15,000 people are expected in Detroit for the conference that will also address political and economic issues. Additionally, the Tom Joyner Morning Show will broadcast live from the convention beginning at 6 a.m. today.

The National Urban League has long been concerned about health matters, but aims to make it an even more visible priority because health impacts all other issues, from education to economics, says Sandra Goodridge, manager of Health and Quality of Life for the

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DEATHS IN AMERICA

Below are the 15 leading causes of death in the United States for 2001. Disparities between whites and blacks are also expressed.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Leading cause of death in the U.S.</th>
<th>Number of deaths</th>
<th>Whites**</th>
<th>Blacks**</th>
<th>Whites to Blacks Ratio of deaths:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart disease</td>
<td>703,142</td>
<td>214,6</td>
<td>294,0</td>
<td>1 to 1</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>553,768</td>
<td>193,9</td>
<td>243,1</td>
<td>1 to 1</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>163,538</td>
<td>55,8</td>
<td>78,8</td>
<td>1 to 1</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory diseases</td>
<td>123,013</td>
<td>45,6</td>
<td>78,4</td>
<td>1 to 1</td>
</tr>
<tr>
<td>5</td>
<td>Accidents</td>
<td>101,527</td>
<td>36,9</td>
<td>64,6</td>
<td>1 to 1</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>71,372</td>
<td>23,4</td>
<td>47,9</td>
<td>1 to 2</td>
</tr>
<tr>
<td>7</td>
<td>Flu and pneumonia</td>
<td>62,054</td>
<td>21,7</td>
<td>40,3</td>
<td>1 to 1</td>
</tr>
<tr>
<td>8</td>
<td>Alzheimer's disease</td>
<td>53,852</td>
<td>19,8</td>
<td>34,0</td>
<td>1 to 1</td>
</tr>
<tr>
<td>9</td>
<td>Sickle cell disease</td>
<td>59,400</td>
<td>12,3</td>
<td>47,1</td>
<td>1 to 2</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
<td>32,238</td>
<td>10,3</td>
<td>21,9</td>
<td>1 to 2</td>
</tr>
<tr>
<td>11</td>
<td>Suicide</td>
<td>30,924</td>
<td>10,8</td>
<td>20,1</td>
<td>1 to 2</td>
</tr>
<tr>
<td>12</td>
<td>Liver disease and cirrhosis</td>
<td>27,035</td>
<td>9,6</td>
<td>17,4</td>
<td>equal</td>
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<tr>
<td>13</td>
<td>Malignant neoplasm</td>
<td>25,588</td>
<td>10,5</td>
<td>15,0</td>
<td>1 to 1</td>
</tr>
<tr>
<td>14</td>
<td>Hypertension</td>
<td>19,250</td>
<td>5,8</td>
<td>13,4</td>
<td>1 to 2</td>
</tr>
<tr>
<td>15</td>
<td>Diabetes of the lungs</td>
<td>17,300</td>
<td>6,7</td>
<td>10,6</td>
<td>1 to 1</td>
</tr>
</tbody>
</table>

*Registered deaths of all U.S. residents in 2001 **Age-adjusted deaths per 100,000 population
Source: National Vital Statistics Reports
KOS MYLER/Detroit Free Press

FRIDAY, JULY 23, 2004 SECTION H

Politico Brazile hopes to fire up the hip-hop crowd

By JULIE HINDS
FREE PRESS STAFF WRITER

There's no setting on Donna Brazile's conversation dial for simmer.

The woman who ran Al Gore's 2000 presidential campaign boils with conviction whenever she talks politics.

Brazile, whose autobiography, "Cooking With Grease" (Simon & Schuster, $26), traces her rise to ultimate Demo-
National Urban League.

This year, for the first time, the league is including a fitness walk/run as a part of its national conference to help draw attention to the importance of improving health and fitness in the black community.

"It is a tragedy that infants born in 35 other countries have a better chance of making it to their first birthday than black babies born in the U.S.," says Williams, whom the Urban League enlisted to write the chapter on health in its report "The State of Black America 2004: The Complexity of Black Progress" (Urban League, $29.95).

According to the Center for Disease Control and Prevention, the infant mortality rate for black people is about twice the national average with 14.1 deaths per 1,000 live births. The national average is 6.9 deaths per 1,000 live births.

Williams' report cites several reasons to be alarmed about the health of black people.

Among them:
- Black people have a higher mortality rate than white people for most of the nation's leading causes of death.
- Regardless of education, health insurance and income, black people are less likely than white people to get high-quality health care.
- In 1998 alone, 98,600 black Americans who died would have lived had there been no disparities in health care.

"They're dying during their most productive years of life," Williams points out. "They're dying when they should be working and contributing to the economy and their families. I really think this is a crisis."

Williams says black deaths caused by homicide and HIV/AIDS get a lot of attention, but by far, the major killers of black people are heart disease, hypertension, strokes, diabetes, kidney problems and some cancers.

While he doesn't begrudge the attention given to homicides and HIV/AIDS, Williams says people need to be fully informed of the health challenges facing black America and he's almost inadvertently made that his mission in research and speaking engagements.

"One of the major problems we have is the fact that there's tremendous lack of awareness in U.S. society in general and within the African-American population, in particular, about the magnitude and the consequences of these health disparities," Williams says.

When you don't see a problem, you don't see a need to address it, so I applaud the president of the Urban League for making health one of his priorities," Williams says. "We have a job to do to get the word out that poor health is killing thousands of African-Americans each year.

Williams, a native of St. Louis in the Caribbean Islands, initially studied religion. He remains a deeply spiritual man who sees advocating for health improvement as a way of serving God. He doesn't see a distinction between working in the religious arena and working in public health. "The goal is the same, to improve the quality of life of the individual."

"I grew up in a Christian family that emphasized that your body is the temple of the Holy Spirit," says Williams, who attends a Seventh Day Adventist Church in Ypsilanti. "This means that as a part of my service to God, I should avoid everything that was hurtful to my body and use which is beneficial in moderation. We avoided the use of nicotine, caffeine and alcohol and ate a diet that emphasized fruits, vegetables and whole grains."

Getting the word out about the importance of taking care of the body and the health disparities becomes his ministry.

Williams advocates action on the governmental and individual level. He has worked in the administration of two presidents: He served on the advocacy panel for Bill Clinton's Task Force on Health Care Reform and was appointed to a four-year term on the Department of Health and Human Services National Committee on Vital and Health Statistics when the elder George Bush was in office. He also has testified before Congress on racial disparities in health.

But he says neither the Democratic nor Republican administrations has done enough to improve health care for all Americans.

"It's a shame that the United States is the only major industrialized country that doesn't guarantee its citizens access to medical care," says Williams, who joined U-M in 1992 after six years as a Yale faculty member.

THE GOOD THING is that despite obstacles, black people can do much themselves to improve their health outcomes, he says.

Most important are exercising regularly and improving eating habits. "Regular physical exercise helps reduce the risks of heart disease, cancer, stroke and diabetes," he says.

Some studies have shown that a majority of cancers are preventable with good nutrition and exercise. Black men, in particular, are notorious for neglecting fruits and vegetables, he says.

But the full responsibility shouldn't fall on individuals, Williams says.

He says reducing the health disparity also requires improving the social and economic status of black Americans.

He used smoking as an example. Smoking reduces stress for some people in the short run. But when it comes time to quit, white people are more likely to have alternative routes to reducing stress: membership at health spas or safe neighborhoods and nearby parks for walking or bicycling or the ability to afford counselors.

Blacks on the other hand are more likely to live in neighborhoods populated by liquor stores or where there are fewer markets offering an abundance of fresh fruits and vegetables.

It's in the nation's moral, economic and health interests to make good health a priority for all people, Williams says.

"We live in a global village. Germs know no color line. If there's an infectious disease it will travel," he says. "The efforts we make to improve the health of one group of people can help improve the health of all.

"Calculate the negative loss of revenue from people dying during their most productive years," Williams adds. "It's not just a moral question, it's an economic question. And it's a larger question of what kind of society are we building when all people cannot benefit from what it has to offer?"

"We need to make a new commitment to seriously address inequities in health," contact CASSANDRA SPRATLING at 810-222-5000 or spratling@freepress.com