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**Post-racial rhetoric, racial health disparities, and
health disparity consequences of stigma, stress, and racism**

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Post-Racial Rhetoric, Racial Health Disparities, and Health Disparity Consequences of Stigma, Stress, and Racism

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Abstract

We explore the paradox of why high achieving black Americans, as measured by education, still exhibit large health disparities. We discuss how the post-racial, politics of personal responsibility and “neoliberal paternalism” troupes discourage a public responsibility for the conditions of the poor and black Americans, and, instead, encourage punitive measures to “manage...surplus populations” of the poor and black Americans. We introduce an alternative frame and integrate it with John Henryism as a link to better understand the paradox above – the added efforts and stigma imposed upon high achieving blacks that threaten the relative position of the dominant white group translates in deleterious health for high achieving blacks. Ultimately, we explore how the potential physical and psychological costs of stigma and, ironically, exerting individual agency, which in the context of racist or stigmatized environment, may explain the limited role of education and income as protective health factors for blacks relative to whites.

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Introduction

Midway through his 2013 commencement address at Morehouse College, President Barack Obama invoked the black American legacy of triumphant leaders who, without excuses, were able to overcome tremendous structural barriers and achieve great things:

You now hail from a lineage and legacy of immeasurably strong men -- men who bore tremendous burdens and still laid the stones for the path on which we now walk. You wear the mantle of Frederick Douglass and Booker T. Washington, and Ralph Bunche and Langston Hughes, and George Washington Carver and Ralph Abernathy and Thurgood Marshall, and, yes, Dr. Martin Luther King, Jr. These men were many things to many people. And they knew full well the role that racism played in their lives. But when it came to their own accomplishments and sense of purpose, they had no time for excuses.

The president continues his inspirational speech to this graduating class of this elite historically black college and university (HBCU) by stating that;

(e)very one of you have a grandma or an uncle or a parent who's told you that at some point in life, as an African American, you have to work twice as hard as anyone else if you want to get by.^{1,2}

But, at what cost? Will there be unintended negative health consequences associated with above normal effort for these highly educated black graduates in the context of a racially stratified America?

The good news is that a 2013 Center for Disease Control (CDC) report documents dramatic improvements in U.S. health over the past 50 years. In particular, it cites a life expectancy improvement of about nine years from just under 70 in 1960 to about 79 years of age in 2011 – Americans are living longer and healthier (Arias, 2012; Hoyert and Xu, 2012; CDC, 2013). However, the report also presents concerns about the pace of this trend and the persistency of health disparity across groups within the U.S., which they describe as related. If not for the large disparities across various groups (e.g. racial, ethnic, gender, age, region, socioeconomic status), the U.S. would rank much better relative to other developed nations (CDC, 2013; World Health Organization, 2013).

¹ <https://www.whitehouse.gov/the-press-office/2013/05/19/remarks-president-morehouse-college-commencement-ceremony>

² Branch (2016) performs a discourse analysis of Obama's inspirational messaging directed at black Americans and its impact on discordance between black optimism and individual agency in relation to their relative racial positioning. The article includes an analysis and comparison of Obama's commencement addresses at Morehouse College and Barnard College, a predominantly white women's college.

Health disparity itself is iteratively related to various domains of inequality. Meyer et al (2013) state that “(p)oor health status, disease risk factors, and limited access to health care are often interrelated and have been reported among persons with social, economic, and environmental disadvantages.” The emergent consensus is that “social determinants of health” – defined by the World Health Organization as the conditions in which individuals are born, grow, live, work and age – are the primary determinant of health, and likewise, health disparity (Meyer et al., 2013; World Health Organization, 2013). As such, the extent that certain racial groups are distributed along low socioeconomic status (SES) is expected to be related to a maldistribution of health outcomes. Hence, it is plausible that if a greater share of subaltern racial groups invested more in a good education, which in turn would result in a good job and higher SES, then health disparity could be dramatically reduced, if not eliminated.

SES is positively associated with better health for all Americans, however, racial disparity in health persists (and often worsens) at higher levels of SES status (Smedly et al, 2003; Jemal et al, 2008; Williams et al., 2010). Similar to health outcomes, there is also a pattern of persistent or worsening racial disparity across SES in labor, financial and asset market outcomes. Thus, if SES alone does not explain the large, persistent and interrelated racial disparity across these domains, what does?³

This article explores the potential physical and psychological costs of stigma and, ironically, exerting individual agency, which in the context of racist or stigmatized environment, may explain the limited role of education and income as protective health factors for blacks relative to whites. The paper explores the links between black-white health disparities and the prevalence of neoliberal and post-racial thought, both framed in the politics of personal responsibility, which emphasize individual agency, particularly self-investments in education as a pathway towards upward mobility and efficient social distribution. Is it plausible that there are health disparity implications resulting from the rhetoric of the post-racial and neoliberal perspectives?

³ Pearson (2008), in his aptly titled article “Money Can’t Buy Me Whiteness,” offers a critique of the public health literature for too often simply characterizing the limited health generating protection of high SES for blacks as a “paradox” without greater scrutiny and investigation. He states that “(b)y doing so, they also ignore the physical price that may be extracted of members of some racial/ethnic groups who work to attain conventional socioeconomic resources or call upon alternative economic resources, such as kin network, when these are not recognized as valid forms of social organization nor supported by the larger society.” He goes on to argue that “...for many segments of the population the relationship between SES and health remains an empirical question...(and) other (non-white) groups warrant their own in-depth investigation.”

The politics of personal responsibility, and neoliberal and post-racial frame tends to emphasize individual agency, which is highly consistent with the social determinant models that accentuate education and educational differences rather than social structural factors like labor and health market discrimination and the accompanying stress associated with that differential treatment as explanatory for individual and group-based outcome differences. In terms of racial disparity, the most direct political implication from these frames are a shift in public sentiment/responsibility for conditions of black Americans from the public unto blacks themselves (Hamilton and Darity, 2010).⁴

Siddiqi et. al. (2013) provides a comparative analysis between the United States and Canada; two countries that experienced global structural change towards economic and sociopolitical neoliberal reforms with Canada providing a case of social resilience to buffer the consequential impact on health disparity in relation to the U.S. “Specifically, (Siddiqi et. al., 2013) examine(s) “neoliberalism” as one of the fundamental social phenomena underlying contemporary socioeconomic inequalities in health.” The authors argue that this political movement contributes to health disparity in two ways:...“(f)irst, neoliberal policies tend to link the resources required for health and development (e.g., health care, education, safe living conditions) to individual and/or family socioeconomic resources, rather than providing these resources more equitably, as a right of citizenship...(and) (s)econd, the sheer widening of socioeconomic inequalities associated with neoliberalism can create a context in which social cleavages are more pronounced, reducing the sense of belonging, citizenship, collectivity, and social cohesion.”

Ultimately, Siddiqi et. al., (2013) finds that Canada’s greater equity promoting labor market and tax and transfer polices, provisions for more equity in health care and education, and, social sense of cohesion across race/ethnicity and class, as well as a lower intensity of neoliberal reform, all served to buffer against trends towards greater health disparity relative to the U.S.

We offer another mechanism by which the political discourse of the politics of personal responsibility, neoliberalism, and the post-racial perspectives may generate racial health disparities. Essentially, the political rhetoric, that emphasizes “hard work,” individual agency, and personal responsibility may enhance harmful social stigma that imposes physical and psychological health costs on socially stigmatized populations. We conclude by considering “John Henryism” (Sherman James,1994), and the potential physical and psychological costs of stigma and exerting individual agency in the context of racist or stigmatized environments as an

⁴ Related, Hacker (2008) describes a “great risk shift” associated with the rhetoric of personal responsibility and emergent primacy of the presumed efficient “free-market” that has led to divestment from pooled social insurance against risk and volatility on the part of government and corporations unto individuals. This transfer is occurring in a context of growing income volatility, which serves to hasten rising inequality and income insecurity.

explanation for the limited role of education and income as protective health factors for blacks relative to whites. The latter is the main point of this article. In essence, high achieving blacks, such as the Morehouse graduates referred to by the president in the speech cited above, may face health consequences as a result of their above normal efforts in racially stigmatized contexts relative to their similarly credentialed white peers.

The rest of this article is organized by the following sections: (1) Neoliberalism, The Politics of Personal Responsibility, and Racial Disparity, which presents a discussion and evolution of political frames that emphasize individual agency and education difference as the explanation for racial disparities; (2) The SES Gradient and Explanations for Racial Health Disparity, which presents evidence of rising racial disparities with higher educational attainment, along with various public health models that have been introduced to explain racial disparities; (3) Expanding “John Henryism” to Explain the Paradoxical Relationship between Rising Racial Health Disparities at Higher SES States, which provides a frame of how the rhetoric of personal responsibility may link to racial disparities in health, ironically, as a result of extending greater effort by high achieving blacks that face greater social constraint than their high achieving white peers; and, finally, the paper, (4) Concludes.

Neoliberalism, The Politics of Personal Responsibility, and Racial Disparity

This section presents an evolution and discussion of how post-racial politics and what Soss, et. al. (2011) label “neoliberal paternalism” may actually exacerbate racial disparity. The section describes the evolution of the “post-racial” frame from the “culture of poverty” frame, along with the resulting neoliberal policies of budget austerity and punitive policies aimed at coercing the behavior of stigmatized racial groups with little attention aimed at addressing the resource deprivation of these subordinate groups. The section discusses how the myopic emphasis on individual agency, puts education front and center, despite clear empirical evidence is that education alone is far from the remedy for racial disparities in economic and health outcomes.

This personal responsibility trope can be traced to Oscar Lewis’ (1969) notion of a “culture of poverty,” and the 1965 Moynihan Report, which characterized black families as being caught up in a “tangle of pathology.” A modern version of this thesis is the “post-racial” narrative, which basically asserts that America has largely transcended its racial divides, and that whatever residual disparities remain are overwhelmingly the result of actions and attitudes of blacks themselves (Ryan, 1976; Hamilton and Darity, 2010; and Aja et al., 2014).

In the cover story of the Summer 2008 issue of the *American Scholar*, the acclaimed black novelist, Charles Johnson, wrote an essay entitled “The End of the Black American Narrative,” which provides a lucid argument of a post-racial America (Johnson, 2008). Johnson argues that the narrative of black victimization is over. The end of victimization is linked to the heroics of the integrationist leaders like

Martin Luther King, Jr., and the successes of the civil rights movement, including the Civil Rights Act, the Voting Rights Act, and the growth of the black middle class.⁵

Johnson asserts that it “is no longer the case that the essence of black American life is racial victimization and disenfranchisement, a curse and condemnation, a destiny based on color in which the meaning of one’s life is thinghood, created even before one is born.”⁶

The timing of Johnson’s essay on the eve of the 2008 historic election of President Barack Obama is not coincidental. The transcendence of Barack Obama becomes the ideal symbolism (and spokesperson) of this political perspective. His ascendancy serves as an ideal allegory of what hard work, merit, efficiency, social mobility, freedom and fairness, individual agency, and personal responsibility can achieve – neoliberal virtues of what properly motivated individual agents and unfettered free markets can achieve.⁷

The ascendancy of blacks to the most elite positions of society including the office of the president, are often put forth to make the post-racial case for a grand racial progress. These incidences of black exceptionalism are meant to serve as examples of what individual or familial acts of perseverance and hard work can achieve (Aja et al, 2014). The problem with the use of these convenient anecdotes as evidence is that they are self-fulfilling and lack the systematic use of proper counterfactuals to empirically validate or invalidate their conjecture. There is no accounting of the voluminous cases of black Americans who also exemplify perseverance, “grit,” and hard work, but do not attain successful outcomes. This is evident by persistent racial disparities in health, labor markets and wealth even for blacks who attain high levels of education.

⁵ It is noteworthy that much of Johnson’s acclaim results from his award-winning historical fiction, the *Middle Passage*. The book includes a social analysis of race based on a tale of exploitation and victimization taking place from the enslavement of Africans through the middle passage journey across the Atlantic on into American chattel slavery. His *American Scholar* essay presents a marked departure in narrative than his earlier writings.

⁶ Given the exorbitant racial wealth distributions, perhaps, if Johnson considered wealth as the indicator for the black middle class status, he may have come up with a different narrative and arrived at a different conclusion (Hamilton and Darity, 2015).

⁷ See Harris (2012) for an in depth discussion of the social movement and political context that made possible the election of Barack Obama, and ultimately the irony and costs borne onto the black political movement and away from race-conscious policy. Also, see Gillespie’s (2010) edited volume of nuanced essays describing the political context and evolution from “Jim Crow” to “post-racial” black politicians, and the resulting advocacy from overtly race-conscious to more universal policy approaches.

This theme of personal responsibility was reiterated in what some pundits credit as one of America's historically great speeches on race, Obama's "More Perfect Union" speech as a presidential candidate in 2008 (Hamilton and Darity, 2010).

"For the African-American community, that path [to a more perfect union] means embracing the burdens of our past without becoming *victims* of our past. It means continuing to insist on a full measure of justice in every aspect of American life. But it also means *binding our particular grievances* – for better health care, and better schools, and better jobs – to the larger aspirations of all Americans – the white woman struggling to break the glass ceiling, the white man who's been laid off, the immigrant trying to feed his family. *And it means taking full responsibility for our own lives.*" [emphasis added]^{8,9}

The personal responsibility discourse on race, and racial disparity accentuates three things; (1) the civil rights movement as largely resulting in a transcendent racial divide; (2) the remaining racial disparities overwhelmingly resulting from the actions or inaction on the part of blacks, and (3) that there is nothing particular

⁸ <http://www.washingtonpost.com/wp-dyn/articles/A19751-2004Jul27.html>

⁹ This discourse is not unique to Obama nor is he the first to initiate it. He is singled out here, in part, to demonstrate that it is not a rhetoric unique to white or politically right individuals, but, rather, that it cuts across race and the political spectrum; and, further because he commands the "bully pulpit" from the prestigious office of the president.

The theme of "personal responsibility" on the part of black people appears to be a common in President Obama's speeches regarding racial disparity. Examples include his 2008 Father's Day speech as U.S. Senator (<http://www.politico.com/story/2008/06/text-of-obamas-fatherhood-speech-011094>); 2009 NAACP Centennial Convention address (<https://www.whitehouse.gov/the-press-office/remarks-president-naacp-centennial-convention-07162009>); 2013 Morehouse College commencement speech (<http://blogs.wsj.com/washwire/2013/05/20/transcript-obamas-commencement-speech-at-morehouse-college/>); and more recently his April 2016 remarks in town hall with young leaders in the UK, where, when queried about the US #BlackLivesMatter social movement, he opined that representatives of the movement "...can't just keep on *yelling*...The value of social movements and activism is to get you at the table...You, then, have a *responsibility* to prepare an agenda that is achievable..."(<https://www.whitehouse.gov/the-press-office/2016/04/23/remarks-president-obama-town-hall-young-leaders-uk>)."
[emphasis added]

about the oppression experienced by blacks, as such blacks should cease making particularistic claims on America (Hamilton, 2015).¹⁰

This follows from a neoliberal perspective, where the free market, as long as individual agents are properly incentivized, is supposed to be the solution to all our problems economic or otherwise.¹¹ Herein lies much of the rationale for *austerity* policies; if behavioral modification particularly with regards to personal and human capital investment is the central issue, why fund programs that *misallocate* resources to *irresponsible* individuals, or, worst, create dependencies that further fuel irresponsible behavior? The neoliberal ideology is not limited to issues around race. It more generally places the onus on individual actions, and leads to deficiency narratives for low achievement more broadly. But, the ideology is especially pronounced when considering race. As such, the focus of policy to bridge the racial divide becomes the *rehabilitation* of the black family (Hamilton and Darity, 2016).

Soss et al. (2011) describe an emergent “neoliberal paternalism” where the state serves a somewhat paradoxical role of structuring most aspects of society, again, economics or otherwise, to adhere to *laissez-faire* market tenants of exchange and engagement; while at the same time serving the role of “poverty governance.” Here the state uses incentives and sanctions to coerce or discipline the underclass. Not working to eliminate poverty, but rather to manage their seemingly “bad behavior” with increasingly punitive tactics.

This is related to Darity’s (1983) discussion of a “managerial class” and “surplus population.” Darity frames his analysis in classical political economy;

“...especially Thomas Malthus, John Stuart Mill and David Ricardo, tended to identify the surplus population with the unemployed members of early capitalism’s working class. Marx, critiquing the classical school, offered an alternative perspective. He argues that the basic law of population in the emerging industrial society was the Law of Relative Surplus Population. The very movement of industrialism tended to produce and reproduce a working class larger than the *immediate* profit-production requirements in the manufacturing sphere. The basic cause of the redundancy among members of the working class was the process of technical change under capitalism.”

The “surplus population” is defined in terms of inability to contribute immediate profit or production to the industrialized economy – later in his paper, Darity

¹⁰ The post-racial political discourse maps very well with the definition of Bonilla-Silva’s (2014) three aspects of color-blind racism: (1) abstract liberalism, (2) cultural racism, and (3) minimization of racism.

¹¹ Raoul Peck in his documentary film *Profit, and Nothing but* (2001), with Haiti, after its devastating earthquakes, as the backdrop, makes the case for the global acquiescence towards a sentiment in favor of market based solutions without question and with a sense of inevitability. The film goes on to document the grave poverty and inequality resulting from such an approach.

(1983) indicated that the “surplus population” is deemed necessary in a capitalist system, since at least a portion of them can be drawn upon in periods of accelerated economic expansion, and their presence keeps labor costs relatively low and worker discipline relatively high. Nonetheless, similar to how Soss et al. (2011) describes a need for “governance poverty,” there is an “inactive” portion of the working class for which a need emerges to “manage” them. This group is often characterized as persistently unemployed and unemployable, a source of urban crime and malice, and whose subsistence need is a drain on fiscal budgets.

Darity (1983) identifies the British “Poor Laws” of the 19th century as an example of a control mechanism to manage this population; other ways include income maintenance, social isolation, military participation, incarceration, and policies aimed at controlling reproduction, fertility and family formation. Also, he points out that the “surplus population” is particularly vulnerable to “social experimentation” – citing the infamous *Tuskegee Syphilis Experiment* as an extreme example.

Both Darity (1983) and Soss et al. (2011) elaborate on the particular role that race serves in exacerbating a political context to implement punitive control of the underclass. Because of their marginalized social status and over-representation in poverty, blacks become the symbolism by which to define the surplus population, and likewise, blacks suffer the disproportionate blunt of poverty governance, because of their over-representation in poverty and their marginalized social status.

Perhaps, the Obama administration’s, “My Brother’s Keeper” initiative – which attempts to leverage private and charitable resources in order to incentivize so-called “defective” black males to be more “employable” serves as a somewhat more benign example of “neoliberal paternalism.” The focus on black male youths’ motivations and behaviors, rather than more directly addressing the labor market conditions that they face is consistent with the economic orthodoxy of market primacy in allocations and distribution (Aja et al., 2014).^{12,13}

But, there is a persistent close to 2:1 ratio between black and white unemployment, and this occurs at every level of degree attainment. Over the past forty years, data from the Bureau of Labor Statistics, indicates that there has been only one year, 2000, in which the black unemployment rate has been below 8.0 percent. In contrast, there have only been four years in which the white rate has reached 8.0 percent (Hamilton, 2016).

¹² Kimberle Crenshaw (2014) issues a scathing critique of “My Brother’s Keeper” for its exclusion of black girls and women, and in her own words, “(w)hat needs to be fixed are not boys per se, but the conditions in which marginalized communities of color must live.”

¹³ The bi-partisan 1992 Violent Crime Control and Law Enforcement Act, which has been credited with exponential acceleration of mass incarceration serves as a more pernicious example of “neoliberal paternalism” (see Alexander, 2010; for an analysis of causes and consequences associated with the mass incarceration period).

In spite of these enormous employment disparities, public discourse focuses on education as the primary driver of upward mobility. The presumption is that if blacks were more responsible, and were more focused on education, they could get a good job and pursue a pathway of economic and health security. Yet, census data reveals that white high school dropouts have lower unemployment rates than blacks that have completed some college or earned an associate's degree. It is unlikely that racial unemployment disparities across educational degree attainment can be address via worker incentives.¹⁴

Education is not a cure-all for racial disparity in health, economics or otherwise. A research brief by Hamilton et al. (2015) entitled, "Umbrellas Don't make it Rain: Why Studying and Working Hard Isn't Enough for Black Americans," critiques the preponderance of research and public policy that asserts that education and hard work are the *drivers* of upward mobility, especially as it relates to racial disparity. The title is meant to highlight the "identification issue" of presuming a causal relationship between education and wealth; like umbrellas and rain, simply observing higher levels of education amongst wealthier individuals does not necessarily mean that educational attainment led to higher wealth. In fact, it seems quite reasonable that having high levels of wealth predisposes individuals and families to have greater access to higher levels of education.

The Hamilton et al. (2015) results reveal that education and work translate into vastly different wealth for black relative to white families. Black families whose head graduated from college have a median wealth of \$23,000, while comparable white families where the head graduated from college have eight times that amount, \$180,000. In fact those same black families whose head graduated from college have about 33 percent *less* wealth than white families whose head dropped out of high school.¹⁵

Furthermore, Nam et al. (2015) provide evidence counter to the post-racial trope that the black communities devalues education. Using the Panel Study of Income Dynamics (PSID) the study finds that black parents with drastically more limited resources display a greater inclination to provide financial support for their adult children's education than their white counterparts. The PSID queried respondents as to whether they received financial support from their parents for their education

¹⁴ A report by Jones and Schmit (2014) entitled "A College Degree is no Guarantee" indicates that the unemployment rate for black recent college graduates exceeds 12 percent, and is as high as ten percent for black recent grads with science, technology, engineering, or math related (STEM) majors.

¹⁵ It is noteworthy that a "good" job is not the great equalizer either. Income poor white families, those in the bottom quintile of the income distribution, a higher median wealth than middle-income black families. And the typical white family whose head is unemployed has nearly twice the wealth as the typical black family whose head is employed full-time -- about \$23,000 versus \$12,000 -- black family whose head is unemployed have a median wealth of zero.

as an adult. Nam et al. (2015) report that the median wealth of black parents who provides financial support to their adult offspring is \$25,000, and substantially less than the \$74,000 value for white parents who did not provide financial support; and only about 15 percent of the \$168,000 median value of the wealth held by white parents who did provide financial support for their adult child's higher education.¹⁶

Evidence from social science research confirms that black students and their families are doing more with less. Economist Patrick Mason (1997) and sociologists Dalton Conley (1999), and William Mangino (2010) demonstrates that blacks attain more years of schooling and education credentials than whites from families with comparable resources.

The above is inconsistent with black families undervaluing education, but is consistent with a post-racial societal overemphasis on the economic returns to education as the panacea to address socially established structural barriers of racial economic and health disparity. Across health, wealth, employment and education, racial disparities persist regardless of SES status in all four outcomes with the exception of one, educational attainment. Ironically, at least in terms of years of education and degree attainment, education is an indicator in which blacks perform relatively better than whites, once family SES background is controlled. Yet in still, as stated earlier, political discourse seems to keenly focus on education as the remedy for addressing racial disparity across domains.¹⁷

The SES Gradient and Explanations for Racial Health Disparity

¹⁶ Although the report does not indicate the total amount given, receipt of financial support is found to have important implication with regards to educational attainment and racial disparities in educational attainment. For the white respondents, who did not receive parental support, about 25 percent attained a college degree and eight percent a graduate degree. This is significantly higher than the eleven percent of black college graduates and two percent of black graduate school graduates who did not receive parental support. In contrast, irrespective of the transfer amount, there is no significant difference in educational attainment between black and white respondents who both received parental financial support for higher education – about two-thirds of each group attained a college degree and a little more than a quarter attained a graduate school degree. Discounting selection bias, receipt of parental financial support for higher education is essentially associated with closing the racial higher education attainment gap.

¹⁷ To be clear, I am not at all advocating for public divestment in education. There is clear intrinsic value to education, along with a public responsibility to expose everyone with a high quality education that teaches them to synthesize and fuse information into big ideas with encouraging teachers trained to deliver curriculum from grade school through college. I do wish to point out some of the empirically based limitations of education as the mechanism to close racial divide (Hamilton, 2014).

The relationship between socioeconomic status – usually measured by educational attainment, occupational status, and/or income – and health is well documented across time and place (see for instance, Kitgawa and Houser 1973; Marmot, 1994; E. Rogot et al., eds, 1992; Deaton, 2002). This relationship is often referred to as the “gradient.” Generally, if SES rises, health improves – individuals with higher SES are expected to live longer and healthier lives.

Although there are threshold effects associated with poverty, whereby those with the least resources may be particularly vulnerable to acute illness, unhealthy environments, and inferior health care access, there is also a gradient effect where health is known to vary with SES in a more gradual manner. For instance, the black rate in both neonatal (within the first 27 days of birth) and perinatal (after the first 27 days, but within the first year of birth) mortality was more than twice the white rate. Furthermore, the black/white ratio of infant mortality increases with higher levels of both education and income (Singh and Yu 1995; David and Collins 1991; Schoendorf, et al 1992). This suggests that socioeconomic status alone cannot explain racial and ethnic differences in the infant mortality gap. There are differences in the manner in which the socioeconomic status of mothers from different racial and ethnic groups translates into the production of healthy infants.

Table 1 provides an update of the racial differences in infant mortality based on linked Birth / Infant Death Records data from 2007 to 2013. Consistent with previous research, overall, the black rate (10.81 per 1,000 births) is more than double the white rate (5.07 per 1,000 births), 113 percent higher. Stratifying by maternal education does little to change this rate difference. In fact, the disparities get larger with higher levels of education; the only category in which the black rate is less than double is the lowest educational attainment category, less than high school completion, where the black rate is still 64 percent higher than the white rate.

Table 1: Infant Mortality Rates per 1,000 birhts by Race and Maternal Educational Attainment from 2007 - 2013

Educational Attainment	White	Black	Ratio: Black/White
All	5.07	10.81	2.13
Less Than H.S. Diploma	6.71	11.03	1.64
H.S. Diploma or Equivaent	5.77	11.58	2.01
Some College or Associates Degree	4.96	9.94	2.00
At Least a Bachelor's Degree	3.36	7.50	2.23

Notes: Author calculations based on data from United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records 2007-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER On-line Database.

The table reveals a health SES gradient for black and white expectant mothers. Educational attainment is associated with more healthy babies, however, in terms of racial disparity, higher levels of educational attainment are also associated with widening racial disparity. Perhaps, most alarming, is that black women who have attained at least a bachelor's degree have greater risks of an infant mortality (7.50 per 1,000 births) than white women who have dropped out of high school (6.71 per 1,000 births). This is not consistent with a social determinant model that proxies individual self-investment and agency with education as the explanation for health disparity. The most educated black expectant mothers have worse health outcomes than the least educated white women.

This pattern of disparity is not limited to infant mortality. For instance, Jemal et al, (2008) examined the race disparity gradient across a range of mortality outcomes. The data they use indicates the daunting result that racial mortality disparities across many major disease types, including cancer, heart disease, stroke and HIV relates causes, rise with higher levels of educational attainment. When comparing polar categories – those with less than a high school degree (<12 Yrs) and those with at least a bachelor's degree (16+ Yrs), black-white disparity grow larger. SES matters within group, but blacks are not protected by social class status, as measured by education, in the same way that whites are. So how does the health literature explain these disparities.

Dressler et al. (2005) assert that the racial health disparity literature is based on five theoretical models: (1) a racial-genetic model, (2) a health-behavior model, (3) a socioeconomic status model, (4) a psychosocial stress model, and (5) a structural-constructivist model. The authors point out that, by far, the research on racial health disparities is subsumed by the socioeconomic status model, where race is presumed to matter largely because of its correlation with socioeconomic status. Because of their overrepresentation in lower SES strata, blacks are theorized to have worse health outcomes. However, as demonstrated above, racial health disparity remains even after controlling for SES. These disparities often rise with higher levels of SES; or most perverse, high SES blacks, have worse health outcomes than low SES whites. They go on to point out that most of the literature is ambiguous with regards to explaining remaining racial disparities once SES is controlled.

The race-genetic model literature emphasizes different distributions in genetic makeup across race; Dressler et al. (2005) surmise this model as having little empirical explanatory power, and that it is difficult to uncover a link to disease risk with specific racial-genetic components. In fact, attaining a clear definition of race, especially in a biological sense, also presents conceptual and measurement issues with regards to health disparity models in general, and the racial-genetic model specifically. The health-behavior model argues that health disparities are largely attributable to group-based traits of voluntary individual actions usually involving some combination of difference in caloric intake, physical activity, or some other risky health behaviors, such as high levels of alcohol, drug or tobacco use. Dressler

et al. (2005) also assess this literature as uncovering little empirical evidence to explain racial differences health.¹⁸

For the last two models, psychosocial stress model and the structural-constructivist model, Dressler et al. (2005) conclude that they offer the “greatest promise” to explain racial health disparities. The psychosocial stress model emphasizes the deleterious effects of stress associated with minority (or subaltern) status especially as it relates to discrimination and racism. Related, is the structural-constructivist model, which emphasizes the intersection and iteration of racially stratified social structures with societal “cultural construction” of goals, aspirations and, notions of “race,” itself as explanations for racial health disparities. These two model are distinct from the previous three in that they focus on structural factors including racism, discrimination, different environments, and resulting cultural contexts including social stigma as explanations for racial health disparities, while the former three focus on individual self-investment, and innate and behavioral characteristics as explanatory for racial health disparity.

Some pioneering work that expands beyond individual explanations to structural explanations related to racism and discrimination include Williams and Collins (1995), Krieger and Sidney, (1996), Williams (1999), Krieger (1999), and Krieger (2000). Williams (1999) and Krieger (2000) surmise that racial health inequality is primarily attributable to disparities in SES and additional effects of racism/discrimination, noting that racial difference in SES is also manifest, at least in part, from racism/discrimination. Ultimately, racism becomes a “fundamental cause” of health disparity (Phelan et. al., 2015, and Williams and Mohammed, 2013).

Geronimus et. al. (2006) and Siddiqi et. al. (2013) hypothesized “stressors” as a pathway in which social phenomena to explain racial health disparity – social “stressors” in turn trigger the brain/body’s stress regulation mechanism called

¹⁸ What is often missing in the SES-health relationship is the empirical identification of a casual path. Causal pathway and mechanisms by which SES affects health are often left unidentified. Simple correlations are not enough. For instance, although education may have a direct effect or serve as a proxy for some other health related indicator, it is also plausible that health or latent health outcomes may directly or indirectly effect educational attainment. For instance, unhealthy behaviors themselves, such as smoking, alcohol abuse, drug abuse, poor eating habits and risky sexual activity may be directly related to the stress and stigma associated with both racial position and class status. These endogenous relationships between the behaviors described above, SES and health make it difficult to control for behavioral factors in a stochastic (inferential statistic) context. Issues with regards to casual identification are especially relevant when attempting to link behavior difference to racial health disparity. Simply observing that similarly educated blacks are more likely to be obese and have hypertension than their white counterparts does not necessarily causally link “irresponsible” eating habits on the part of blacks to their greater hypertension.

allostasis. The human body develops allostatis to cope with stress. However, the cumulative effects of racism and resulting stress, even if “low-grade” but chronic, can take a cumulative toll. This stress may also include chronic stress-coping behavioral responses that generate negative health consequence (e.g., smoking or other substance use – and eating and sedentary lifestyle). In addition, chronic stress may take a physiological toll such as increasing blood pressure and stress hormones.

For the most part, the public health literature has principally focused (implicitly and explicitly) on the lower socioeconomic status of blacks, and its perceived confluence with detrimental behaviors as the explanation for racial health disparities – even the literature that examines discrimination is largely geared towards a framing that low SES blacks are discriminated against. In essence, few studies explore the paradox of increasing racial health disparity at higher SES strata.¹⁹ The following section is intended to describe a frame that does explain the paradox.

Expanding “John Henryism,” to Explain the Paradoxical Relationship between Rising Racial Health Disparities at Higher SES Strata

So, what can explain the large racial health disparities that increase with SES? Sherman James (1994) hypothesized that “a strong behavioral predisposition to cope actively with psychosocial environmental stressors – interacts with low SES to influence the health of African Americans.” He labeled this “John Henryism” after the fable of the African American railroad worker who in a challenge to dig a tunnel, ultimately, beats a machine – the man over machine metaphor. But at what cost?...John Henry eventually collapsed to his death, after beating the machine.

The theory is ultimately used to explain the disproportionate health risk of blacks, within SES. Disproportionate race related stress becomes the culprit, particularly in the case of hypertension. Low SES blacks are presumed to be exposed chronically to psychosocial stress (threat of job loss, trying to make ends meet, social insults linked to race and class, etc.), and, thus, are required to exert considerable energy on a daily basis to cope with conditions of high anxiety of uncertainty. The unfortunate irony is that those with the highest “effortful active coping” to their difficult circumstances are the ones most at risk to the greatest negative health consequences (e.g. high blood pressure). James (1994) developed a scale, which he labeled John Henryism, which measured individual’s effortful active coping. The John Henryism scale measures three elements: (1) efficacious mental and physical vigor, (2) a strong commitment to hard work, and (3) single-minded determinism to succeed.

James (1994), in a series of experiments performed in North Carolina, found that the combination of high John Henryism rankings and low SES was associated with high

¹⁹ Geronimus et. al. (2006) finds that high income blacks have even higher allostatic load indicators than low income whites.

blood pressure. The sample of respondents with high John Henryism yielded an inverse gradient between SES and high blood pressure, while there was very little difference in blood pressure between high and low SES blacks with low John Henryism.

When these within race experiments were performed on whites, there was little to no difference in the SES-blood pressure gradient regardless of whether the respondent was high or low in terms of John Henryism ranking. Black individuals with low SES and high John Henryism were the respondents with the highest blood pressure. Again, the irony is that black respondents who attempt to cope with stressful situation with “high effort” face even greater pressures associated with worse health outcomes.

So, what explains the increasing racial disparities in health at higher levels of SES? A limitation of the James (1994) empirical findings is that it only examined the intersection of John Henryism, SES and health within race. Although James (1994) found little evidence of high SES blacks who rated high on John Henryism having worse health in the domain of high blood pressure, James’ investigations do not *directly* indicate whether the John Henryism effect explains inter-racial differences. It may be the case that John Henryism may explain inter-racial health disparities *in a manner that demonstrates that as SES rises, so does the level of stress faced by blacks relative to whites.*²⁰

In such, a scenario, low SES blacks may still face higher levels of stress than their high SES black peers, but as SES rises, so does the difference in stress faced by high SES blacks, relative to their white high SES peers. This is related to a phenomenon described in the stratification economics literature as a *functionality of discrimination* effect, which argues that as SES rises, so will the relative degree of race related competition for the high status and high reward positions. As such, the dominant group that commands more resources and socioeconomic and political power will intensify their discriminatory practices toward the less dominant group to maintain their relative dominant position (Darity et al, 2015).²¹ Further research,

²⁰ Pearson (2008) also invokes a frame of *John Henryism* to describe a mechanism for persistent racial disparity across SES. He states that “...White men are the least likely to expend psychological resources to employ high-effort coping strategies in order to attain such payoffs. This lack of resource expenditure convers a social and health advantage on Whites that is rarely acknowledged or conceptualized, and certainly not measured.”

²¹ Also, consistent with higher cognitive costs imposed on subaltern group members extending the high effort and desiring the best outcomes is the 20+ years of stereotype threat literature pioneered by Steele and Aronson (1995). Their work demonstrates that the added anxiety of trying to overcome socially held beliefs about one’s group’s status can substantially effect individual performance on high stakes testing; members of subaltern groups most susceptible to stereotype threat are the ones who care the most of the domain of interest.

especially empirical, should expand James' (1994) John Henry thesis and provide an explanation for the growing racial disparities in health as SES rises by examining the intersection of race, SES, John Henryism and *inter-racial* health disparities.²²

Conclusion

We explored the paradox of why high achieving black Americans, as measured by education, still exhibit large health disparities in comparison to their white counterparts. Despite the social and political emphasis on education as a means of social mobility, the evidence is clear that when family background is controlled blacks acquire greater educational credentials than their white peers, yet, they reap less economic and health returns from the same credentials.

We discussed how the post-racial and “neoliberal paternalism” troupes discourage public responsibility for the subordinate conditions of the poor and racially stigmatized groups, and, instead, encourage punitive measures to “manage...surplus populations” of the poor and racially stigmatized groups. We explored how the irony of these paradigms, which emphasize “no excuses,” “personal responsibility,” and “hard work,” may exacerbate health disparity via social stigma and incentives for over-exertion for members of the subaltern groups, particularly those that pose a competitive threat to the preferred positions of the socially dominant group. Finally, in order to address the dramatic racial disparities in health particularly at higher levels of SES, we need to put to rest rhetorical metaphors like the *John Henry* “(black) man over machine” fable, and, instead focus on the business of eliminating

In their work, they find that placing importance or desire to perform well in the outcome of interest is a risk-factor for greater susceptibility to stereotype-threat for socially stigmatized individuals. The result is a cruel irony that interest in doing well on a high stakes tests is associated with a subpar performance for stigmatized individuals.

²² In fact, black Americans with high SES status often suffer from elevated levels of stress. For instance, Jackson et al. (1995) tested Kanter's (1977) theory of proportional representation—previously used to address gender in the workplace—on race. The theory suggests that “tokens” in the workplace will suffer from more stress and other psychological effects than “non-tokens.”

Jackson and colleagues interviewed over 160 black leaders across the United States, including executives, members of Congress, high-ranking military officers, and HBCU presidents. They asked participants about the racial and gender composition of their workplaces. The researchers controlled for age, gender, and typical socioeconomic-related factors including education, income, and occupation and found that the “tokens” experienced higher levels of depression and anxiety. Leaders in workplaces with high representations of blacks had lower depression and anxiety. Similarly, both men and women experienced high anxiety in predominantly opposite-gender environments.

social structures where individuals from socially stigmatized groups have to, in the president's words, "work twice as hard to get by."

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