People like us

The root of prejudice is an attitude that says “They’re different – not like us at all”. Two recent papers in the American Journal of Public Health remind us of how wrong this can be.

The first paper gives an account of childhood lead poisoning in France in the 1980s. We all know that white paint used to contain very high levels of lead, and small children who eat flakes of this paint develop lead poisoning. But minds were clouded by the fact that those affected were from Mali and Senegal – Africans, and hence different.

West African women were said to eat clay when pregnant, hence explaining the behaviour of their children (“autochthonous norms that approve and value geophagy”). They drank odd potions. They used kohl as a cosmetic. All of these factors were considered as explanations for the lead poisoning of their children. There was a somewhat simpler explanation: these families were forced by circumstance to live in old buildings with peeling lead paint. The authors comment:

“Instead of merely adopting knowledge accumulated for decades, the public health professionals and activists involved had to re-establish, against incredulity from medical authorities and resistance from policy makers, all the evidence: that cases were not isolated but part of an epidemic, that wall paint in old, dilapidated apartments was the source of contamination; and that poor housing conditions, not cultural practices, were responsible for the high incidence in African families."1

The second paper looked at racial and ethnic disparities in violence: why are young Black people in the United States so much more violent than White people?

Various populist explanations spring to mind – Blacks are innately more violent; they are poor and poverty breeds violence; they live with single-parent mothers who can’t control them.

Sampson et al. report a complex analysis of data from their study of young people in Chicago. They confirmed that young Black people were almost twice as likely as White people to commit violence. But their results gave little support to the populist explanations. Low verbal IQ and high impulsivity are known predictors of violent behaviour but these factors did not explain why Black people use more violence than White people. Neither did family structure (one versus two parents) nor family socioeconomic status.

Three factors explained over 60 per cent of the gap between Black people and White people: whether or nor their parents were married; whether they were first generation immigrants; and the social context of their neighbourhood. Young people whose parents were married were less likely to commit violence, as were those who were first (as opposed to second or higher) generation immigrants and those whose neighbourhood was favourable. A ‘favourable’ neighbourhood is one with a high percentage of first-generation immigrants, a high percentage of residents with professional or managerial jobs, and low levels of moral cynicism (e.g. ‘to make money there are no right ways and wrong ways anymore, only easy ways and hard ways’).

These factors were distributed in American society more commonly among White families. For example in 66 per cent of White families but only 29 per cent of Black, the parents were married and in this part of Chicago White people were in general more recent immigrants than the Black families.

So the explanation for the greater violence in Black communities is largely social. As with African families in France, Black people are at root the same as White people, but they are shaped by the social circumstances we give them. As Sampson et al. point out, these circumstances are for the most part amenable to change – we can create the conditions which make for stable marriage and lessen moral cynicism.

Here in the United Kingdom, we have traditionally focussed less on ethnic and racial disparities and more on disparities of social class and geography. But we too are prone to seeking our explanations for disparities in health by saying ‘They’re different’, and avoiding the realities of social circumstance. We have located our explanations for childhood accidents on the roads in poor supervision by careless mothers – but it seems more likely that our policies on traffic expose poorer children to more risk.4 We construct teenage pregnancy as a problem of loose morals rather than a problem of social organization.5 We assume that poor people who smoke reason illogically, but their lifestyle choice may be entirely rational.6

The fundamental mistake is to think: ‘They’re different from us’. They aren’t.

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References

