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Message from Dr. Martin Luther King—Do We Have the Strength Not to Sneeze?

By Richard Payne, MD

Had Martin Luther King Jr. not been assassinated on this day in 1968, statistics suggest it still is unlikely that he would be alive now. The average life expectancy for black men in the United States is just 69.2 years (compared with 75.4 years for white men), and the celebrated civil rights leader was born 77 years ago.

Dr. King's views on harnessing non-violent action to confront and defeat racial, economic and social injustice are well known. Less well known are his strongly held views on health inequalities, and I suspect that – had he beaten the odds – he would be deeply disturbed about the state of health disparities between different racial and ethnic groups in the United States today.

Dr. King once said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” How then would he respond to a recent analysis of U.S. mortality data indicating that if differences in age-adjusted mortality rates between blacks and whites were eliminated during the decade of the 1990s, nearly a million African-American lives would have been saved?

Although cancer death rates have been falling for all Americans, black men still die of this disease at 1.4 times the rate of white men. Similarly, infant mortality rates show a wide gap separating white and black Americans. Racially based health disparities are pervasive, both in diagnosis and in treatment. They influence important health indicators such as the prevalence of breast cancer screening; the use of medications to

prevent second heart attacks; the number of follow up visits to doctors' offices; the use of kidney dialysis machines; and the availability of pain medications in white and non-white communities. All of these factors result in higher mortality rates for non-white communities in almost every disease category.

Use of hospice further underscores differences in care for the seriously ill. Recent statistics from the National Hospice and Palliative Care Organization indicate that blacks accounted for fewer than 10 percent of patients, even though they represent nearly 13 percent of the total population and have significantly higher overall mortality rates than whites.

To be sure, individuals must take responsibility for their own health. However, healthier behaviors on the part of minorities alone will not overcome these health care deficits. Many disparities reflect persistent institutional and societal barriers to equitable access to quality health care for minorities. I am confident that Dr. King would have been in favor of two important strategies that grow from the numerous recommendations put forth by health planners and policy makers.

First, is there any doubt that Dr. King would have been on the forefront of arguments for payment of a living wage to the working poor, and that he would have advocated for universal health care? Of the 48 million medically uninsured Americans, 22 percent and 36 percent are African-American and Hispanic, respectively, compared with 14.5 percent of whites.

Increasing the numbers of African-Americans working in the health care field is another important strategy to employ in closing this gap. African-American physicians are more likely than white physicians to live and practice in urban and minority

communities. They also proportionately take care of a larger percentage of black patients than do white physicians.

So, as a second measure, I am certain that Dr. King would have supported affirmative action – especially to increase the ranks of African-American health care providers. Dr. King famously said that his children should be judged by the content of their character and not by the color of their skin. But consider these additional statements: “We must come to see that the roots of racism are very deep in our country, and there must be something positive and massive done in order to get rid of all the effects of racism and the tragedies of racial injustice.” And, “Whenever the issue of compensatory treatment for the Negro is raised, some of our friends recoil in horror. The Negro should be granted equality, they agree, but he should ask nothing more. On the surface this appears reasonable, but it is not realistic.”

In the last speech of his life in Memphis—his famous “I’ve been to the mountaintop” speech—Dr. King recalled an earlier attempt on his life. In New York he was stabbed by a deranged woman, narrowly escaping death when the knife lodged inches from his aorta. He was told that if he had sneezed, he would have died. This prompted a white high school student to write to him saying that she was “so happy that you didn’t sneeze.”

Americans of all races and ethnicity can truly keep Dr. King’s great dreams alive by exhibiting the courage to support adequate health care for all and by showing the strength not to sneeze in the face of these deadly health inequalities.

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