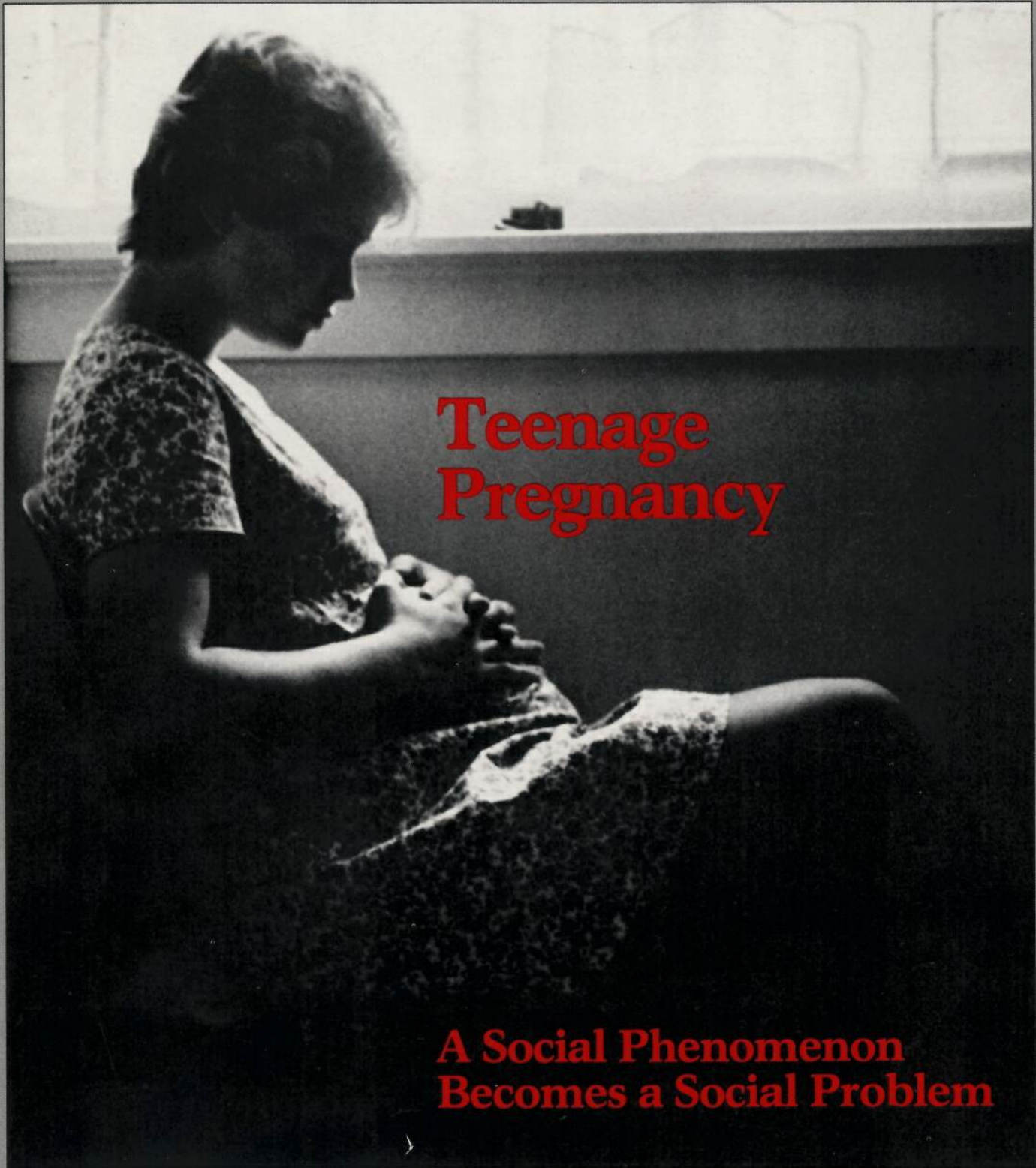


# Health & Medicine

Journal Of The Health And Medicine Policy Research Group



**Teenage  
Pregnancy**

**A Social Phenomenon  
Becomes a Social Problem**



# Impoverishment

by John McKnight

One of the most useful definitions of health suggests that healthfulness is an expression of "one's ability to cope with one's environment." This is a useful definition because it applies to what we commonly call physical and mental health.

A common definition of culture is "the ways a people have learned to deal with their environments."

The problem is obvious. It is a popular, historically based "knowing" about the place we populate, its possibilities and limits, that has guided us in survival at least and *salud* at most. This "knowing" has been essential to individual health because it integrated the physical and social environment, providing quiet guidelines for each person to follow in their own healthful interest.

It is appropriate, therefore, that this issue of *Health&Medicine* should focus upon "cultural issues," for it is difficult to conceive the possibility of individual health outside a popular culture. From appropriate diet to ways of suffering pain, a popular culture nurtures, guides, and lifts individual potential to cope.

Popular cultures and their healthful knowings have been under assault for generations. The current assault manifests itself in two forms—professionalization and insitutional exploitation.

The central professional premise is that "You, the people, will be better because we, professionals, know better." The very definition of the professional role denies the authority of popular culture. This, of course, is the reason that so much of America's communal life is weak. The authority of communities and their ways of defining and solving problems have been badly eroded by the increase of professional dominance.

A particularly clear example of this pro-

fessional dominance has to do with women and health. In only one generation, professional "health providers" invaded the domain of women and erased their traditional knowing about their bodies, making many of them impotent "health consumers." The popular culture has been delegitimated; "women's health" became a commodity, dispensed by men.

It is no wonder that the counterattack by the Boston Women's Health Collective was a great statement of cultural reaffirmation, *Our Bodies, Ourselves*. We should all take special instruction from this method for it has the real cultural power to overcome the medicalism that has infected the health-giving potential of women.

The other agent of assault on popular culture has been our aggressive, large-scale, hierarchical institutions. Whether they are called corporations, universities or medical centers, they have created privilege, the right to exploit. This is, of course, a familiar old story. These days the story is being told in a new way, with a new title, "The culture of poverty."

The novelty of this version is its arrogance and deception. In the good old days when the industrial barons dislocated communities, stole skills and replaced popular tools with institutional technology, they were honest in their intention. They were out to rule the territory. People who fell by the wayside were the necessary price of the "progress."

Today's dominators, the institutional barons, are much less honest and much more arrogant. Our barons have invented, with a linguistic assist from academia, "The Culture of Poverty." This peculiar inversion is really a trendy invocation of culture to pay the current price for the baron's progress. Exploited, minority people in our cities best understand how out-

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sumer Affairs, *Pregnant Women and New-born Infants: A Deepening Crisis in Health Care*, March 26, 1982.

3. Marilyn Henry, "Birth Crisis Approaches in St. John's," *Jacksonville Times-Union and Journal*, May 23, 1982.

4. Conversation with Linnis Cook, Georgia Legal Services, Macon office, February, 1982.

5. Letter from Robert L. Goldenberg, former Director of the Alabama Bureau of Maternal and Child Health to Congressman Edward Madigan, April 7, 1981. Dr. Goldenberg graphically described the problems faced by poor women in need of delivery care:

"From personal experience alone as an obstetrician practicing in Alabama, I can cite numerous examples in which women were turned away from hospitals. On at least six occasions in the last two years, I have seen a woman who started her labor at home in North Alabama and who had stopped in five or six hospitals trying to seek admission before she came to University Hospital in Birmingham. In another example within the last year, a woman seven months pregnant with two previous stillbirths and a blood pressure so high as to be immediately life-threatening was denied admission to the hospitals in Montgomery. Health Department personnel personally drove her to University Hospital in Birmingham over 100 miles away. In addition, I receive numerous reports throughout the year of similar situations which occur throughout the state."

6. Declaration obtained by Linnis Cook, Georgia Legal Services, Macon Office, June 14, 1982.

7. *Factual Memorandum and Argument in Support of Petition for Rulemaking to Declare Prenatal Care a Public Health Service and to Establish Standards for Access to Such Care by Low Income Women*, Submitted by Petitioners The Los Angeles County Health Alliance, et al, to Beverly Myers, Director of the State Department of Consumer Affairs, June 29, 1982, pp. 21-26.

8. Children's Defense Fund, *Doctors and Dollars Are Not Enough*, Washington, D.C., 1976, p. 9.

9. National Association of Community Health Centers, Inc., "The Effectiveness of Community-Based Primary Health Care Centers," pg. 5.

10. Medina, Antonia, "Hispanic Maternity Care: A Study of Deficiencies and Recom-

mended Policies," *Public Affairs Report, Bulletin of Governmental Studies*, Vol. 21, No. 2, April, 1980, University of California, Berkeley.

11. Declaration of Dr. Xylina Bean filed in *C.H.A. v. Board of Supervisors*, L.A. Superior Court, C 360-546.

12. Testimony presented by James F. Prodbury, M.D. before the Commission on the Status of Women, "Perinatal Health of Los Angeles County's Indigent Population—A Fiscal and Political Cost-Benefit Analysis," May 19, 1982.

13. California State Department of Consumer Affairs, *op cit*.

14. More information about the Coalition to Fight Infant Mortality can be obtained by writing to: The Coalition to Fight Infant Mortality, P.O. Box 10436, Oakland, California 94623.

15. For more information about the Philadelphia Coalition, write to: Maternity Care Coalition, 1231 N. Franklin Street, Philadelphia, Pennsylvania.

16. For a copy of the 65-page petition write to: Geraldine Dallek or Francie Hornstein, National Health Law Program, 2639 S. La Cienega Blvd., Los Angeles, CA 90034. Enclose \$3 for copying and mailing costs.

## Impoverishment

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rageous the arrogance is.

Having enslaved, uprooted, de-skilled and pauperized a people, attacking their cultural knowing and community capacity in every way imaginable, the perpetrators describe the resulting impotence and rage as the culture of poverty, a creation of the victims. Many professionals nourish and enhance this myth by spawning a service system built on its premises.

We should be quite clear. There is no "culture" of poverty. There are no children of poverty in need of "cultural" enrichment.

There are millions of people exploited by the privileged in our institutions. There are children robbed of their powerful cultural heritage by professionals who degrade their knowings in the very name of culture.

Indeed, the reality is that, since culture is a people's way of coping with the environment, the very survival of the exploited people in our cities is proof, above all, of one thing—the fact that there is a culture of survival.

It is probably the healthiest thing we can find in our culture today.

