



Still Invisible, and Dying, in Harlem

By Melvin Konner

ATLANTA

In his acclaimed novel "The Invisible Man," Ralph Ellison depicted a category of human beings whose suffering was so thoroughly ignored that they, and it, might as well not have existed. Thirty-eight years later, these people remain very much with us — and still very much unseen.

An article in the New England Journal of Medicine in January proves what physicians have long suspected: Excess mortality in Harlem routinely surpasses that in well-publicized natural disasters. Further, as the authors — Colin McCord and Harold Freeman, both doctors at Harlem Hospital — state plainly in their summary, "black men in Harlem were less likely to reach the age of 65 than men in Bangladesh." The unusually blunt language in the world's most widely respected medical journal has turned a domestic embarrassment into an international disgrace.

It used to be said, in the 60's and 70's, that the underdeveloped world was only a subway ride away. Mere rhetoric, argued the wiser heads of the 80's. But as those wiser heads cut taxes and raised military spending, quashed a national health plan and concocted a multibillion-dollar war-in-space adventure, the people of Harlem languished in a state of health that was and is unmatched by some of the most backward, most de-

prived, most impoverished nations in the world.

Still, where are the news reports? A computer search revealed no coverage in The New York Times of the article, except a passing editorial mention. In contrast, an article about oat bran in the same issue of the Journal — it seems there are doubts about its anti-cholesterol magic; you may do as well with wheat bran, or even linguini — received splashy attention everywhere. One might have hoped for a squib about Harlem; no.

Well, you say, maybe these Harlem doctors fiddled with the statistics. You would be wrong. The numbers, at least, are visible and are worse than they appear at first glance.

The study examined death certificates from 1979 and 1980 — before AIDS, before crack. And while death rates declined for U.S. whites from 1960 to 1980, and declined even more steeply for U.S. nonwhites generally, Harlem's mortality stayed the same or rose slightly. For Harlem males at birth, the likelihood of reaching age 65 is lower than that for males in the state of Matlab, in Bangladesh.

Matlab is not quite as bad as Bangladesh as a whole, where life expectancy is 49 years; Matlab's figure is 57, the same as India's. But in that part of the world, low life expectancy is caused mainly by very high infant mortality — a statistic that has improved even in Harlem.

So if you look at life expectancy after childhood, that is better in Bangladesh than in Harlem, regardless of sex. Male or female, if you are an adult, your chances of dying in any given year between age 15 and 65 are higher in Harlem than in Matlab.

Well, you say, this is not really about health. It's about homicide and drug abuse, things that the people of Harlem bring on themselves. But you would be wrong there, too. True, homicide rates were 14 times the national average; but killings were still few enough to account for only 15 percent of the excess deaths; cancer caused almost as high a proportion. Drug death rates were hundreds of times the national average; yet this highly visible killer caused only 7 percent of the excess.

Residents of Bangladesh live longer.

All in all, the leading cause of extra deaths in Harlem was plain, dull cardiovascular disease — also the leading killer in the nation.

Consider the actual numbers: From 1979 to 1981, 2,421 people in Harlem died needlessly — that is, 800 a year beyond the number that would have died if Harlem shared the health of the nation. That number is more than the annual death count in the Palestinians' intifada against Israel. But when the intifada is only a sad memory, the excess deaths in Harlem will keep right on occurring. The number of deaths in the recent San Francisco earthquake was 67; in Hurricane Hugo, 62.

Picture a 33-year-old mother of

three, disgusted with a crowded and dangerous emergency room, whose uncontrolled high blood pressure leads to a devastating stroke. Picture a man of 40 — all right, make him a smoker — whose crushing chest pain tells him on the way to find a job.

And now picture the surviving friends and relatives — still invisible — who ride downtown day after day to view unbelievable wealth, and know that they have been deprived of a basic human right: the right to escape preventable death.

Is it so daunting to try to imagine the right thing? Hint: The right thing is not to keep army bases open solely for the protection of certain Congressional careers; it is not to return the "peace dividend" to the comfortable through transfer payments and tax advantages; it is not to persist in the shame of being the only industrial nation other than South Africa that does not have a national health insurance plan. Matlab needs compassion too, but Harlem is just around the corner.

As we near the millennium, the whole world has decided: a furnace of greed must glow in the economic house. Yet the question remains: How high will we build the floor under the poor?

In Harlem, and in scores of places like it, the floor is rotting away. The seepage of the foul water of death-dealing poverty undermines, relentlessly, our common moral foundations. Unless we look to the needed repairs, in the long run the house will not stand.

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