

A Mission to Eradicate American Poverty

This is a speech to students at Princeton University in the autumn of 2005, recounting both my history as a “poverty doctor” in inner-city Washington but also looking at the structures that perpetuate poverty in our country. It wouldn’t be difficult to eradicate if we only had a small degree of political will.

I'd like to begin by suggesting that a primary question facing each one of us in this room ought to be: How do I live a *meaningful* life? How do I live a life that expresses my most important values, a life that is fulfilling and deeply satisfying? We're all highly educated and all of us are--or, barring unforeseen events, soon will be--affluent ... which means that we've been offered extraordinary privilege. Yet we live in a world in which privilege is divided up very unequally.

In fact, the inequality--both in the US and around the world--grows with each passing year. To choose one statistic among many: the top 1% of the United States population now owns over 40% of the wealth of the country, twice as much as twenty years ago. How do we make sense of *our* place in this grand scheme? Given that we benefit so broadly from the division of privilege while others suffer so profoundly from that same division, how do we fashion a meaningful life?

This is, ultimately, a personal question, so this will be in large part a personal talk, a story of my own journey in trying to live a meaningful life. I don't claim to have succeeded better than anyone else, but the issue has been at the center of my decision making all of my adult and professional life.

I started my medical career in 1975 as a country doctor in northeastern Minnesota. We were the only three physicians for our county's 4000 people in an area the size of Rhode Island. Our nearest specialists were 110 miles down the road. I chose that practice specifically to join a physician who was living out his belief that he had a responsibility to those marginalized by society. Roger was more deliberate than most physicians in serving people who couldn't afford care, but his decision to include them in his practice was not unique. In fact, I didn't know a single physician in northeastern Minnesota--including our consultants--who refused to see patients who couldn't pay. Making care available to everyone was simply expected. In fact, if we'd refused to see those who couldn't pay, I suspect we'd have been run out of town.

I believed deeply in our work, I had wonderful partners, the people in the community were supportive, and the surrounding wilderness environment was awe-inspiring, but at the end of seven years I was burned out by my country doctoring. Our family took a yearlong sabbatical to my wife Marja's hometown in Finland.

During that sabbatical year, it became clear to Marja and me that our vocations lay in the inner city of Washington where people from a small, ecumenical faith community were living and working among deeply impoverished people.

My moving to Washington was actually a pretty bizarre idea. I hadn't been able to tolerate medical practice within an idyllic, small town among people of my own class and background. I'd come to understand by then that I was very vulnerable to burnout. I disliked cities and couldn't imagine living in one. I simply can't tolerate hot, humid weather. And here I was, heading to Washington DC to work as an inner-city doctor amidst the pain of the poor!

But Marja and I knew at some inexpressible level that our lives lay with the marginalized. We didn't yet know *how* we knew that or even, really, what it meant. We certainly knew about the religious imperative to *help* those in need, but our hope was different. We were both seeking spiritually then, and many spiritual traditions refer to life with the dispossessed as a pathway toward intimacy with God. Could building community with the poor, we wondered, bring us a richer life?

For the first ten years in Washington, I worked at a small, church-related clinic. I was soon struck by how profoundly society had abandoned my patients.

- I was shocked to discover that people could be utterly destitute and still not eligible for Medicaid or any other form of health coverage.

- Homeless families began pouring into the clinic. According to one interview study we did, over seventy percent of the mothers had suffered physical or sexual abuse as children, yet there were no therapy services available for them as adults. Many of the mothers were addicted, yet, for practical purposes, there was no substance abuse treatment available for them, either.

- Basic education was unbelievably poor. One of my patients graduated from high school without knowing her multiplication tables. Others were functionally illiterate. And over half didn't even graduate from school.

- Washington was an impoverished city where the physical and sexual abuse of children was much too common, yet effective child protection services, for all but the most serious cases, were virtually non-existent.

- I hadn't realized the stinginess of Welfare. DC had good benefits compared to most states. Yet a family of three received less than \$500 a month, considerably less than half the poverty level ... at a time when the fair market rent for a one-bedroom apartment in DC was over \$700 a month. Since a family receiving Welfare was legally forbidden to receive more money from any other source, it was quite literally impossible to live on welfare without "cheating." Most welfare mothers, in fact, worked, and the rest had to get money elsewhere.

- Mothers who worked couldn't afford decent childcare. They had to take whatever was available, which was sometimes horrendous.

The picture of lazy people feeding at the public trough was a cruel joke. These people had been abandoned.

At a personal level, the intractable nature of the poverty began to overwhelm me. Not only did I routinely see patients with multiple serious problems, but those problems were also accompanied by such social limitations--a "surround" of forces--that treatment seemed impossible. Homelessness, mental illness, addiction, abuse, illiteracy, single parenthood, unemployment left people without any of the usual resources for pulling their lives together. "Compliance" with my medical instructions was almost out of the question. It frustrated me and led toward a certain hopelessness. As a result, during the first couple of years, I edged closer to that common point of view that blamed my patients for their own poverty.

Soon, though, I began to see how even the sometimes destructive behavior of my patients was usually a *result* of poverty, not the other way around. I remember clearly an event--from almost twenty years ago--that marked my growing awareness.

One day Margine, a young mother, visited my office with Robert, her son of almost two years.

Robert had a minor viral illness and was understandably a little crabby. As I interviewed Margine, Robert slipped off her lap and toddled over to the toys in the corner of the room. Soon, many of the toys lay scattered about as Robert rummaged unsuccessfully for something he might like. Suddenly Margine noticed, sprang up, and grabbed her son's arm, yanking him

away from the corner, scolding, "Stop messin' with the doctor's toys. You always be gettin' into trouble." I tried to suggest gently that the toys were there to be messed with, but Margine locked her son onto her lap.

Some minutes later as I was examining Robert, I tried to get a look into his ears. Predictably, he jerked his head back and started crying. Margine's response was to shake him again, whack him on the bottom and scold, "You sit still for the doctor! You always be bad like this!"

I found myself furious with Margine. There were other indications that she might be abusing her son, and her behavior in front of me certainly supported my suspicions. Perhaps on another, better day, I could have calmly explained normal two-year-old behavior and given Margine a few tools for working with her son. But I was angry and could hardly stumble through the visit.

While I was dictating after the visit, however, I realized that--while my anger might have been appropriate--directing it at Margine wasn't.

For Margine was at the time still fourteen. I'd been her doctor since she was eleven, and--because Margine's heroin-addicted mother was also a patient of mine--I knew about her own history as an abused child. Margine had become sexually active by the time she was eleven, and all our attempts to provide her with counseling or birth control had been futile. She had even hinted from time to time that she wouldn't mind having a child so she could have someone to love her, so she could be important in the community.

But now Margine and Robert were locked in. They lived in a neighborhood of unspeakable violence; everyone has a family member or close friend who's been killed; many inner-city children simply don't expect to live into adulthood. The school system was--is--chaos. I mentally went down the list of things that I believed everyone deserves--a loving parent, a decent education, a neighborhood relatively free of violence, decent housing. None of these had been available to Margine.

So whose "fault" was this abuse of Robert? To blame Margine was to scapegoat the victim.

In the United States, more than in most other industrialized countries, we're still very much caught up in trying to separate out the "deserving" from the "undeserving" poor. We believe that some people are to blame for their own poverty--drug addicts, single mothers, long-term unemployed people ... and most others, actually--and, therefore, they're *undeserving* of help. There are two modern, more sophisticated forms of this argument. One is that you can't really help "these people" anyway, since they'll just fall into poverty again. The other is that government programs--because of the very nature of government--are incapable of helping. But the underlying argument is that people have usually caused their own poverty and aren't really deserving of our help.

We consider *some* impoverished people, of course, deserving of help. The mentally retarded, the certifiably physically disabled, the mentally ill (if they're somewhat responsible), children (as long as their mother isn't a single mother), and so on.

Without going into too much detail here, let me suggest that this isn't a very helpful distinction. First of all, about a third of those in poverty are children. Another 10% are elderly. Roughly 40% of working-age adults in poverty are severely physically disabled. So, without even looking at individual cases, most of us would consider well over half of the people living in poverty to be "deserving."

But--perhaps more importantly--if you follow people over the course of their adult lives, asking them every year about their economic status, it turns out that almost 60% of all Americans will fall below the poverty level at least once in their adult lives while almost a third will be poor for at least five of those years. Of African Americans, an astonishing 91% will experience poverty at some time in their adult lives. It appears that poverty is a condition our society subjects most Americans to and that people frequently move in and out several times in their lives. Furthermore, 65% of all Americans will get some kind of government welfare between the ages of twenty and sixty-five, and 90% of those who use welfare will do so at least once more during their lives. [\[1\]](#) It's hard to argue, I think, that all of those people are lazy bums who would rather sit at home and collect welfare.

Now, I realize I'm at Princeton, and I'm among the elite. (Just for the record, I graduated from Yale.) These statistics will be somewhat different for those of us in this room. What I'm trying to suggest, however, is that those who are poor are not some special breed of people different from the rest of us. They're, in fact, *most of us* at one time or another.

Let me suggest another paradigm for understanding American poverty. In our society, there are social, economic, and political structures that ensure a certain level of poverty. For example:

- Our commitment to free-market capitalism structures a certain degree of unemployment into the society in order to keep wages and prices down. Simply put, government policies make sure there aren't enough jobs for everyone.
- Moreover, our commitment to a free-market global capitalism ensures that many of the jobs that do exist won't pay a living wage. One-third of all jobs currently held by heads of households in the United States now pay less than \$10 an hour.
- The economy no longer provides most people adequate health care insurance, so serious illness frequently causes the fall into poverty.
- Because of a history of oppression or exploitation, certain geographical areas of our country (such as the inner cities, Appalachia, Native American reservations, and others) don't provide adequate education, social support, or jobs for people to get out of poverty.
- The American social safety net is highly ineffective in preventing poverty, especially when compared to other industrialized nations.

These and other social, economic, and political structures ensure that poverty will exist in our country. The individual characteristics that people sometimes point to as causes of poverty (such as single-parenthood, low levels of education, even race) determine *who* will get poor, but it's the social structures that ensure that

somebody

will. It's like a game of musical chairs; there are ten people and eight chairs. You

might

say that the reason a particular person didn't get a chair was because he was slow or she wasn't paying attention, but the fact is that

some

body's going to get left out no matter what. It's the same with poverty.

While I continued to work at the clinic, three of us physicians and our families founded Christ House, a thirty-four-bed medical recovery shelter for homeless men. Our families lived on the top two floors; our guests lived and were cared for on the bottom two floors. My son, who was six when we moved in, used those first two floors as his playground--watching television, playing board games with the guests, selling raffle tickets. The men easily accepted him as a mascot. The gentleness with which they approached my daughters and protected my son belied the usual images of homeless men on the streets.

After seven years in DC, I'd begun to see our society quite differently. Most of my patients were, in fact, no less intelligent, no less industrious, no less moral, and certainly no less desirous of a better life than anyone else. Those who did have defects in those areas usually had damn good reasons! But all my patients were black and poor, and the ladders out of the ghetto are few and far between.

[I want to interrupt here to say that I'm describing inner-city African-American poverty because in Washington DC the people I cared for were largely African American and poor. But in some ways telling *my* story reinforces exactly that destructive misconception I'm trying to shoot down, that the poor are somehow a different breed from the rest of us. Most Americans living in poverty are *not* black, urban, ghetto dwellers. In fact, at any given time only 12% of those in poverty live in black ghettos. Almost half (46.8%)

[\[2\]](#)

of America's poor are white. Only a quarter (26.2%) are African Americans. Of all poor Americans, well less than a half live within large cities. Please don't let my personal experience confuse the issue.]

I'd begun speaking to medical students by then and begun to articulate what had brought me to this life in an impoverished community. It had to do with finding a meaningful life. It goes something like this:

We've become a very divided and unequal society. The vaunted US social mobility no longer exists. Millions of people now work full time and yet their families remain mired in poverty. Because of those societal structures, *my* chances of material success as a middle-class, highly educated, white male are pretty high. Those same structures, however, leave people like Margine nothing.

Why should this concern *me*? Theologian Dorothee Sölle writes that when we benefit from structures that oppress others there develops within us an alienation from God, from the wider community, from our own selves. Whether we've done anything to create those structures or not, whether we *personally* contribute to the oppression of others or not, whether we're in favor of the structures or not, there develops a cynicism, a certain despair, a separation from our deeper selves that can't be bridged while the gulf between us and them remains.

Another way of saying this is that for most of us, justice and fairness are deep values. At a

profound level we know that we're all, ultimately, part of the same family. And though we may never realize it consciously, the destitution of any one of us damages the soul of *every* one of us. As Martin Luther King said, "None of us is free until all of us are free."

The only healing possible, says Sölle, is to move into "solidarity" with those who have been marginalized. This is quite different from *becoming* poor (which is essentially impossible for us, even if we were to seek it). It's even different from *helping* those in need. For me, solidarity is seeing things from the point of view of the excluded ones ... as if they were family members.

AIDS was moving into the ghetto, one more scourge among the poor. And our family, led primarily by my wife and daughter, wanted to live in closer community with those we worked with. Would it be possible to move into deeper solidarity by living in smaller community together? With help from lots of people, we founded Joseph's House, a ten-bed home and community for homeless men with AIDS. In 1990 our family moved in. We lived there for three years.

One of the three men who moved in the same day that we did was Howard Janifer. Howard was forty, and--before he learned of his HIV diagnosis--had lived on the street for seventeen years supporting his drug and alcohol habit by burglarizing homes.

We almost didn't bring Howard into the House because he seemed a little too sick for us. During that first year we weren't quite ready to provide hospice care because we were renovating the house to accommodate more residents. We were also a little leery of taking Howard in because ... well ... he seemed moderately demented. We were to discover, though, that Howard's "dementia" was the product of a habit of mumbling and a strange sense of humor. And as for being "too sick," Howard lived with us for six and a half years.

He would have been an extraordinary person in any community. I first got a glimpse of that a few weeks after we moved into Joseph's House, and Howard rushed up to me breathless, "Doc, you gotta do something. This house is *wide* open. *Anybody* could break in here!" Then he paused and said with a grin, "And that's a *professional* opinion." We gave him a few tools and supplies and over the next few weeks, he

meticulously burglar-proofed the place for us.

Howard was a night owl. He usually stayed up until six or seven in the morning prowling the house, "protecting" it, he said. When I sometimes couldn't sleep, I'd come downstairs and find him at prayer in the living room. He said he spent about two hours every night before his homemade altar. During the other hours of the night, he cleaned the kitchen, fixed the plumbing, rewired somebody's TV to get cable, did the gardening and lawn work. He was a remarkably skilled handyman. He was very good with locks.

But Howard also requested to be called upon whenever any of the men was in his last days at the House. He'd discovered a special gift in helping a man die. Especially during the middle of the night, he'd sit for hours at a man's bedside, singing to him, reading Scripture to him, holding him, cleaning him, feeding him, whatever was necessary. Howard sometimes said that he'd destroyed his own life with drugs and alcohol. This new life belonged to God, and Howard would use it to care for others. He shaped our lives deeply. He died so suddenly we didn't even have the chance to care for him as he'd cared for others.

Howard had never said much about his background. He was the youngest of eight children from a very poor family in Washington. As a child he had to work to bring in cash for the family. At age 17 he dropped out of high school and married. His bride was twelve year old. They eventually had three children.

Howard came of age during the Vietnam War and joined the army. He was never sent overseas to participate in actual combat, but Howard's stories were full of experiences as a paratrooper and his training for fighting in the jungle ... although I was never sure where his memory ended and his imagination began. After leaving the Army, however, he seemed to drop out of society. I don't know how it happened. He'd become addicted, and his addiction overcame him. He was soon separated from his wife and children, living on the streets or in prison.

He'd spent seventeen years in destitution on the streets. In the community at Joseph's House, however, Howard's remarkable giftedness became evident. I often thought how much richer the world would have been if Howard had taken a different path. It's possible, of course, that if Howard had been born into the world with, say, the privileges I had as a child, he would have followed his same painful path. But the statistics are that a child born into Howard's circumstances--black and poor and living in the urban ghetto--stands a far greater chance of

following Howard's path than a child born into my circumstances.

Marja and I had lived in many intentional communities, but this was by far the deepest and most intense. The issues we had to deal with--addiction, racial misunderstanding and anger, mending broken family relationships, to say nothing of the tensions of just living together--compelled us to enter deeply into one another's lives. The prospect of imminent death brings life into focus, clarifies our need for one another. With AIDS, one often dies slowly, so there's opportunity for masks to be shed on both sides, for intimacy to develop.

Most of you have now spent some time in deeply impoverished corners of our society, so you'll have begun to have these same experiences. You'll have begun to see how damaging poverty can be. One author has likened poverty to illness. Most of us will get sick at various points in our lives, but then we get better again ... just like poverty. Some of those illnesses won't do much long-lasting damage to us. Other illnesses--heart attack, stroke, diabetes--can be debilitating, changing our lives forever. But when the illness becomes chronic, it becomes an ongoing destructive force. Poverty is the same way. An occasional episode may not do a person much harm, although often it does. But when it becomes chronic, it's usually devastating.

The statistics make it very clear.

- Poverty reduces educational opportunity and can thus stunt a person for life.
- Poverty increases violence.
- Poverty increases the rate of crime, and the rate of incarceration for crime.
- Poverty deprives a person of the right to a competent defense when he's accused.
- Poverty causes ill health and shortens life dramatically. The life expectancy of a black male in the inner city of New York is about 48 years, about the same as the average male in Bangladesh. The incidence of virtually every illness is significantly higher among those who are poor, and their death rate is higher at every age group than the non-poor. This is especially true for pregnancy, infancy, and early childhood, so children who have been poor begin their life at a severe disadvantage.

Poverty is a deep stain upon our nation.

Many of you have read my book *Urban Injustice: How Ghettos Happen*, so you know about

the deeper societal forces that have created this one kind of impoverished American corner, the urban ghetto, and you may have some understanding of the utter injustice of it.

What is the true injustice, however, is that in a country such as ours, it would be completely possible essentially to eliminate poverty if we wanted to. We're the richest society the world has ever known and for us to continue to build this wealth upon the backs of the poor is an injustice of the highest order. In the last twenty-five years the incomes of the affluent have increased dramatically, the incomes in the middle have stagnated, and the incomes at the bottom of the ladder have lost ground. We're becoming a more and more unequal society, and it is utterly unnecessary.

I said earlier that American poverty is a political, economic, and social choice that we make. We could make it differently.

- We could insure that anyone who worked full time earned a living that supported his or her family.
- We could have universal health insurance.
- We could make sure that families could afford child care. We could give the unemployed received enough income to live on.
- We could give the disabled received enough money at least to lift them out of poverty.
- We could assure that every child had a decent education and that those who did not go on to college were given an opportunity for high-quality vocational training.

And so on. These are not pie-in-the-sky programs. Every other nation has them. We could have them, too.

For thirty years now, I've been working among people who have been impoverished. While I think that work has been important, I'm beginning to be aware of the fact that to work with individual poor people can lead one to feel that it's the poor who need fixing, the poor who must change. I don't, in fact, believe that anymore. It's our society that must change and to the extent that our work with the poor slows down that change by leading others to misunderstand the essential causes of poverty, then our work with the poor gets in the way of the fundamental change that must happen.

Being among those who are poor is important because it can teach us how deeply they've been oppressed. But the ultimate solution to poverty won't come from improving poor people but from changing the structures that make their poverty necessary in the first place. Given the current political climate, it may seem unlikely that any change is possible. According to polls, however, it turns out that most Americans are deeply concerned about poverty, and they want government to do something about it. They're willing to pay more taxes to reduce poverty.

As a nation, I think, we're beginning to reach a point of deep disappointment--almost shame--with the poverty in our midst. It'll be up to your generation to mold that disappointment and shame into effective political action that will change the unjust structures in which we live. Some of you may choose to do this as full-time professionals. But all of you--no matter what profession you choose--have the opportunity and, I would say, the responsibility to involve yourself in remolding our country so that it conforms to our deepest values. It's a task worthy of you. I invite you to join me in that task.

[1] These statistics are taken from *One Nation, Underprivileged* by Mark Robert Rank.

[2] I calculated the statistics in this paragraph from Table A in: Dalaker, Joseph, U.S. Census Bureau, Current Population Reports, Series P60-214, Poverty in the United States: 2000, U.S. Government Printing Office, Washington, DC, 2001. This table can also be found at: <http://www.census.gov/prod/2001pubs/p60-214.pdf> .