THE UNIVERSITY OF CHICAGO

THE HEALTH CONSEQUENCES OF BLACK SUBORDINATION AND WHITE DOMINATION: A RELATIONAL AND LOCATED APPROACH TO STUDYING THE HEALTH OF US OLDER ADULTS BORN 1938–1948

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ABSTRACT

Social scientists have long been interested in the ways that early life and educational attainment are related to racial health disparities among older adults in the US. With this dissertation, I contribute to this literature by developing an approach to studying "race" and health that draws on experts in multiple disciplines: race thinkers and scholars, sociologists, and historians. With a "located" approach that situates my study sample in historical context, I use the National Social Life, Health, and Aging Project (NSHAP) to study a cohort of older adults born between 1938 and 1948 whose early lives and educational careers were shaped by legalized racial discrimination, postwar policies designed to benefit whites, and booming wartime and postwar economies that created opportunities for both Black and white Americans but primarily benefited whites. Using the idea of a system of Black subordination and white domination, I study how early life and access to education are two key ways that this system is maintained. Using latent class analysis to identify patterns in early life socioeconomic status and social environment, I find that Black adults were disproportionately more likely to come from socioeconomically disadvantaged starting points and white adults more likely to come from advantaged starting points. In this way, I found that Black subordination and white domination is an intergenerational phenomenon. Next, I investigate the relationship between these early life starting points and educational attainment to identify whether there are race differences in educational attainment by starting point. I found evidence that Black adults from this cohort were both left behind and locked out during a time of expanded educational opportunities. Finally, in the final chapter, I draw on the social consequences approach to health by investigating the health consequences of the Black subordination-white domination system. To do this, I develop a relational approach to studying the health consequences of this system.

Using four health measures across different domains of health, I find that across early life starting points, Black adults have worse health than their white peers. With these results, I argue that the approach taken in this study can contribute to the way social scientists study the relationship between “race” and health.

CHAPTER 1
AN INVITATION TO "LOOK": A FRAMEWORK FOR STUDYING "RACE" AND HEALTH

Introduction

While I was working on this project, there was considerable media attention surrounding a bill in the US House of Representatives, H.R. 40, a slavery reparations bill that would establish a commission to develop a proposal for reparations for the descendants of enslaved African Americans. Republican Senate Majority Leader Mitch McConnell gave his thoughts on the bill, stating, "I don't think reparations for something that happened 150 years ago for whom none of us currently living are responsible is a good idea. We've tried to deal with our original sin of slavery by fighting a civil war, by passing landmark civil rights legislation. We elected an African American president."[1]

McConnell's take on the reparations bill reflects a common refrain among many white Americans and politicians: racism in America is largely a thing of the past, and there's nothing that needs to be done in the present to reckon with or come to terms with this past. It is past.

In his award-winning article, "The Case for Reparations," Ta-Nehisi Coates's (2014) case hinges on the fact that there are millions of Black Americans alive today who, though not alive during slavery, are victims of a system that plundered Black bodies, destroyed and stole Black wealth, and legally locked them out of opportunities made available to whites. While this occurred in the past, for millions, this past is not past at all. It is present. Very present. White domination, Coates (2014) writes, is largely seen as a thing of the "inert past, a delinquent debt that can be made to disappear if only we don't look."

[1] Ted Barrett, "McConnell Opposes Paying Reparations 'None of us currently living' are Responsible for Slavery," *CNN*, June 19, 2019. https://www.cnn.com/2019/06/18/politics/mitch-mcconnell-opposes-reparations-slavery/index.html.

As I worked on this project, the history of race in the US was front and center with debates about H.R. 40 and conversations about the history of policing and mass incarceration in the wake of the murder of George Floyd and the uprising that followed. As I was working on this study about race and health among older adults, I began to ask what it would look like for me, as a sociologist, to take Coates's advice and "look." When I did this, I began to see that something happens when we look. When it comes to studying race and health, white dominance is not a "fact of the inert past." Instead, it is alive in the bodies of millions of Black—and white—Americans today.

In his book, *Processual Sociology*, Abbott (2016) writes about "the historicity of individuals." By this he means that individuals are "the prime reservoir of historical connection from past to present" (5). He argued that individuals often live longer than many of the social structures that existed in a particular time, and that one of the ways that individuals have historicity and "last longer" than social structures is in their biology. Abbott wrote,

> Bodies carry forward records of the past in quite literal ways. They retain disease organisms. They retain an implicit record of past nutrition. They retain the marks of past behavior—of occupation, of exercise, of drug abuse, of unprotected sex. Their immune systems retain a record of past exposure and nonexposure to various pathogens. (6)

In this way, Abbott says, the past is "quite literally in and on their bodies" (2016, 6).

If we consider what Abbott's argument means for studying race and health among older adults, then when we think about the "raced" bodies of Americans, what we have are people whose bodies are living records of the past. Raced bodies and their biology and physiology contain a record of the white domination of the past. This is the same past that we risk making "inert" by looking away.

When it comes to studying "race" and health among older adults, Coates's (2014) and Abbott's (2016) words elicit questions about what exactly it is that we're studying when we

have a data set with health measures from older adults. A review of the social science literature on race and health suggests that, broadly speaking, quantitative social scientists are testing theories or hypotheses in order to gain insight into "effect of race on health" and "the proximate causes of racial health disparities" and determining which theory of health or aging best fits the results of statistical models.

While this research has helped us understand racial disparities in health and the way that race is related to health and aging, I fear that the approach used by social scientists—and particularly sociologists—has the effect of making "white dominance to be a fact of the inert past" (Coates 2014). One of the reasons for this is that in the effort to test theories and hypotheses, researchers actually de-contextualize the study sample and the data. They make little to no reference to historical context and, even more, use statistical models and control variables in order to "remove" any impact of time and space in order to isolate a statistical relationship between a race variable or some early life measure and some health outcome. Perhaps most telling, when researchers who study the health of older adults, whether using a data set that includes people born in the 1910s or the 1960s, their discussions and conclusions center on theory and hypothesis testing and quite often what these findings mean for today.

What I hope to do in this project is make the case for another approach. In this approach, historical context is not reserved for the discussion section to explain some finding; instead, it guides, shapes, and orients the research. This approach sees historical context as key to understanding what we're even talking about when we talk about "race." This approach sees "race" as something that only has meaning within historical context, and instead of trying to "remove the effects" of it through control variables, it guides and drives the research. And while I believe this will actually improve our understanding of the relationship between race and

health, I also believe it can help social scientists contribute to a counter-narrative about the relationship between this country's racial "sins of the past" and the present. Our ability to create a more just and free society depends on our willingness to "look" at this country's past and work to show how the past is alive in the structures, institutions, and, yes, the bodies of Black and white Americans.

In the rest of this chapter, I lay out what I believe is a starting point for doing this kind of work. I begin by making the case for talking about "race" in systemic ways that foregrounds the design of this "race" system in the US—namely, I argue that the system is predicated on Black subordination and white domination. I then argue that in order to understand Black subordination and white domination, one has to take a "located" approach, which means placing one's investigation into historical context in order to understand the specific ways that society was arranged to advantage white Americans and disadvantage Black Americans. I then give an overview of my study sample, their historical context, and the direction I take with the remaining chapters.

Shifting from Studying "Race" to Studying the System of Black Subordination

Social scientists generally approach the study of race and health with some key definitions. Broadly speaking, they understand "race" to be a social construction in which individuals are assigned a "race" based primarily on phenotypes like skin shade, facial features, and hair texture. These racialized groups are placed within a racial hierarchy to denote which groups are superior and which groups are inferior. Racism is generally understood to refer to the idea that this hierarchy is used to determine who is given access to what resources and opportunities (Bonilla-Silva 1997; Williams and Mohammed 2013).

While these definitions are an important first step to studying "race" and health in the United States, I argue that researchers may be better served with a different conceptual starting point. To offer what I think is a helpful path forward here, I first turn to some of the ways that Black scholars and thinkers have described this system.

Kenneth Clark (1965) wrote that northern cities in the US were "social, political, educational and—above all—economic colonies" where "inhabitants are subject people" (11). He referred to urban segregation as a "dark ghetto" with "invisible walls erected by white society, by those who have power, both to confine those who have *no* power and to perpetuate their powerlessness" (11, emphasis in original). He called Black Americans inside this invisible wall "subject peoples, victims of greed, cruelty, insensitivity, guilt, and fear of their masters" (11).

Carmichael and Hamilton (1967), who are credited with coining the term "institutional racism," define racism as "the predication of decisions and policies on considerations of race for the purpose of *subordinating* a racial group and maintaining control over that group" (3, emphasis in original). They saw the Black-white relationship in the United States as similar to a colonial situation: Black Americans are legal citizens with the same legal rights as white citizens on paper but are not treated as such. They argued that this colonial relationship persists in the US because it is not in the interest of white Americans to turn this legal right as citizens into the full rights of citizenship in practice. A key feature of this colonial relationship was what they called "institutional racism," which they defined as the less visible forms of racism that keep Black Americans "locked in dilapidated slum tenements, subject to the daily prey of exploitative landlords, merchants, loan sharks and discriminator real estate agents" (4).

Others have described Black Americans as a caste (Wilkerson 2020; see also Myrdal 1944; and Warner 1945). Wilkerson (2020) argued that caste is about structure and ranking, "the granting or withholding of respect, status, honor, attention, privileges, resources, benefit of the doubt, and human kindness to someone on the basis of their perceived rank or standing in the hierarchy" (70). While caste and racism are not the same, Wilkerson (2020) argued, they can intersect. But what is important about "caste" is that it is invested in keeping the hierarchy in place and maintaining the order. When the social order involves a racial hierarchy, then this becomes a feature of the caste system. Wilkerson (2020) detailed how anthropologists around the mid-twentieth century—the very time period I investigate in this study—quite frequently used the concept of caste to describe the race system in the US, particularly in the South (e.g., Montagu 1945; Davis, Gardner, and Gardner 1941).

The purpose of this overview is not to make a case for whether the Black-white relationship in the United States is best described as "colonial" or as one that resembles a "caste;" it is simply to point out that even as race thinkers and scholars have argued that racism is and was a fundamental force in the United States, they have used other concepts or metaphors to characterize the *relationship* of Blackness to the rest of (white) society in the US. In some fashion, they all contend that white and Black Americans exist in a domination-subordination relationship in which Black Americans are relegated to the lowest status, and this arrangement of people into a racial order impacts all domains of life.

There are two things I'd like to highlight about the concept of a Black subordination-white domination system that I believe are noteworthy. First, the terms themselves are relational. In his influential "Manifesto for a Relational Sociology," Mustafa Emirbayer (1997)

made the case for the importance of a relational approach. As I discuss below, I believe that this has important implications for studying "race" and health.

Second, the concept provides clarity about the "race" system in the United States. In contrast to the use of terms like "racism" or "structural racism," Black subordination and white domination describe the purpose in creating and maintaining systems, structures, and institutions: to create one class of people who will occupy the lowest rung on the ladder and another who will occupy the highest. Inherent to the idea of Black subordination-white domination is a statement about the nature of the relationship between white and Black Americans as well as the goal and endgame: race will be a criteria used to determine who gets access to what, and the ultimate goal will be a society in which institutions, structures, and systems are designed to subordinate Black Americans while ensuring the dominance of white Americans. A brief survey of US history shows that the design of this system has always been that Black-bodied people and their descendants would be subordinate to—and for the benefit of—white European colonizers and their descendants. African men and women were not taken from their families and homes in Africa and put on slave ships to cross the Atlantic Ocean simply because of "racism." They were brought to this land (which was taken from Indigenous Peoples) and enslaved because Europeans and early colonists believed they were superior to those with "Black" bodies and because these enslaved people *would be useful for some purpose*—namely exploitative labor for profit. White European colonizers and those who would become citizens of the United States created a system built on this domination-subordination relationship that included, but was not limited to, labor. It extended to every domain of life (Byrd and Clayon 2000). As the slavery system developed, so too did a "psychological wage" of whiteness (DuBois 1935) that allowed poor and destitute white Americans to not only feel

superior to Black Americans but to *be* superior to Black Americans, even those with high socioeconomic status. The Jim Crow system in the South arose and developed—and white Americans ferociously fought to maintain it—because of the belief in the inferiority of Blackness and superiority of whiteness. The deference that Black Americans had to show white Americans for 100 years of Jim Crow was not simply (or only) because of "racism" but rather because of the belief that Black Americans were inferior. Even the most esteemed Black American had to show deference to white Americans of the lowest class. In the North, residential segregation, the bombing of the homes of Black homeowners, redlining, and segregated schools were obviously racist. But the goal and endgame were to keep Black Americans in a subordinated position relative to whites: worse schools, worse neighborhoods, and jobs that would serve white interests.

Black Subordination and White Domination as a Located Phenomenon

When studying this system of Black subordination and white domination, it is important to recognize that the particular ways that Black Americans are subordinated and the very ways that this shows up in their lives[2] depends on the unique configuration of institutions (e.g., education, employment, mortgage lending etc.) and other social arrangements (e.g., gender and gender identity) in particular times and places. This means that the specific ways that Black Americans are subordinated looks different in different times and places.

A brief survey of US history confirms that this is the case. Consider the relationship Black and white Americans had with labor, education, and voting under slavery between 1619 and 1865, under Reconstruction from 1863 to 1877, in the Jim Crow South after

[2] Bonilla-Silva's (1997) definition of "material" is helpful here: it refers to "economic, social, political or ideological rewards or penalties received by social actors for their participation (whether willing, unwilling, or indifferent) in social structural arrangements" (469, n. 5).

Reconstruction, after Civil Rights legislation of the 1960s, and through the growth of the prison industrial complex in the late 1970s that continues today. In each of these periods, to be "Black" and "white" meant having particular relationships to particular occupations and employment opportunities, education, political processes, and the criminal justice system. All of these are different manifestations of Black subordination and white domination, and we gain traction in understanding the specific nature and relationship between these institutions in specific times and places (Holt 2002; Zuberi 2001; Hall 1996).

Because of this, I argue that Black subordination-white domination is a "located" phenomenon (Abbott 1997), and when studying "race," we need to begin with the particular ways that institutions and systems are designed and organized. Taking a "located" approach to studying race means giving priority to understanding the historically located, unique configuration of systems and institutions that maintain and recreate Black subordination and white domination. I believe that by giving priority to understanding the "located" nature of this system, researchers might not only ask different questions about the relationship between "race" and health, but they might also consider different statistical methods for studying these phenomena.

Before offering what this looks like in practice, I describe what may contribute to researchers' failure to do this. In my estimation, researchers have fallen victim to seeing "race" through a particular lens—namely, researchers have conformed their understanding of "race" as a social phenomenon to a "general linear reality" (Abbott 1988). The general linear model, while an important statistical model, seems to have shaped the way that we think about "race."

Let's imagine a researcher studying "race" and health coming to a working group or workshop with a finding from data on US adults age 18–89 that race is a statistically significant

predictor of hypertension. Being good colleagues and interested listeners, someone will inevitably want to know whether our researcher has "controlled" for important variables like educational attainment. If our researcher has done this, our listeners will believe that our researcher has adequately dealt with educational attainment. If they haven't done this, they will be told that they're missing a key piece because, while there are race differences in hypertension, everyone knows that there are race differences in educational attainment and health differences in educational attainment and that these have to be accounted for.

This group of researchers isn't wrong. There *is* something to the way that "race" and educational attainment are related to each other to impact health outcomes. But we have to wonder if we're missing something about "race" as a social phenomenon if our response is to find out if they have "removed the effect" of education. Is there something about Black and white access to educational attainment in particular historical times that might help us understand what's going on with race and health? Further, are we missing something by including adults age 18 *and* adults age 89 in the same study and assuming that controlling for age is sufficient? Does it make sense to take such a broad age group and control for a host of variables to say something about "race" with all of the things most important to creating the race experience "controlled" away? Once we control away everything, what does it mean to try to talk about "race" or "being Black" without the age, educational attainment, employment, etc.? What is "race" independent of these other things?

When our thinking about "race" conforms to a general linear view of things, we tend toward "variable sociology." Variable sociology is an approach that conceives the social world as consisting of attributes or substances (e.g., "race") that are taken as themselves to be the "things" or "essences" that do the acting in the social world (Emirbayer 1997).

In their critique of variable sociology, scholars have offered a path forward. They have argued that one of the ways to correct course is to locate the investigation in time and space, recognizing that the phenomenon of interest exists alongside other social phenomena. In his article "Of Time and Space," Abbott (1997) wrote that "one cannot understand social life without understanding the arrangements of particular social actors in particular social times and places" (1152).[3] For this reason, Abbott argued for the "locatedness"[4] of social phenomenon. Similarly, Emirbayer (1997) argued that individuals are located in time and space, that they exist first and foremost in relation to each other, and that the relationship or arrangement is the primary unit of analysis (287). Zuberi (2001) argued that researchers need to place their analyses of "race" within a historical and social context because the issue at hand is not how "race" causes disadvantage and discrimination but instead that society as a whole uses race as a way to organize social life. "The question has to do with society itself, not the innate makeup of individuals" (Zuberi 2001: 133).

What undergirds this approach is a particular view of the relationship between different aspects of the social world. What exist in reality are not "variables" but rather social arrangements. Abbott (1997) wrote:

> For the idea of a variable is the idea of a scale that has the same casual meaning whatever its context: the idea, for example, that "education" can have "an effect" on "occupation" irrespective of other qualities of an individual .… The Chicago view was that the concept of net effect was social scientific nonsense. Nothing that ever occurs in the social world occurs "net other variables." All social facts are located in contexts. So why bother to pretend that they are not? (1152)

[3] Gee et al. (2011) also talk about the importance of conceptualizing and measuring structural racism in period-specific ways (p.126).
[4] Abbott (1997) argued that this was a central feature of Chicago School sociology and made the case that this is something sociologists need to recapture because, in his view, it *is* what sociologists should be doing.

It is this “locatedness” that I believe should inform—and can transform—quantitative social science research on “race” and health.

I believe that this argument of a “located” approach fits nicely with my framing “race” as the study of Black subordination and white domination. Not only does Black subordination-white domination draw attention to the fact that we’re talking about a system that organizes social life in a particular way, but it casts the “race” phenomenon explicitly as a relational phenomenon (Emirbayer 1997). The terms “Black subordination” and “white domination” clearly denote the relationship and, more specifically, the nature of the relationship.

I believe that “locatedness” is a helpful corrective against both variable sociology and the tendency toward viewing “race” through a general linear lens. First, it is a call to make sure that we understand what this Black subordination and white domination system looks like in particular time and space. Second, it encourages researchers to be open to other methods besides the general linear models in an effort to make sure that our model matches the nature of the phenomenon of interest. In doing so, as Abbott (1988) stated, our eyes may be opened to “important phenomena that can be rediscovered only by diversifying our formal techniques” (169).

This Study

Pulling this together, I have a two-pronged approach that guides this project. First, I use the relational concept of Black subordination and white domination to study “race” in the US. Second, I take a located approach by grounding my data and investigation in historical context. As much as this project is about studying “race” and health among older adults, it is also (perhaps even more) about consistently applying these two aspects to every aspect of the study.

For this study, I am interested in the aspects of the life course of older adults that I believe are important to understanding how Black subordination and white domination are maintained: early life and educational attainment. Researchers have found that these two parts of the life course are important to health throughout one's life (e.g., Montez and Hayward 2014). Even more so, they have argued that these may play a particularly important role for thinking about the health of Black and white older adults (e.g., Lynch 2008).

In the remainder of this chapter, I give an overview of the data I use throughout this project. I then "locate" this data in historical context and describe how I use this historical backdrop to select a study subsample from the data set I have chosen.

Data

In this study, I use data from the second wave of the National Social Life, Health, and Aging Project (NSHAP) to study the health of older adults. NSHAP is a longitudinal, nationally representative community-based survey of older adults in the United States that used a complex multi-state area probability sample. The first wave of data was collected 2005–2006 and included community-dwelling individuals aged 57–85 from households screened in 2004. Black, Latinx, men, and the oldest-old (i.e., those aged 75-84) were over-sampled. A total of 3,005 respondents were interviewed at a sample response rate of 75.5 percent. In-home interviews were conducted in English and Spanish by professional interviewers from the National Opinion Research Center (NORC). Respondents were also asked to complete and return by mail a leave-behind questionnaire (LBQ). The response rate for the leave-behind questionnaire was 84 percent. The second wave of data was collected 2010–11. Respondents included those who were interviewed in the first wave, some who were sampled in the first

wave who declined to participate (N=161), and partners of respondents (N=955). In total, the second wave of collection contains 3,377 respondents.

In order to choose my study sample, I did what I believe is one way to do "located" quantitative research, which is to use history as a way to inform who to include in the study. Because I am interested in early life and educational attainment as two important pieces of the Black subordination-white domination system, I used historical context along with knowledge about the survey questions to do this.

Historical Context

In the 1930s, the United States was in the throes of the Great Depression. Unemployment had peaked at 25 percent in 1933 and remained near or above 15 percent each year between 1931 and 1940 (Margo 1993). During this time, the majority of Black Americans still lived in the South under Jim Crow segregation, which meant exclusion from the political, economic, and educational spheres. In fact, Black unemployment in the South peaked at a staggering 50 percent. While the situation was less dire for Black Americans in the North, they were still relegated to low-wage jobs as unskilled workers, domestics, and laborers. In the competition for labor during this time period, white workers were given preference and Black workers were pushed into menial jobs (Feagin 2018).

From the beginning of World War II in 1939 with Germany's invasion of Poland up through the bombing of Pearl Harbor, the United States government began to prepare for the possibility of entering the war, which included the slow conversion of US industry from producing consumer goods to products for the war effort (e.g., car manufacturers outfitting their factories to produce military airplanes). This ramp-up of federal spending was gradual but substantial. In 1940, the year before the US entered the war, federal spending itself was just

over $100 billion. Spending accelerated to $139 billion in 1942 and peaked at $173 billion in 1944 (Tassava 2008). During this time, US unemployment fell from approximately 15 percent in 1940 to virtually full employment in 1945, with unemployment falling to 1.3 percent (Higgs 1992).

After the war and throughout the 1950s and 1960s, America experienced what has been called the "Golden Age of American Capitalism" (Marglin and Schor 1991). After the war, the federal government embarked on a plan that transformed the US. The GI Bill was a "modern welfare system" for 16 million veterans that reached 8 in 10 American men born during the 1920s. It cost approximately $100 billion dollars between 1944 and 1971 and was 15 percent of the federal budget. The GI Bill brought home ownership, good-paying jobs, and free education. While some Black Americans were able to take advantage of these programs, which contributed to creating a Black middle class that did not previously exist, the benefits of the GI Bill were almost exclusively for white Americans (Katznelson 2005).

How did this happen? Of the more than 1 million Black service people (Katznelson 2005), 95 percent came from the South (Herbold 1994). Though the series of bills known as the GI Bill were federal bills, they only passed Congress because Southern states ensured that it would be administered at the state and local levels. Not only was the GI Bill structured in a way that excluded Black service members, but the Black service people who did seek job placements, loans, unemployment benefits, and education as part of the GI Bill had to go to local VA centers, which meant face-to-face interactions with the nearly all-white staff who, in many cases, had no interest in helping them. The alternative was to try to go through local banks and public and private institutions, most of which were intent on upholding the racial order (Katznelson 2005).

Education was one of the most important features of the GI Bill because it ensured free education for those who served in the war. However, Black service members seeking education were legally excluded from attending the majority of four-year institutions because of their race. Thus, they were limited to Historically Black Colleges and Universities (HBCUs). HBCUs, however, faced challenges. In addition to only 5 percent of HBCUs being accredited by the Association of American Universities, they were also overcrowded and underfunded, often lacking libraries, laboratories, and equipment (Katznelson 2005). Further, when Black service members got in front of (mostly white) administrators and career counselors, they were often steered away from university and toward vocational training (Herbold 1994). This meant that for veterans born between 1923 and 1928, 28 percent of white veterans enrolled in college compared to only 12 percent of Black veterans. As Katzenlson (2005) wrote, "GI Bill higher education had little effect on their educational attainment or their life prospects" (134).

The GI Bill also included money for vocational education and on-the-job training. These proved to be vital for economic advancement and middle-class jobs for veterans who did not want to go on to college or lacked the level of schooling needed for higher education (Katznelson 2005). Approximately 700,000 veterans signed up for training on farms, 1.4 million for training on the job, and 3.5 million for vocational schooling. Again, however, Black veterans were locked out of these as well. Southern states didn't want Black Americans owning farms, in part because they needed Black labor for white farms, which meant that only 1 percent of Black veterans who served received this training. Less than 8 percent of Black veterans in the South did the on-the-job training program the first two years because the program was administered on the local level. Finally, while racial discrimination played a role in pushing them away from college and universities into vocational training, many simply didn't qualify

for colleges and universities because the Southern educational system ensured that Black veterans had on average only completed five grades of schooling. As they tried to find their way into well-paying vocations—e.g., electrician, machine shop and mechanics, business training, carpentry and woodwork— these were not available in the Jim Crow South. They were forced to train in fields such as tailoring and dry cleaning (Katznelson 2005).

Finally, Black vets were also denied access to loans that the GI Bill was supposed to have made available to them. But this was by design. Home loans were not administered by the federal government, which could have ensured lending was available to all. Instead, private banks served as lenders with the VA guaranteeing the loans. This meant that discretion for the loans was up to banks, and the majority of banks would not approve loans to Black veterans. They were turned away because they lacked capital, did not have a credit score, lived in neighborhoods that were "redlined" as risky for loans, and "for nakedly racist reasons" (Katznelson 2005: 140).

As Katznelson (2005) wrote, "There was no greater instrument for widening an already huge racial gap in postwar America than the GI Bill" (121). And perhaps most importantly, all of this was done without any language in the GI Bill "directly or indirectly excluding blacks or mandating racial discrimination" (Katznelson 2005: 128).

This so-called "golden era" of capitalism, which was mostly golden for white Americans, came to a close in the early 1970s as the country entered a recession, but not before the passing of landmark Civil Rights legislation. This included *Brown v. Board of Education* (which I discuss more in Chapter 3), the Civil Rights Acts of 1964 and 1968, the Voting Rights Act of 1965, and Johnson's Great Society, which included affirmative action policies as "positive deeds to combat racial discrimination" (Katznelson 2005: 145).

Contemporaneous with the wartime economic boom was three decades of the Great Migration, which Gregory (2005) called the "greatest spatial reorganization of Americans in the nation's history" (32). The first wave of the Great Migration came before the Great Depression in response to labor shortages in northern industrial cities as a result of the closing of US borders to European immigrants. As immigration dropped from 1.2 million in 1914 to 110,000 in 1918 and wartime production ramped up, 3 million new manufacturing jobs needed to be filled (Gregory 2005). It wasn't just Black migrants leaving the South. White migrants were leaving too, and they were getting these industrial jobs, leaving Black migrants in low wage, menial, domestic, and unskilled jobs (Gregory 2005, Myrdal 1944). The Depression slowed Southern outmigration, but in 1940 nearly 1.5 million Black Southerners left the South as the wartime economy accelerated in the urban North. Outmigration slowed after the 1940s, but Black Americans continued to leave the South with an estimated 1 million leaving in the 1950s and 1960s (Gregory 2005).

Using Historical Context for Study Sample Selection

To choose my study sample and ultimately to guide this research project, I "located"—quite literally—NSHAP's respondents on a historical timeline that included the above historical events, policies, and economic and demographic trends. The second wave of NSHAP includes questions about early life that asked respondents about their family circumstances and experiences between the ages of six and sixteen. I mapped these key age ranges for the oldest and youngest respondents onto this historical timeline. This meant that the oldest adults in the study, who were born in 1920, would have turned six in 1926 and sixteen in 1936—that is, they grew up largely during the Great Depression. The youngest adults in the sample were born in 1948, which means they would have turned six in 1954 and sixteen in 1964.

The above historical overview suggested to me that wartime economic expansion and the postwar economic boom that generated the mostly-white American middle class at the expense of Black Americans as part of the Black subordination-white subordination project reflected something of a cohesive time period for looking at the early lives of these older white and Black adults. I decided to exclude those who grew up before this welfare-for-whites economic expansion. Thus, the oldest included in my sample are those who were born 1935, turned six in 1941 as the wartime economy was heating up, and turned sixteen in 1951. The youngest in my sample are those born in 1948 who were age 6–16 from 1954 to 1964. By focusing on those born between 1935 and 1948, I identified a cohort of older adults who came up during a specific time in which, as I will argue, early life and educational attainment played a key role in maintaining Black subordination and white domination.

Looking Ahead

This historical overview provides a backdrop for this project. As this overview shows, at this pivotal time in US history, the quintessential (white) middle class was created by design by the federal government. What motivated this multi-decade effort was ensuring white domination and Black subordination, guaranteeing that while some Black Americans might "slip through" and move into a better neighborhood or attend college, Black Americans would be systematically and intentionally excluded from this wealth and prosperity.

In Chapter 2, I argue that one of the key ways Black subordination and white domination were maintained for the older adults who grew up during this time of white prosperity is that the parents of Black adults from this cohort were locked out of the benefits derived from the GI Bill and from these larger shifts in labor and economic production. I investigate how the Black adults in this cohort would have "inherited" disadvantaged early life starting points not because

of anything they did but because of the way this system of Black subordination and white domination operated to impact their parents' opportunities and access to resources. By contrast, white adults from this cohort would have benefitted simply because they were born to parents' whose skin shade meant that they reaped the benefits of these federal policies and legalized racial discrimination in an expanding economy. I show that Black subordination and white domination created a system that disadvantaged Black adults who were raised in the middle of the twentieth century by clustering disadvantage in their early lives while creating patterns of early life advantage for whites.

In Chapter 3, I investigate how (un)equal access to (un)equal education played an important part of maintaining Black subordination and white domination for these adults. In order to understand the relationship between early life starting points and educational attainment—two key pieces of Black subordination and white domination for these adults—I look at Black-white differences in educational attainment by early life starting point. As my historical overview in this chapter suggests, while this was a time of expanded educational opportunities for both Black and white Americans, this was the case primarily for white Americans. I find evidence that early life starting point is an important determinant of educational attainment for this cohort of older adults, and I find that Black adults were less likely to have been able to ride the wave of upward educational mobility compared to their white peers.

In Chapter 4, I draw on the social consequences approach to health (Aneshensel 2005) to investigate the health consequences a system of Black subordination and white domination that structured early lives and educational attainment. Using a relational approach (Emirbayer 1997)

to comparing health outcomes for Black and white adults, I find that Black adults are disproportionately and negatively affected by Black subordination and white domination.

CHAPTER 2
BLACK SUBORDINATION AND WHITE DOMINATION AS INTERGERNATIONAL: HOW EARLY LIFE IS STICHED TOGETHER

Introduction

Researchers have given considerable attention to the impact of early life on health over the life course (e.g., Barker 1995; Hertzman and Boyce 2010; O'Rand 1996; Ferraro and Shippee 2009). Some have investigated the way that early life circumstances result in "biological embedding," which refers to traumatic or disadvantaged early life conditions becoming "embedded" into one's physiology and biology in ways that can impact their health throughout the life course (Hertzman and Boyce 2010). Others have argued that disadvantaged conditions in early life, even as they might impact health over the life course, also set the stage for the other kinds of disadvantage, which accumulate over time to impact health. For example, coming from a low-SES home can increase the likelihood that children will themselves experience low levels of education, which means lower levels of income, employment that is more strenuous on the body, and other forms of disadvantage that come along with these (e.g., O'Rand 1996; Schafer et al. 2011; Willson, Shuey, and Elder 2007).

As researchers have given attention to the impact of early life circumstances on health, another line of research developed in which researchers have attempted to determine whether early life or later life conditions better explain health in adulthood (e.g., Shonkoff et al. 2009; Miller et al. 2011; Turner et al. 2016). This approach, which I refer to as an interventionist approach, aims to identify whether the problem lies in early life factors or factors in adulthood, with the expressed goal of determining where to target interventions. If early life disadvantage is "redeemable" by later life factors like educational attainment, then policies can target post-childhood interventions to address health inequalities in adulthood. If, however, adult health is

"immutably fashioned in childhood" (Turner et al. 2016: 114), then interventions need to be directed at early life.

In this chapter, I make the case for another way of thinking about the relationship between early life circumstances, education, and health in adulthood. I argue that by starting with Black subordination and white domination as a relational and located phenomenon, I can employ an approach that focuses on how Black subordination and white domination work to impact Black and white lives. Not only will this approach provide insight into how this system works to maintain white advantage, but we can also avoid this strange effort of seeing whether early life trauma and disadvantage as a result of growing up in a society predicated on anti-Blackness and Black subordination is "redeemable" by later life factors through the use of statistical methods that attempt to disentangle the relationship between different variables.

To do this, I draw attention to two features of the Black subordination-white domination system. First, I argue that the Black subordination-white domination system is an intergenerational system in which Black Americans are subordinated as a result of the unique configuration of systems and institutions that were designed to benefit white Americans. For those who have children, these children "inherit" this disadvantage, and it becomes a "starting point" that can set the trajectory for the rest of their lives (Gee et al. 2012). In this system, white children also have early life starting points, but because the system is built on Black subordination and white domination, their relationship to these institutions is quite different because these structures were designed to benefit them. Thus, they "inherit" advantaged early life starting points from their parents who themselves were advantaged by the system predicated on white supremacy. Another feature of the Black subordination-white domination system that I draw attention to has to do with how this system of Black subordination and white domination

shows up in the early lives of Black and white adults. I build on the work of race thinkers and scholars to argue that this system was *designed* to cluster and create patterns of disadvantage in the early lives of Black adults and advantage in the early lives of white adults (e.g., DuBois (1899 [2007]; Myrdal 1944). For this reason, I argue against the use of statistical methods that attempt to disentangle these and for methods that instead identify patterns in early life factors.

Black Subordination and White Domination as Intergenerational

My first claim is that Black subordination and white domination is intergenerational in nature. The intergenerational nature of Black subordination and white domination in the US can be viewed in different ways. The first involves the perpetuation of institutions and structures organized around Black subordination and white domination. Feagin (2014) has argued that this system in the United States is "inter-temporal," which is to say that the system has been reproduced in some fashion over time and across US history. For this to happen, Feagin wrote, the system "must reproduce well and routinely the necessary socioeconomic conditions" (19) for Black subordination and white domination. This has meant ensuring that white Americans maintain control of the majority of economic resources as well as important institutions like political institutions and policing (Feagin 2014). In this system, each new generation of Americans "inherits" these institutions and structures that ensure the maintenance of the racial order.

The other way that the Black subordination-white domination system operates is that these structures and institutions that benefit white Americans and disadvantage Black Americans create a system of "inheritance" that ensures the reproduction of Black subordination and white domination. This can occur both as a socioeconomic phenomenon and in the production of social ills and other negative consequences.

As a socioeconomic phenomenon, this system ensures that institutions and structures produce material disadvantage for Black Americans and material advantage for white Americans. For those who had children between 1935 and 1948, this meant that their children "inherited" the raced-based material advantage that came with educational access, higher wages, better occupations, access to credit, and more. Because Black Americans were legally excluded from these opportunities and access to resources, their children "inherited" this disadvantage. The material conditions for these parents became the early life starting point for their children. By contrast, white Americans "inherited" the socioeconomic advantage of their parents, which gave them an advantageous starting point.

Another possible way that this intergenerational system can operate is to produce among oppressed groups social ills and negative social consequences for one generation that the subsequent generation is born into. For example, in Brave Heart and DeBruyn's (1998) study of Indigenous Americans, they argued that social ills like suicide, homicide, domestic violence, child abuse, and alcoholism are the result of "a legacy of chronic trauma and unresolved grief across generations" (60). The authors argued that two psychosocial phenomena are involved in producing social ills: internalized oppression and identification with the oppressor. Internalized oppression refers to self-hatred that produces anger and anxiety as a result of internalizing the negative stereotypes from the dominant group and the subordinate's status of Indigenous Americans within American society (Brave Heart and DeBruyn 1998). Identification with the oppressor occurs when an individual "incorporates the harshness of the aggressive authority figure," which is then projected onto others within the community (Brave Heart and DeBruyn 1998: 70).

In the same way Brave Heart and DeBryun (1998) argue that historical trauma impacts Indigenous Peoples, Clark (1965) and Carmichael and Hamilton (1967) have argued that Black Americans' experiences with racial trauma can have intergenerational effects. For example, Clark (1965) argued that Black Americans exist in a colony where they are powerless; excluded from social, political, educational, and economic domains; and, forced to work in menial and degrading jobs while living in poor housing and inhumane conditions. The stress of these inhumane and degrading conditions as well as these conditions themselves can lead to social ills such as family instability, divorce, abuse, addiction, crime, homicide, and suicide. When children are born into families that face these ills as a result of Black subjugation, these traumatic experiences in early life can have an impact on them.

Another aspect of intergenerational trauma for Black Americans involves the internalization of oppression as a result of their subordinated status. Clark (1965) argued that Black Americans are burdened with a "persistent and agonizing conflict" about their worth and dignity, stating that they can never be sure "whether their failures reflect personal inferiority or the fact of color" (Clark 1965: 12). Similarly, Carmichael and Hamilton (1967) argued that there are social and psychological effects of being subordinated and subjugated. They wrote that the subordinated status of Blacks "has fostered human indignity and the denial or respect" and that Black Americans are born into a society where they doubt their value as human beings. Black Americans, they wrote, have been taught to "to hate [themselves] and to deny [their] own humanity" (31). The consequence of growing up in homes where parents face this conflict and where children live in a society that sees them as subhuman can draw parents and children into social ills, apathy, and despair to cope with this system (Clark 1965).

Black Subordination and White Domination as Clustering

I described above how researchers studying the impact of early life on adult health are often interested in whether early life or later life is more important in producing health in adulthood. In their effort to understand whether early life factors are important for adult health, they seek to identify which specific early life factors are more important "net other factors." However, when we turn to race thinkers and scholars who wrote during or near the time in which the adults in my study lived, they did not think about "race" this way. They believed that the object of interest was the system of Black subordination and white domination itself and that this impacted peoples' lives in a multiplicity of ways that could not be disentangled.

In his study *The Philadelphia Negro*, DuBois (1899 [2007]) investigated the condition of Black Americans in Philadelphia in an attempt to show that the social problems they faced and the conditions in which they lived were not because of innate ability or inferiority but instead because of the way the system was structured. In the conclusion to this important work, he argued that the social ills that Black Americans experienced could not be solved by focusing on any one of them. Instead, they must be understood in relation to each other because, he writes, "the combination itself is the problem" (268).

Myrdal (1944) identified two layers to the "race problem" in the United States. First, and more generally, he saw the racial hierarchy in the United States as a caste system. The social ills and disadvantage faced by Black Americans had a common source: "All these specific problems are only outcroppings of one fundamental complex of human valuations—that of the American caste" (75). He then drilled deeper and argued that racial discrimination creates a "unity and close interrelation" between all domains of life for Black Americans, including political power, civil rights, employment, economic conditions, living conditions, nutrition, and health. "The

unity is largely the result of cumulative causation binding them all together in a system" (77). He argued for seeing it as a system of "dynamic social causation" where because of the interdependent nature of the system, "there is no 'primary cause' but everything is cause to everything else" (78).

In the last chapter, I argued for the importance of methods that reflect the nature of the phenomenon; this means considering methods other than the general linear model. Recent work by scholars support this argument. Reskin (2012) writes about the "race discrimination system," arguing that researchers often fail to see that different aspects of the system in the United States are interrelated. Reskin argued that when researchers focus on individual outcomes and control for other variables, this "renders invisible the fact that racial disparities in apparently unrelated spheres are a part of a system of discrimination" (18). Similarly, in their work on understanding poverty and disadvantage in the United States, Desmond and Western (2018) make an important argument about studying the social world. They challenge social scientists' interest in identifying which individual factor is most important. While they write about poverty and not race, I believe their argument rings true for my project. They write,

> The thought experiment of manipulating a single condition lacks realism. *Social scientists cannot and should not control away that which society has stitched together*. The challenge is to develop new methods for describing the very nature of poverty, avoiding the discipline's reductionist tendencies that sanitize a messy social problem. Where disadvantages cluster together, the causal priority of one over another may be less important (and impossible to determine) than the qualitatively distinct type of hardship that emerges from their assemblage. (308, emphasis mine)

If we take seriously this idea that the US operates as a system in which Black subordination and white domination is maintained and that social scientists' efforts to understand this system needs to reflect the way this system shows up in people's lives, then when we study "race" and

early life, we “should not attempt to control away that which society has stitched together” (Desmond and Western 2018: 308).

Literature Review: Early Life Factors and Health

Researchers have identified a number of early life factors that are important for health throughout the life course. While they generally investigate these factors by way of the general linear model to see which one (or ones) are statistically significant net other factors, I use this literature to identify which early life factors scholars have used in order to investigate how early lives are “stitched together” in a racialized society (Desmond and Western 2018).

Socioeconomic Status. Researchers have used a variety of measures to try to capture early life socioeconomic status. These include parent education (Warner and Hayward 2006; Scharoun-Lee et al. 2011; Montez and Hayward 2014; Pais 2014; Turner et al. 2016; Hayward and Gorman 2004; Zhang et al. 2016), parent occupation (Warner and Hayward 2006; Scharoun-Lee et al. 2011; Montez and Hayward 201; Pais 2014; Hayward and Gorman 2004; Zhang et al 2016), parent employment or work status (Warner and Hayward 2006; Pais 2014; Hayward and Gorman 2004), whether the family was on public assistance (Scharoun-Lee et al. 2011), and subjective family financial situation in childhood and childhood SES (Montez and Hayward 2014; Ferraro et al. 2016; Turner et al. 2016; Zhang et al 2016).

Family Structure. Previous research has shown that family structure is important in early life. They have found that those who grew up in homes with divorce experience increased illness and mortality (Warner and Hayward 2006). Growing up in a two-parent home is important for social and material capital (Scharoun-Lee et al. 2011), and family conflict and disruption to family structure can have deleterious effects (Montez and Hayward 2014). Finally, disruption to family structure can have negative psychological effects, weakening familial and

social ties later in life as well as lowering socioeconomic achievement (Hayward and Gorman 2004).

While researchers are not incorrect about the impact of family structure on later life outcomes, they often fail to conceive of family structure itself as a consequence of a system designed to advantage white Americans while disadvantaging Black Americans. Race thinkers and scholars have made the case that family structure must be understood within the context of a system in which institutions and structures are designed to maintain Black subordination. For example, DuBois (1899 [2007]) argued that the stability of Black marriages needs to be understood within the larger context of families broken up during the slave trade and the "communistic paternalism" of plantation life in which the center of family life for enslaved people was not their own family but instead "the Big House" on the plantation. Clark (1965) argued that the racism, discrimination, and segregation that Black families experienced in the urban North relegated Black Americans to the worst homes, the worst schools, and—when they could find employment—menial, low wage labor. The psychological impact of being a subordinated people combined with all that, creating the conditions for family instability.

Child health. Researchers have included health status or health conditions in childhood as an important early life consideration (Montez and Hayward 2014; Pais 2014; Zhang et al. 2016). Scholars have conceived of childhood health as part of the early childhood experience that, along with SES, sets the stage for the rest of their lives (Montez and Hayward 2014; Pais 2014). Zhang et al. (2016) conceives of childhood health as part of the larger picture of Black-white disadvantage, noting that poor childhood health is rooted in poverty, discrimination, and restricted access to medical care for Black Americans.

In thinking about childhood health, it is important to understand health as a feature of the system designed to advantage white Americans and to subjugate and subordinate Black Americans. In the Jim Crow South, for example, Black Americans had little access to medical care, and their low wages meant that they went without the kind of nutrition that could assist in fighting off diseases (Brown and Webb 2007). Further, in the Jim Crow South, whites used the high disease rates and shorter life expectancy of Black Americans not only to make the case for Black inferiority but also to argue that their poor health resulted from the removal of the "civilising constraints" of slavery (Brown and Webb 2007: 193). This was coupled with under-resourced Black hospitals that were often too far from the farming communities to be reached by most Black Southerners (Brown and Webb 2007). In the urban North, poor health was similarly a consequence of the conditions associated with Black subordination. Unsafe and overcrowded living arrangements with inadequate heating and ventilation was a main contributor to poor health in segregated neighborhoods. These conditions, along with malnutrition and inadequate health care, contributed to poor health (Clark 1965).

Violence. Researchers who have considered family environment—for example, whether children have experienced or witnessed violence or abuse—have fallen into the same trap as those who include family structure. While this research does show that trauma and abuse in early life is determinantal for later life (e.g., Turner et al. 2016) and that there is evidence that Black Americans may disproportionately experience in-home violence (Hussey et al. 2006), any "race effect" needs to be understood within the context of family social environment as part of the experience as a subordinated people.

DuBois (1899 [2007]) and Clark (1965) are again helpful here. Both see abuse and violence as part of a larger set of "social ills" that befall Black families because of racism. This

includes living in degrading conditions, as Black Americans, and the internalization of inferiority that produces “persistent and agonizing conflict” within Black Americans about their worth and dignity in that they “can never be sure whether their failures reflect personal inferiority or the fact of color” (Clark 1965: 12). There is the understanding that no matter what, even when their economic status was similar to white Americans, the inferior social status of Black Americans makes their disadvantage qualitatively worse (Clark 1965).

For this study, I set out to understand how this system created patterns—or what I’m calling starting points—of early life advantage for whites and patterns of disadvantage for Black adults who were raised during an important time in American history when, on the cusp of the Civil Rights legislation, white domination meant legalized racial discrimination across all domains of life, state-allowed and state-sponsored terrorism against Black Americans, and crucially, a series of policies that benefitted white Americans and created the quintessential American middle class (Katznelson 2005). The question I answer in this chapter is: How did this system of Black subordination and white domination create early life starting points for white and Black Americans raised during the middle of the twentieth century?

Methods

I have argued that Black subordination and white domination persists through a system of “inheritance” in which early life disadvantages for Black Americans and early life advantages for white Americans cluster by design. I have also argued that because this is the way Black subordination in maintained, one way to investigate how this shows up in the lives of adults raised in the middle of the twentieth century is to look at how disadvantage and advantage cluster in early life.

In order to do this, I utilize latent class analysis. Latent class analysis (LCA) is a statistical method that assumes that there is an underlying, unobservable structure operating within a population. This method holds that one can use observable variables to identify this underlying structure with the purpose of identifying subgroups based on the patterning of these observed variables (McCutcheon 1987). LCA is a person-centered approach in that it considers patterns of observed variables within individuals, and then groups individuals according to these patterns (Howard and Hoffman 2017). LCA identifies classes of people and then assigns individuals to these classes. It is important to note that individuals are assigned a probability of belonging to each class with placement into the class based on the class to which they have the highest probability (McCutcheon 1987).

There is precedent for using latent class analysis to study race and SES. LCA has been used in other studies to investigate the relationship between race and socioeconomic status (Fairley et al. 2014), racial differences in health profiles and early life predictors of these profiles (Pais 2014), and racial differences in intergenerational patterns of socioeconomic status (Scharoun-Lee et al. 2011).

Measures

Socioeconomic Status. To capture early life SES, I included three measures: mother's education, father's education, and a question in which respondents rated their family's finances when they were young. For parents' education, respondents were asked, "What is the highest grade of school your father completed?" and "What is the highest grade of school your mother completed?" Respondents chose from the following: no formal education, "1–11 Grades," "12, High school graduate," "13–15 Some College," "16 College graduate," "17 or more – post college," "Other," and "Don't know." I recoded mother's and father's education into five

categories: 2 = less than high school for those with no formal education and 1–11 grades; 3 = high school graduate; 4 = some college for those with 13–15 years of education; 5 = bachelor's degree or more for those with 16 years or more of education. Because many respondents marked "don't know," I included this in the analysis as its own category, coded as 1. For early life socioeconomic status, respondents were asked, "During the time from about age 6 to age 16, would you say your family was very well off financially, fairly well off, about average, not so well off, or not well off at all?" I collapsed responses into three categories: very well off/fairly well off, about average, and not so well off/not well off at all.

Early life violence. Respondents were asked two questions. First, "From about age 6 to age 16, were you beaten, assaulted, shot, raped, or did you experience any other violent event?" They were also asked, "From about age 6 to 16, did you witness any violent events, such as beating, assault, shooting, murder, or rape?"

Family happiness. I also include a question in which respondents were asked about how happy their home life was when growing up: "How much do you agree with the statement: 'When I was growing up, my family life was happy'?" Respondents were asked to choose one of six possible responses: "I disagree very much," "I disagree pretty much," "I disagree a little," "I agree a little," "I agree pretty much," and "I agree very much." For the analysis, responses were collapsed into two categories based on agree and disagree. Responses were coded 1 if they chose "I agree a little," "I agree pretty much," or "I agree very much." Responses were coded 0 if they chose "I disagree very much," "I disagree pretty much," or "I disagree a little."

Family Structure. In order to consider family structure, I include a measure in which respondents were prompted to think about their childhood from age 6 to 16 and then asked if

they lived with both parents during this time. Those who did not grow up with both parents were coded as 0 while those whose lived with both parents were coded 1.

Child Health. Respondents were asked to consider their health from age 6 to 16. They were then asked, "Would you say that your health during this time was excellent, very good, good, fair, or poor?" Responses were collapsed into three categories: 1 = poor/fair, 2 = good, 3 = very good/excellent.

Results

I tested a series of latent class models that specified between 1 and 5 classes. As Table 2.1 shows, The BIC values decreased through the four-class model and increased from the four-class to the five-class model. The likelihood ratio test was significant for the two-class model but not for any models beyond the two-class solution.

Table 2.1: Model Fit for Class Specifications of Latent Class Analysis

Number of Latent Classes	Log-Likelihood	BIC	*p* Value
1	-8896.228	17909.329	
2	-8547.883	17336.815	p=0.039
3	-8400.049	17165.323	p=0.440
4	-8271.194	17031.791	p=0.408
5	-8229.879	17073.336	p=.882

I have chosen the four-class model. In addition to using the BIC, I also looked at the result of the three-, four-, and five-class solutions and chose the four-class solution for historical and practical reasons. The three-class solution included one class of those with parents who did not graduate high school and those who did not know their parents' education. Given the nature of the Southern economy, the structuring of Black labor, and racial discrimination in education,

it seemed best to ensure that those who did not know their parents' education were in their own class because they may be particularly disadvantaged. The five-class solution produced classes that were too small to conduct any meaningful analysis. The results of the LCA are provided in Table 2.2.

The first group is the Multiple Disadvantage group. This group is the smallest of the four, comprising 11.1 percent of all respondents. This class is made up of those from low-SES homes who experienced trauma and family disruption. This group is made up of those who either don't know their parents' education (27.9 percent of fathers, 17.1 percent of mothers), had parents who didn't complete high school (34.2 percent of fathers, 42.9 percent of mothers), or had parents who completed high school (24.0 percent of fathers, 31.4 percent of mothers). Nearly three in four (71.8 percent) reported their family financial situation in early life as "not well off at all" or "not so well off." This group is characterized by high levels of disadvantage in early life: 59.8 percent report witnessing violence, 67.5 percent report experiencing violence, 66.8 percent grew up with both parents, 37.0 percent report that their family was happy, and 56.9 percent reporting having "very good" or "excellent" health in childhood. Particularly notable for this group was the high percentage of respondents who experienced or witnessed violence.

The second group is the Working Class group. This is the largest class, making up 41.5 percent of respondents. Those in this class have parents with less than high school (65.3 percent of fathers, 58.6 percent of mothers) and high school education (22.9 percent of fathers, 30.5 percent of mothers). They reported their family financial situation as "not well off at all" or "not so well off" (51.9 percent) or "about average" (41.9 percent). They come from rather stable homes: only a small percentage witnessed or experienced violence (4.9 percent and 2.1 percent,

respectively) and the vast majority of them reported having a happy family life growing up (83.8 percent). They grew up in two-parent homes (93.8 percent) and report having "very good" or "excellent" health in childhood (84.4 percent). In historical context, it appears that this class includes those who grew up in homes that benefitted from the wartime and postwar economic expansion.

Next is the Disadvantaged SES group. This group is made up of 12.8 percent of respondents. Those in this group report not knowing their fathers' education (79.6 percent) or their mother's education (72.8 percent), and those who did report their education of their parents reported that their fathers and mothers had a high school education (8.7 percent and 13.6 percent, respectively) or less (7.4 percent and 10.4 percent, respectively). Nearly two out of every three (64.8 percent) report that their families were "not well off at all" or "not so well off." Those in the Disadvantaged SES group are similar to the Multiple Disadvantage group in having lower percentages of two-parent homes (73.2 percent) and poorer child health with only 64.8 percent reporting very good or excellent health. However, the Disadvantaged-SES witnessed and experienced violence similar to that of the Working Class.

Finally, there is the Multiple Advantage group. Just over one-third of respondents are in this group (34.6 percent). The Multiple Advantaged have the highest socioeconomic position of the four groups and have the most advantaged family lives. They grew up in homes where their parents had the highest levels of education, with 55.0 percent of fathers and 41.2 percent of mothers having a post-high school education. They describe their family financial situation in early life as "about average" (66.4 percent) or "fairly well off" or "very well off" (18.7 percent). Very few of them witnessed or experienced violence (1.9 percent and 5.0 percent, respectively). They reported that their family was happy during childhood (82.4 percent), they

grew up with both parents (90.6 percent), and they had "very good" or "excellent" health in childhood (84.1 percent).

Because the purpose of this chapter is to look at how Black and white adults raised in the middle of the twentieth century "inherited" early life starting points, my next step is to look at the percentage of Black and white adults with each of these early life starting points. These results are included at the bottom of Table 2.2 with rows totaling 100 percent.

Starting with the Multiple Disadvantage class, Table 2.2 shows a slightly higher percentage of Black adults (15.7 percent) than white adults (10.8 percent). Looking at those from the Working Class, a nearly identical percentage of Black and white adults had this starting point (41.6 percent for whites, 40.6 percent of Blacks). With the Disadvantaged SES class, we see the first notable difference: nearly three-times as many Black adults (30.4 percent) than white adults (11.1 percent) have this starting point. There is another noticeable difference for those from the Multiple Advantage group, as nearly three-times as many white adults (36.6 percent) have this starting point compared to Black adults (13.3 percent).

Table 2.2: Early Life Starting Points Generated from Latent Class Analysis (LCA) with Weights (N=1,487) from the National Social Life, Health, and Aging Project (NSHAP), Cohort 1 Wave 2

	Multiple Disadvantage	Working Class	Disadvantaged-SES	Multiple Advantage
	11.2% (n=166)	41.5% (n=617)	12.8% (n=190)	34.6% (n=514)
Father's Education				
Don't Know	27.9%	0.0%	79.6%	0.0%
Less than High School	34.2%	65.3%	7.4%	3.4%
High School	24.0%	22.9%	8.7%	41.6%
Some College	6.1%	7.4%	0.8%	22.6%
Bachelor's or more	7.8%	4.3%	3.5%	32.4%
Mother's Education				
Don't Know	17.1%	1.9%	72.8%	1.9%
Less than High School	42.9%	58.6%	13.6%	2.1%
High School	31.4%	30.5%	10.4%	54.8%
Some College	3.4%	6.6%	2.3%	17.9%
Bachelor's or more	5.2%	2.4%	1.1%	23.3%
Family Finances Age 6-16				
Not well off at all/Not well off	71.8%	51.9%	64.6%	14.9%
About average	23.9%	41.9%	30.5%	66.4%
Fairly well off/very well off	4.3%	6.2%	5.0%	18.7%
Witnessed Violence Age 6-16 (Yes)	59.8%	4.9%	4.3%	1.9%
Experienced Violence Age 6-16 (Yes)	67.5%	2.1%	1.3%	5.0%
Family Happy Growing Up				
Disagree very much/pretty much/a little	32.5%	97.9%	98.7%	95.0%
Agree a little/pretty much/very much	67.5%	2.1%	1.3%	5.0%
Lived with Both Parents Age 6-16	66.8%	93.8%	73.2%	90.6%
Health Age 6-16				
Poor/Fair	12.8%	2.6%	9.4%	4.2%
Good	30.3%	13.0%	25.8%	11.7%
Very good/Excellent	56.9%	84.4%	64.8%	84.1%
Percentage of White and Black Adults in Each Latent Class				
White	10.8%	41.6%	11.1%	36.6%
Black	15.7%	40.6%	30.4%	13.3%

Discussion

In this chapter, I have argued that Black subordination and white domination are maintained through an intergenerational system in which those raised in the middle of the twentieth century inherited early life starting points based on the configuration of institutions and structures that shaped their parents' lives. Contrary to approaches taken by others, I argue that when it comes to thinking about how this system of Black subordination and white domination shows up in the lives of these adults, we need to see how this system "stitched" together early lives to produce clusters of disadvantage (for Black Americans) and clusters of advantage (for white Americans). In order to study this, I employed latent class analysis, which I believe matches the nature of the phenomenon I am studying.

For Black adults raised during this time, their parents' opportunities and access to resources were shaped by legalized racial discrimination and policies that largely benefitted white Americans (Chapter 1). The Black adults in this study "inherited" this disadvantage: they were more likely than their white peers to come from socioeconomically disadvantaged starting points (Disadvantaged SES) while also being less likely to come from the most socioeconomically advantaged starting point, which also clustered with family social environment advantage (Multiple Advantage).

Before drawing some conclusions, it is important to note that scholars have identified a phenomenon in which Black men and women have high mortality rates at younger ages than their white counterparts. Referred to as the "black-white mortality crossover," this phenomenon refers to the finding that after age 75, older Black adults outlive their white counterparts (Lynch 2008). This is relevant here because the adults in this study were ages 67–80 at the time of the interview. It is possible, then, that less healthy, more disadvantaged Black adults who were

raised in the middle of the twentieth century passed away at a younger age leaving the healthiest Black adults to be interviewed at the time of data collection.

I turn now to some conclusions. While Black adults' early lives were characterized by disadvantage, it is notable that only 15.7 percent were in the Multiple Disadvantage group. This is notable because nearly the same percentage of white adults (10.8 percent) had the same early life starting point. At the beginning of this chapter, I argued that Black adults may be more likely to experience disadvantaged early life social environments as a result of racial discrimination within a system designed to ensure Black subordination. The analyses in this chapter did not support this.

There are a couple possibilities here. One is that a higher percentage of Black adults raised in the middle of the twentieth century had come from such a background, but the higher mortality rates among Black adults at younger ages means that the most disadvantaged had passed away. The other possibility is that the phenomenon described by Clark (1965) of social ills like family instability, divorce, violence, and abuse among Black Americans characterized the Black experience in Northern cities. It is possible that what Clark described reflects the hyper-segregation and racial discrimination in the North. I conducted further analyses of the data from this study that revealed that 68 percent of Black respondents in the sample were born in the South. Tolnay (1997) found that Black Americans who grew up in the South were more likely to have more traditional family structures (e.g., two-parent homes) than those born in the urban North. While I cannot determine from my data whether those born in the South also grew up in the South (versus the North), it is possible that what Clark describes is a Northern urban phenomenon. I believe this could be an avenue for future investigation.

I also found that Black adults were just as likely as white adults to be in the Working Class, a group defined by relatively low-educated parents, two-parent homes, and safe and happy family environments. This may point to the fact that during this time, Black families were moving into the middle class (Landry and Marsh 2011). However, one of the important caveats here is that despite moving into the middle class, they were not reaping the benefits of mass suburbanization fueled by the GI Bill because of racial discrimination in the administration of FHA loans and exclusionary zoning (Stahura 1986; see also Farley 1970). So, it is likely that the white and Black Working Class families in this class had very different experiences. Future work could dive into this further by using data sets that include more socioeconomic measures (e.g., housing, parents' occupation, neighborhood segregation, etc.).

In my literature review, I pointed to two ways that Black subordination might persist across generations: through material disadvantage and through creating conditions that produce single-parent homes, unhappy families, and violence. As I mention above, I did not find the latter. However, that Black adults were considerably more likely to be in the Disadvantage SES class points to the fact that Black subordination persisted from this cohort's parents' generation to theirs in the form of material disadvantage, which gave Black adults from this cohort a considerable disadvantage in early life starting point. I had initially thought that perhaps Black adults from this starting point may have been overwhelmingly from the South. While further analysis (not shown here) showed that while 65 percent of Black adults from Disadvantaged SES were born in the South (compared to only 36 percent of whites), around the same percentage of Black adults were born in the South from each starting point. It is also important to note that for those from a Disadvantaged SES, there were low levels of violence but a relatively high percentage who did not come from two-parent homes. In this way, it may be that

Clark (1965) is correct that living as subordinated peoples does produce some family instability, which shows up not in the form of violence or abuse but rather in divorce or unwed parenthood. These findings suggest that more work needs to be done on this cohort but also other cohorts using methods that identify how early lives are stitched together to see how Black subordination and white domination operate intergenerationally.

It is also important to note that over one-third of white adults and only 13 percent of Black adults from this cohort came from the Multiple Advantage group. This finding makes sense given the historical overview I provided in the previous chapter. Not only is there considerable advantage for this group, but a disproportionately high percentage of whites have this starting point, which shows how this system was designed so that white adults in this cohort would inherit advantage.

I do note two important limitations. First, while others have used LCA for similar analyses (Fairley et al. 2014; Pais 2014; Scharoun-Lee et al. 2011), it is important to note that LCA places respondents into groups based on the probability of belonging to that group. This means that one respondent is in a particular group because they have a .90 probability of being in that group while another respondent in that same group has a probability of 0.47 of being in that group and 0.39 of being in another group. Further, these classes are generated from the data as opposed to being something the exists "in the world." While I believe LCA has proven to be insightful in this study, it is worth considering other clustering-type methods to understand patterns in early life factors.

Second, because of small sample sizes for Black respondents, I was unable to look at men and women separately. Further analysis found that women made up 51 percent of the Working Class group, 56 percent of those from Disadvantaged SES, and 50 percent of those

from the Multiple Advantage group. However, this analysis also showed that 64 percent of those from Multiple Disadvantage are women, with another analysis showing that 63 percent of Black adults from this starting point were women and 69 percent of white adults from this starting point were women. Future work with a larger sample size needs to take gender into account.

In closing out this chapter, I draw some conclusions about the approach I've taken thus far. In Chapter 1 I made the case for starting with an approach to "race" as a historically located phenomenon where the social significance of "race" has meaning as part of a larger project in the United States to create a system in which Black Americans were subordinated and subjugated. One of the ways to ensure that Black Americans have a subordinated status is to create a system in which children "inherit" the disadvantage that their parents experience in this racialized system. I have argued that when studying how this system creates early life starting points, it is important to consider the way this system clusters early life factors. This means moving away from the general linear model, locating the investigation in historical time and space, and seeing early life as something that has been "stitched together" (Desmond and Western 2018) by design.

CHAPTER 3
LEFT BEHIND AND LOCKED OUT: BLACK SUBORDINATION AND WHITE DOMINATION IN EDUCATIONAL ATTAINMENT

Introduction

For the second stop of this journey, I consider the role of education in the system of Black subordination and white domination for adults raised in the middle of the twentieth century. Access to education—or rather, lack of access to education—has been foundational to the racial project in the United States. From the time of slavery through the Civil Rights legislation of the 1960s, from the fights over bussing to the continuation of a system in which property taxes pay for schooling, (un)equal access to (un)equal education has been an important part of the Black struggle for equality.

I include a specific look at education for two reasons. First, this project culminates in the final chapter with an investigation into the health consequences of this system of Black subordination and white domination. Not only have scholars shown the importance of education in health in the US (Kitagawa and Hauser 1973; House et al. 1999; Marmot and Wilkinson 1999; Kimbro et al. 2008), but questions about the role of educational attainment are central to research on whether early life factors or later life factors like education "explain" racial disparities in health in adulthood. For this reason, it is necessary to do a deep dive into education.

Second, one of the larger goals of this project is to bring a new approach to the study of race and health: a located approach that foregrounds historical context and sees the study of "race" as the study of a system in which Black subordination and white domination is manifest in different ways at different times in history. By taking an extended look at education, I am

able to show what a located approach looks like and make the case, via example, for why it is important.

I begin this chapter by showing that white exclusion of Black Americans from access to education is a thread that runs throughout US history and was central to creating and maintaining a system that subordinates Black Americans in the service of white domination. I then show what this looked like for the cohort of adults who were born and raised in the middle of the twentieth century. I show through a historical overview of education policies and rulings in education court cases up through the 1960s and an investigation into US trends in educational attainment through the 1960s that despite what appear to be “wins” for racial equality in education, there is evidence that Black adults in this cohort were locked out of educational opportunities.

I then move on to investigate not only educational attainment for this cohort but, more importantly, the relationship between early life starting points and educational attainment. With the historical context about the nature of education during this time and with the historical overview and results from Chapter 2, I investigate whether early life and educational attainment—two key features of the Black subordination-white domination system—worked together for this cohort of older adults and find evidence of racial differences in education by early life starting point.

Locating this Study

I begin by locating my study sample. The respondents in this sample were born between 1935 and 1948. This means that the oldest respondents in the sample would have begun elementary school around 1941 (if we assume that they started at age six) and would have graduated from high school in 1953, just one year before the Supreme Court’s *Brown v. Board*

of Education ruling. If they went immediately on to complete a four-year college degree, they would have graduated from college in 1957. The youngest respondents in the sample would have started elementary school in 1954 and would have completed high school in 1966. Anyone who went on to complete a four-year bachelor's degree right after high school would have graduated in 1970.

These characteristics of my study sample help inform my investigation. By providing this historical background, I am able to provide historical context and identify some questions about the role of education in maintaining Black subordination during this time and how this combined with early life advantage and disadvantage to perpetuate Black subordination and white domination.

Education and White Supremacy

One of the key ways the United States has consistently maintained Black subordination and white domination has been controlling Black Americans' ability to read, write, and learn. This goes back to the time of slavery. Not only did enslavers keep enslaved peoples from learning how to read and write, but in some states, laws were passed to make it illegal to teach enslaved peoples—and in some cases, free Black people—to read and write (Williams 2005). This system of Black subjugation meant controlling not only the bodies but the "thoughts and imaginations" of enslaved peoples (Williams 2005: 7). As Williams (2005) argued, to teach enslaved Africans and their descendants to read and write would mean recognizing that they, like their enslavers, had minds worth enriching. Even more, an enslaved population who could read and write put the whole system at risk: enslaved people who could read could learn for themselves about the nature of the system in which they were terrorized and exploited, and

enslaved peoples who could write meant the ability to expose the lies of the system and tell their own stories (Williams 2005).

At the beginning of the twentieth century and before the first wave of the Great Migration, 90 percent of Black Americans lived in the South (Brown and Webb 2007). Under Jim Crow, Black Americans in the South were largely locked out of educational opportunities. What motivated enslavers to keep enslaved people illiterate was the same motivation behind white exclusion of their fellow Black citizens from education: fear that it would overturn the system. White Southerners believed that an educated Black population would lead Blacks to "expect more to life than their subordinate status within the southern hierarchy" (Brown and Webb 2007: 194).

This wasn't the only reason for excluding Black Americans from formal systems of education. Their exclusion was also rooted in capitalism. After slavery, the South remained an agricultural region. The South responded to the end of slavery by creating the sharecropping system in which white land owners entrapped Black farmers into a lifetime of servitude (Brown and Webb 2007). This system of reconfigured enslavement, which often meant impossible-to-meet agricultural production, meant that Black families with children often kept their children out of school even when there were schools for them to attend—always separate *and* unequal—because labor was needed on the farms (Margo 1990; Patterson 2001). The unified stance of white Southerners and politicians was effective in creating a system that ensured limited educational opportunities and economic subordination and exploitation that kept Black Americans from being able to afford the benefits of education. This was enforced not only by law but also with violence as the "ultimate weapon" (Patterson 2001: 5).

After WWII, Black Americans left rural areas for cities and found industrial work, which led to the growth of the Black middle class in the South and North. When Black Americans tried to use their improved socioeconomic position to move into white neighborhoods in the North so that they could access quality education, white neighbors responded with fire-bombings, anti-Black violence, and other acts of terror. Their efforts to move into these neighborhoods were also limited by federal housing policies that institutionalized discrimination against Blacks seeking the federally supported home mortgages that were available to whites (Patterson 2001; Rothstein 2017). Further, municipal governments used a number of tactics to ensure white and Black children could not attend the same schools, including zoning regulations, gerrymandered school districts, and intentionally building schools next to Black public housing (Patterson 2001).

Up until the Supreme Court's 1954 *Brown v. Board of Education* ruling, education in the United States was based on the Supreme Court's 1896 decision, *Plessy v. Ferguson*. In this decision, the Supreme Court ruled that public facilities could be segregated by race so long as there were "separate but equal" facilities. The *Plessy* ruling itself was the culmination of three decades of white Americans' efforts to undermine and reverse Black gains in Reconstruction in order to re-establish white supremacy (Bell 2004). With the *Plessy* decision, white Americans made racial segregation the way of life in every domain. As Bell (2004) wrote about this time, "[n]o detail seemed too small" as segregation was legalized everywhere: from bathrooms and water fountains to cemeteries and public events (12). The purpose of this was not simply to exclude or segregate but rather to subordinate Black Americans who, "without regard to their accomplishments, were presumed to be inferior" (Bell 2004: 13).

The landmark ruling in *Brown* (1954) declared that "separate but equal" was inherently unequal and therefore violated the clause of equal protection under the law. Chief Justice Warren called public education "perhaps the most important function of state and local governments," and Warren argued that racial segregation in education would generate "feelings of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely to ever be undone" (Bell 2004: 17).[1]

While no doubt a victory for Civil Rights activists and advocates, not everything was settled. The Court had not yet determined what precisely it would look like to ensure equal protection. This didn't happen until 1955 when the Court issued another ruling, commonly referred to as *Brown II*. The states argued that the "what to do about it" should be sent back to do the district courts. The Supreme Court ruled that the administration of *Brown* could be determined at the local and state level (Bell 2004).

As Bell (2004) showed, *Brown II* was largely seen by civil rights advocates as a great mistake. Quoting the *Brown II* ruling, Bell wrote that the Supreme Court expected "a prompt and reasonable start toward full compliance," granting states time to figure out how to address issues of transportation, school personnel, and the like. The Court sent the cases to district courts, ordering them to desegregate public schools "with all deliberate speed" (Bell 2004: 18). Never defining "all deliberate speed," this pushed desegregation efforts into the hands of judges in the segregationist South who used discretion in interpreting this phrase. According to Bell (2004), *Brown II* rendered the first *Brown* decision "more symbolic than real" (19). The Segregationist South could determine compliance on their own terms. As former NAACP General Counsel Robert L. Carter (1968) wrote, "Few in the country … understood in 1954 that

[1] Interestingly, this is also what Clark (1965) and Carmichael and Hamilton (1967) believed plagued Black Americans.

racial segregation was merely a symptom, not the disease; that the real sickness is that in all of *its* manifestations is geared to the maintenance of white superiority" (as cited in Bell 2004: 96). There was little change in the South. *Brown II* made this a state's rights issue, and white supremacy was the law of the South.

There are two other notable changes to US education that are worth mentioning here for understanding Black subordination and white domination in education for the cohort in this study: a piece of federal legislation and a Supreme Court case. With the passing of the Civil Rights Act of 1964, Title VI outlawed discrimination in programs or activities that received federal funding. As Halpern (1995) noted, "Title VI has been used more prominently by the federal government to attempt to eliminate racial discrimination and segregation in schools" (2). While this is no doubt an important piece of legislation, some scholars doubt the long-term impact it had (Halpern 1995), and importantly for this study, the educational careers of the cohort I am studying would have been largely unaffected by this legislation since the youngest completed high school only two years after this passed and would have completed college only six years after it passed.

The 1971 Supreme Court case *Swann v. Charlotte-Mecklenburg Board of Education* was also important in this fight to preserve white supremacy in education. The ruling in this case held that in segregated school districts, lower courts had the authority to order schools to be racially balanced and to develop reasonable practices—e.g., busing—to desegregate Southern schools. Subsequent Court cases argued that this extended to schools in the North as well. These rulings contributed to white families leaving public schools and moving to the suburbs at rapid rates in the 1970s (Bell 2004). Like the Civil Rights Act of 1964, however, this case did not impact the educational careers of the adults in this study.

With this historical overview, we see that for this cohort, despite some legal and legislative victories for Black Americans, there was relative consistency in both the effort to maintain white supremacy by excluding Black Americans from education and success in doing so.

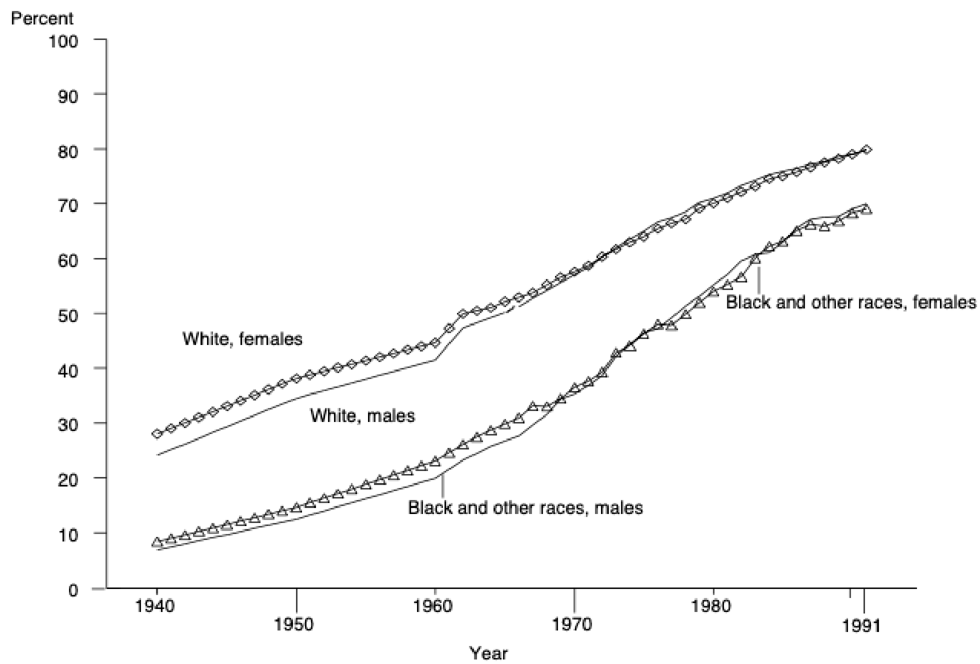
Education Trends in the United States

While Court-ordered desegregation did little for those raised in the middle of the twentieth century, education in the United States was itself undergoing change. Between 1940 and 1970 saw some important educational trends: more Americans were enrolling in primary and secondary education, more Americans were completing high school, and more Americans were attending post-high school education, including vocational training and colleges and universities. Despite these trends, substantial racial disparities persisted, and Black Americans lagged behind their white counterparts, as I show below in Figure 3.1. This was the case in the South as a result of Jim Crow and in the North as racial residential segregation persisted. For Black Northerners, however, the Great Migration proved to be important: as more families moved into the North, these second-generation migrants saw improved educational outcomes (Alexander et al. 2017).

As Figure 3.1 shows, from 1940 to the mid-1960s (the years in which my study sample would have attended school), the percentage of Americans who had completed four years of high school increased. In 1940, less than 10 percent of Black adults and approximately 25 percent of white adults age 25 and older had completed high school. By 1960, this percentage doubled for Black Americans to approximately 20 percent and increased to around 40 percent

for white Americans (US Department of Education, 1993).[2] It is important to note that this is the number of all Americans over age 25 who had completed high school. An increase in this percentage over time reflects both an increase in the number of those who were completing four years of high school as well as the death of older Americans who were born during times when far fewer had completed high school.

Figure 3.1: High School Completion Rates by Race, 1940–91
(US Department of Education 1993)

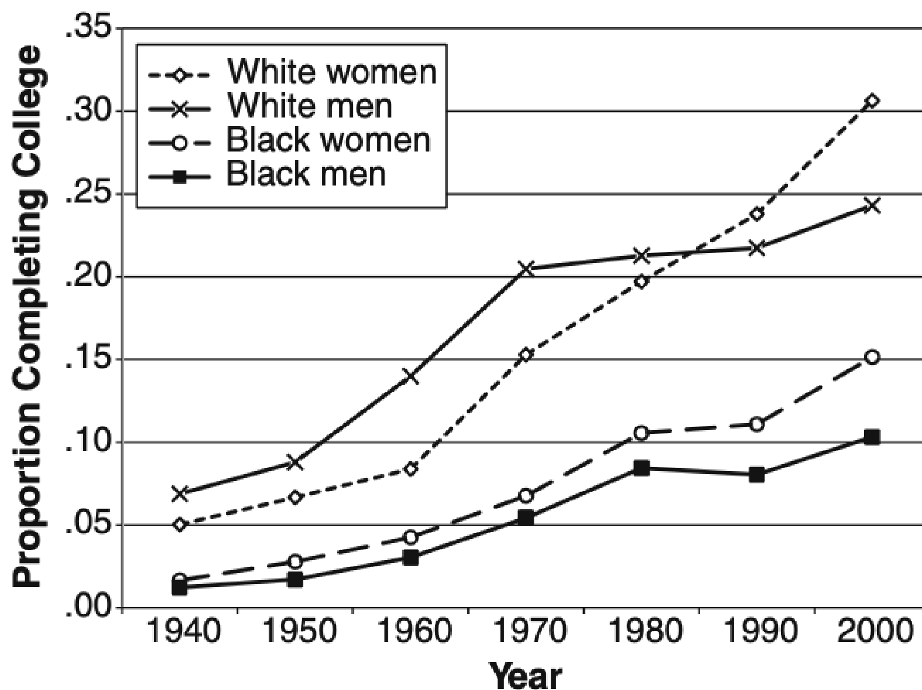


Though less of an increase, a similar pattern shows up for college education. Figure 3.2 shows that in 1940, very few Black Americans had college degrees. By contrast, approximately

[2] Another statistic that is useful here: In 1960, when the oldest respondents in the study would have been age twenty-five, white men completed on average 12.4 years of school and white women 12.3 years. By contrast Black men of the same age completed only 10.5 years of schooling and Black women 11.1 years. In 1973 when the youngest respondents were twenty-five years old, the years of schooling gap had closed: white men and women completed on average 12.8 and 12.6 years, respectively, while Black men and women completed on average 12.3 years and 12.4 years, respectively (U.S. Department of Education, 1993).

7 percent of white men and 5 percent of white women had bachelor's degrees. While the number of Black Americans who completed college had increased through the 1950s, 1960s, and up to 1970, only 5 percent of Black men and just over 5 percent of Black women had completed a bachelor's degree by 1970. By contrast, white men with college degrees increased from around 7 percent in 1940 to nearly 15 percent in 1960 and over 20 percent in 1970 while white women saw increases from 5 percent in 1940 to over 15 percent in 1970 (McDaniel et al. 2011).

Figure 3.2: College Completion by Race and Gender, 1940–2000 (McDaniel et al. 2011)



While educational opportunities for Black Americans increased across these years and Black Americans had access to higher education in the 1960s and 1970s that was unavailable to previous generation, stark education differences persisted. These gains were largely the result of social and political programs during this time, beginning with Civil Rights legislation and extending into the era of affirmative action (DiPrete and Grusky 1990; Katznelson 2005).

Before *Brown v. Board*, 90 percent of Black students were educated at HBCUs (Allen et al. 2007). However, limited funding for these colleges and universities meant limited enrollment and lower-quality facilities and resources for training and educating attendees (Herbold 1994; Katznelson 2005).

Despite the limitations of the Civil Rights Act of 1964, which desegregated education at colleges and universities receiving public funds, there was an increase in the number of Black students enrolled at traditionally white institutions (Allen et al. 2007). By 1975, around three-quarters of all Black college students were attending traditionally white institutions (Allen 1992). However, as Figure 3.2 shows, this suggests that while the relative number of Black students at white institutions increased, the share of Black Americans over all who received this level of education remained quite small.

Measures and Methods

For this investigation, I primarily rely on NSHAP's education variable, which recodes a number of variables to classify respondents into one of four categories: 1 = less than high school, 2= high school or equivalent, 3 = vocational certification, some college, or completed an associate's degree, and 4 = bachelor's degree or more. For the analyses in this chapter, I use a series of cross tabulations to compare educational outcomes and chi-squared tests to compare educational outcomes by starting points, by race, and finally by starting point and race. I use these results and historical contexts to generate specific questions for investigating race differences in educational attainment by starting point.

Educational Outcomes in Context

Before I dive into my investigation into how early life advantage and disadvantage combine with education to maintain Black subordination and white domination for those raised between 1941 through the mid-1960s, I first look at educational outcomes for the study sample.

Table 3.1 shows the educational outcomes by race. The most notable things about the racial differences in education is that the differences are at the highest and lowest levels of education. A similar percentage of white and Black adults graduated high school (25.5 percent and 22.9 percent, respectively) and completed an associate's degree, vocational training, or took college courses but did not complete a degree (34.9 percent and 33.6 percent, respectively). By contrast, Black adults were over three times more likely to have been unable to complete high school (26.0 percent vs. 8.8 percent) and white adults were nearly twice as likely to complete at least a bachelor's degree (30.7 percent vs. 17.5 percent).

Table 3.1: Educational Attainment by Race, 4-Category Education

	White (N=1,259)	Black (N=228)
Less than High School	8.8%	26.0%
High School	25.6%	22.9%
Vocational, Associates, Some Coll.	34.9%	33.6%
Bachelor's or More	30.7%	17.5%
	100.0%	100.0%

Because of the nature of Black exclusion in postsecondary education and training described above, I determined that it would be insightful to dig deeper into the educational attainment of the study sample. The NSHAP variable for education that I used in Table 3.1 includes in one category those who obtained an associate's degree, those who received vocational training, and those who attended but did not complete a postsecondary degree. Given that many young Black

adults were unable to attend four-year institutions and some were pushed into vocational training instead of being encouraged to pursue four-year degrees, I used NSHAP's COLLEGE, COLLEGEY, and DEGREE variables to create new educational categories.[3] Those previously coded as "some college, associate's degree, vocational training, and some college" were coded as "did not complete college," "associate's degree," and "vocational training." This produced a six-category educational attainment variable where 1 = less than high school, 2 = high school or equivalent, 3 = did not complete college, 4 = associate's degree, 5 = vocational training, and 6 = bachelor's degree or more.

Table 3.2: Educational Attainment by Race, 6-Category Education

	White (N=1,259)	Black (N=228)
Less than High School	8.4%	25.1%
High School	25.5%	22.9%
Some College	16.0%	10.3%
Associate's Degree	12.1%	19.4%
Vocational Training	9.0%	6.5%
Bachelor's Degree or More	29.1%	15.8%
	100.1%	100.0%

Table 3.2 includes these new categories to identify racial differences in educational attainment across a broader spectrum of educational possibilities. First, a higher percentage of white adults than Black adults started but did not complete college (16.0 percent vs. 10.3 percent). This most likely reflects opportunity: white adults during this time had more opportunities to attend college, which also means a higher percentage who may have unable to complete their course work (e.g., financial reasons), who decided that college was not for them,

[3] This is another example of "locating" one's study by using historical context to inform one's investigation.

or who left college for employment. A higher percentage of Black adults than white adults completed associate's degrees (19.4 percent vs. 12.1 percent), which may reflect either Black exclusion from four-year institutions or the inability to afford four-year institutions. White adults were slightly more likely than their Black peers to have some vocational training (9.0 percent vs. 6.5 percent). With my recoding, I found that some Black adults who had been categorized as having a bachelor's degree actually had a different educational outcome (15.8 percent in Table 3.1 vs. 17.5 percent in Table 3.2).[4] I do note here that while there are some differences that I would like to explore, I am limited by cell size, so I simply offer this not only because it is interesting, but more because I believe this shows how taking a "located" approach can guide quantitative investigations.

Educational Attainment by Starting Point

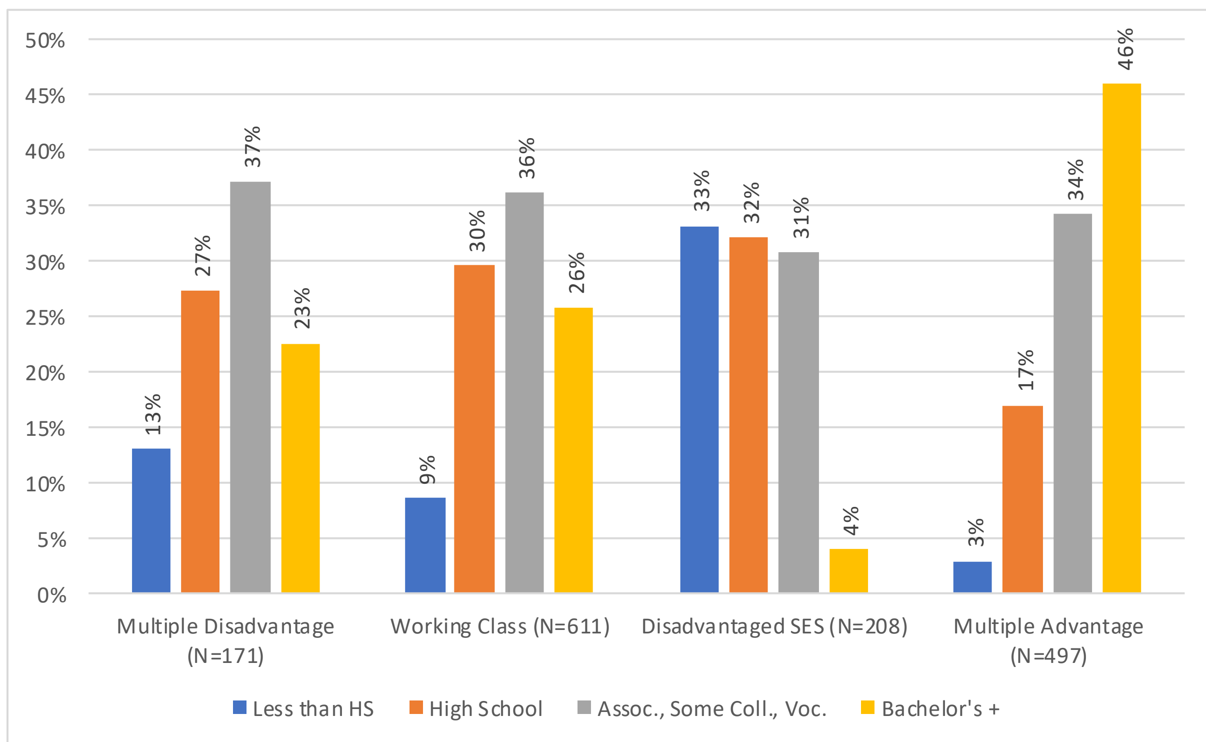
I now move to looking at educational outcomes by early life starting point. With this, I want to look at the educational attainment based on the starting point that these adults "inherited" from their parents. I first look at early life starting point and educational attainment, and then do the same for Black and white adults separately.

Figure 3.3 provides the results of the cross tabulations for early life starting point by educational attainment. The first thing to note is the similarities between those from the Multiple Disadvantage group and those from the Working Class group. In Multiple Disadvantage, we see that 13 percent did not complete high school; 27.3 percent have a high school degree; 37.1 percent completed an associate's degree, vocational training, or took college courses but did not complete a degree; and 22.6 percent completed at least a bachelor's degree. Those from the Working Class have very similar educational outcomes as the Multiple

[4] More investigation is needed here to determine how coding differences may have led to these different percentages.

Disadvantaged group: 8.5 percent did not complete high school while 29.5 percent completed high school; 36.1 percent completed an associate's degree, vocational training, or took some college courses; and 25.8 percent completed at least a bachelor's degree. This suggests that despite some differences in early life SES and substantial differences in childhood social environment (Chapter 2), educational outcomes are quite similar. Taking the results from the previous chapter and the results of Figure 3.3 together suggests that the Multiple Disadvantage group may be Working Class adults with considerable social environment disadvantage.

Figure 3.3: Educational Attainment by Early Life Starting Point



Those from Disadvantaged SES have by far the worst educational outcomes. One-third were unable to complete high school (33.2 percent), one-third completed high school (32.1 percent), and nearly one-third of Disadvantaged SES adults completed an associate's degree,

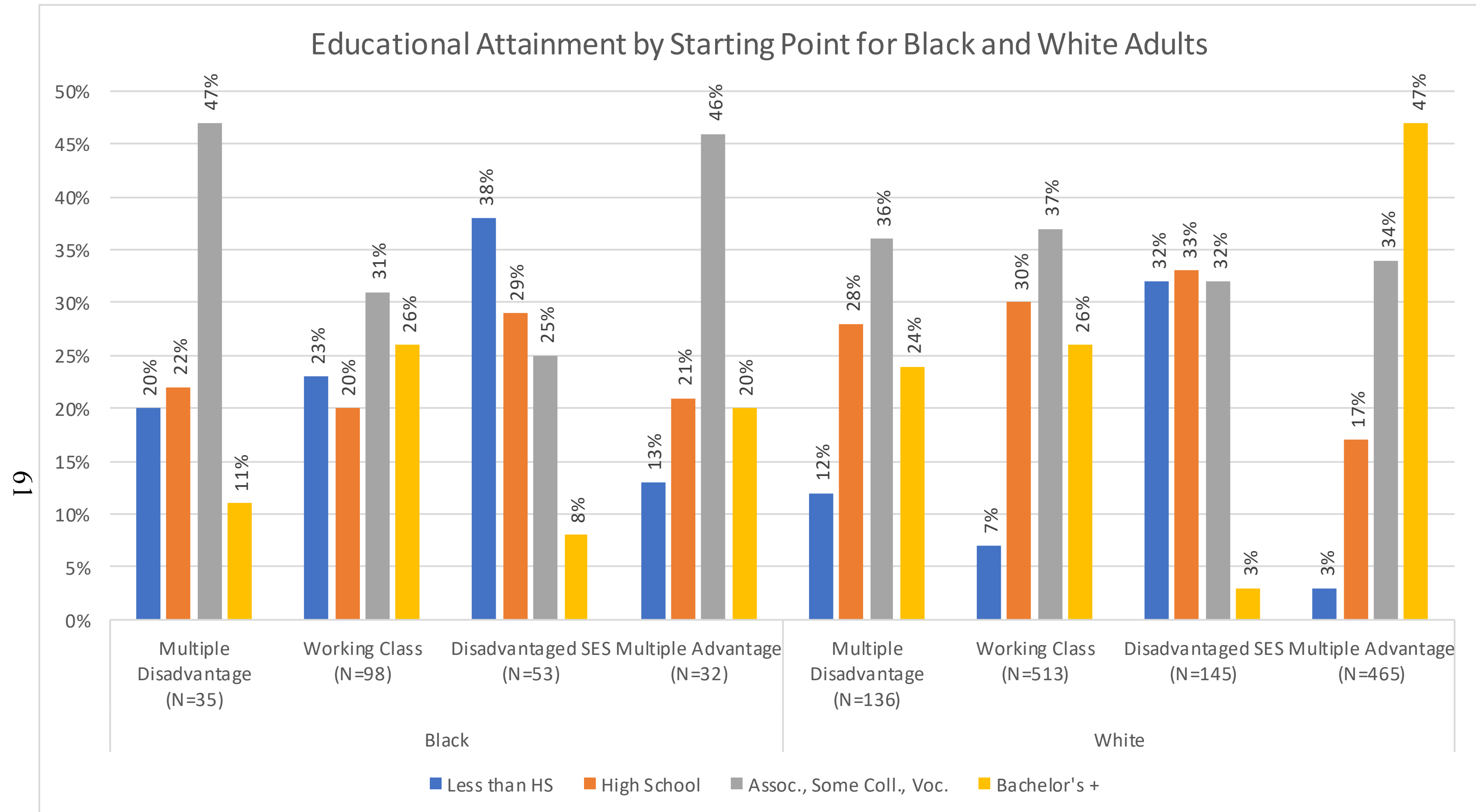
vocational training, or some college courses (30.8 percent). However, only 4 percent completed at least a bachelor's degree.

Finally, those from the Multiple Advantaged starting point had the best educational outcomes: only 2.9 percent were unable to complete high school and only 17 percent were high school graduates. This means that 80 percent completed postsecondary education, with 24.2 percent completing an associate's degree, vocational training, or some college and 46.0 percent completing a bachelor's degree or more (46.0 percent).

Educational Attainment by Race and Starting Point

I turn now to educational outcomes for Black and white adults from each early life starting point. The results of these cross tabulations are found in Figure 3.4. Before discussing these results, it is important to note historical context here because I use this to frame my investigation. As I described in Chapter 1, this period of US history was a time of expanded economic and educational opportunities for the parents of the adults in this study, primarily for white Americans as a result of legalized racial discrimination and white affirmative action. In the historical overview in this chapter, I noted that while this was a time of expanded educational opportunities for Black and white Americans, the majority of the gains were made for whites. I found that (a) there was an increase in young white and Black adults completing four years of high school, though young Black Americans lagged behind whites; (b) there was an increase in white and Black adults completing four-year degrees, although again, Black Americans completed four-year degrees at a much lower rate; and (c) young Black adults were often locked out of four-year degrees, which means that they were forced to pursue other kinds of education or training (e.g., associate's degree and certain kinds of vocational training).

Figure 3.4: Educational Attainment by Early Life Starting Point for Black and White Older Adults



Multiple Disadvantage

In Chapter 2, I showed that those from Multiple Disadvantage came from homes with low-educated parents, families that were not well off financially, and social environments where they experienced multiple types of disadvantage. A slightly higher percentage of Black adults (15.7 percent) than white adults (10.8 percent) had this starting point.

Given the results of Chapter 2 as well as the historical overview and educational trends described above, I developed two questions to guide my investigation into the educational attainment for this starting point: (1) Were Black adults as likely as their white peers in each starting point to experience the upward educational mobility that seems to characterize this time period? (2) Were Black adults more likely than white adults to get "left behind" (i.e., to be unable to complete high school) in this wave up educational opportunities?

Figure 3.4 shows that Black and white adults from the Multiple Disadvantage group had relatively high levels of education. Approximately the same percentage of Black and white adults received education beyond high school (58 percent vs. 60 percent). However, a higher percentage of white adults completed at least a bachelor's degree (24 percent vs. 11 percent) while a high percentage of Black adults completed an associate's degree, vocational training, or some college courses (47 percent vs. 36 percent). Figure 3.4 also shows that a slightly higher percentage of Black adults than white adults were unable to complete high school (20 percent vs. 12 percent).

I turn now to the two questions I posed above. Statistical tests show that Black adults from Multiple Disadvantage were as likely as their white counterparts to have postsecondary education, but among those with postsecondary education, Black adults were more likely than their white peers to complete an associate's degree, vocational training, or to begin but not

complete a college degree than they were to complete a bachelor's degree ($p=.078$).[5] Second, while a higher percentage of Black adults ended their educational careers by completing high school (20 percent vs. 12 percent), the difference was not statistically significant ($p=.28$).

It is important to note here the small cell sizes. Only thirty-five Black adults come from the Multiple Disadvantage group, with only seven with less than a high school education and only four completing at least a bachelor's degree.

Working Class

In the last chapter, I showed that those from the Working Class group came from families in which the majority had fathers and mothers who did not complete high school (65.3 percent and 58.6 percent, respectively) and nearly half reported coming from families that were "about average" or "well off" financially (41.9 percent and 6.2 percent, respectively). They also came from two-parent, happy, healthy, and violence-free homes. I argued that those with Working Class starting points made up an important part of the quintessential middle class characterized by the upward socioeconomic mobility of the middle of the twentieth century.

As I did with the those from the Multiple Disadvantage group, I first look at the educational outcomes. Figure 3.3 shows that, like those from Multiple Disadvantage, the majority of these adults had postsecondary education. In fact, about the same percentage of those from the Working Class (62 percent) and from Multiple Disadvantage (60 percent) did so. The Working Class also had a very similar percentage of adults who completed high school (30 percent vs. 27 percent) and who were unable to complete high school (9 percent vs. 13.0 percent).

[5] Because of the small cell sizes, I use a p-value cut off of $p<.10$.

Because of the similarities in socioeconomic background with the Multiple Disadvantage, I use the same two questions to guide me here: (1) Were Black adults as likely as their white peers in each starting point to experience upward educational mobility? (2) Were Black adults more likely than white adults to get "left behind" (i.e., to be unable to complete high school) in the larger trend toward increased educational attainment?

While the majority of the parents of these adults did not complete postsecondary education (Chapter 1), the majority of these adults did go on to postsecondary education. Figure 3.4 shows that Black and white adults with this starting point have similar postsecondary educational outcomes. Nearly one-third of Black adults (31 percent) completed an associate's degree, vocational training, or took college courses but did not complete a degree compared to just over one-third of white adults (37 percent), and 26 percent of white and Black adults completed at least a bachelor's degree.[6] It appears, then, that Black and white adults in this cohort were able to take advantage of the postsecondary educational opportunities of the time.

Even with similar Black-white postsecondary educational outcomes, I found that Black adults from the Working Class were more likely to be "left behind." Figure 3.4 shows that Black adults were three times as likely as white adults to be unable to complete high school (23 percent vs. 7 percent), and this difference is statistically significant ($p=.001$).

Disadvantaged SES

As a reminder from Chapter 2, the majority of those with this early life starting point don't know their parents' education, and nearly two-thirds of the adults in this group (64.6

[6] Interestingly, further analysis using the DEGREE variable showed that 25 percent (N=6) of the Black adults who completed at least a bachelor's degree *only* received a bachelor's degree compared to 60 percent of white adults. Seventy-five percent (N=18) of Black adults obtained a master's degree, law or medical degree, Ph.D., or some other kind of degree compared to only 40 percent of white adults.

percent) said they grew up in homes that were not so well off or not well off at all. They lived in relatively happy, violence-free homes, though some did not come from two-parent homes.

As Figure 3.3 shows, this group has the worst educational outcomes. One-third did not finish high school (33.2 percent), about one-third graduated high school (32.1 percent), and about one-third completed an associate's degree, vocational training, or started but did not complete college (30.8 percent). Only 4 percent of these adults completed a bachelor's degree.

To guide the investigation here, I am interested in Black-white differences in educational attainment within the context of expanded opportunities during this time, but the (presumed) low levels of educational attainment of their parents and the low socioeconomic status suggests that "upward educational mobility" and "getting left behind" may look very different for this group.

Figure 3.4 shows that white and Black adults with this starting point have quite similar educational outcomes. A staggering 38 percent of Black adults and 32 percent of white adults did not finish high school while about one-third of Black adults (29 percent) and white adults (33 percent) completed high school. A slightly higher percentage of white adults than Black adults completed an associate's degree, vocational training, or took college courses (32 percent vs. 25 percent, respectively). While 8 percent of Black adults completed at least a bachelor's degree compared to only 3 percent of white adults, it is important to note the small cell sizes: only four Black and five white adults in this sample completed at least a bachelor's degree. Taken together, we see very little differences in outcomes by racial group with this starting point.

It is important to note here that despite the similar educational outcomes for Black and white adults, Black adults were almost three-times more likely to have inherited this starting

point (30.4 percent vs. 11.1 percent). So, while both Black and white adults from this starting point are highly disadvantaged, Black adults are disproportionately found among those with this starting point.

Multiple Advantage

Those from the Multiple Advantage group were by far the most advantaged group. Over half had fathers with postsecondary education (55.0 percent) and four of ten had mothers with education beyond high school (41.2 percent). They also had healthy childhoods in low-violence, happy, two-parent homes.

Figure 3.3 shows that those from Multiple Advantage themselves had high levels of educational attainment with 34.2 percent completing an associate's degree, vocational training, or taking college course and 46.0 percent completing at least a bachelor's degree This means that 8 in 10 achieved postsecondary education.

Because of the early life advantage that characterizes this group, I investigate (1) whether Black and white adults were equally likely to take advantage of the increase in postsecondary education during this time, and (2) whether Black adults were more likely to get "left behind" with lower levels of educational attainment.

First, I look at whether Black adults were more likely to have lower levels of education. As Figure 3.4 shows, Black adults were more likely to have been unable to finish high school (13 percent vs. 3 percent), and this difference was statistically significant ($p=.013$). I also found this was the case ($p=.093$) when looking at whether Black adults were more likely than their white peers to have high school education or less (34 percent vs. 20 percent).

I now look at whether among those who completed high school, Black adults were as likely as white adults to complete a bachelor's degree, or if (as was the case with those from

Multiple Disadvantage) Black adults were more likely to fall short of a bachelor's degree and only complete an associate's degree, vocational training, or took college courses. Among those who went on to postsecondary education, Black adults were more likely to have completed an associate's degree, vocational training, or some college courses than they were to complete a bachelor's degree or more (p=.032).

As with the case for those from the Multiple Disadvantage starting point, there are sample size concerns here. There are only thirty-two Black adults in the Multiple Advantage cohort with a small number who were unable to complete high school (N=3) and who completed at least a bachelor's degree (N=6). It is also worth pointing out here that white adults are disproportionally found in this group: only 13 percent of Black adults were in this class compared to 37 percent of white adults.

Discussion

In this chapter, I take a historical deep dive into how education played a key role in maintaining Black subordination and white domination for adults born and raised in the middle of the twentieth century. I then investigated (1) Black-white differences in educational attainment, (2) differences in education by starting point, and (3) Black-white differences in education by early life starting point. I attempted a "located" approach by drawing on historical context and larger trends in educational attainment in the middle of the twentieth century to generate research questions and to make sense of the differences I did find.

By studying Black-white differences in educational attainment by early life starting point, I set out to investigate how early life and educational attainment—two key ways that Black subordination and white domination are maintained—combine for this cohort of adults. The only early life starting point that didn't show any Black-white differences in educational

attainment was the Disadvantaged SES group. The remaining groups all had at least one statistically significant difference in which Black adults' lives reflected the Black subordination and white domination in education.

Among those from the Multiple Disadvantage and Multiple Advantage groups, Black adults were less likely than white adults to pursue four-year degrees and more likely to complete an associate's degree, some college, or vocational training. This seems to reflect the way that Black Americans were locked out of four-year institutions as they were more likely to have postsecondary education that did not include getting a bachelor's degree. This suggests that Black adults from these starting points were less able to take advantage of the expanding educational opportunities during this time

Among those from the Working Class and Multiple Advantage cohorts, Black adults were more likely than their white counterparts to have been unable to complete high school. This suggests that during this time of expanded educational opportunities, Black adults from this cohort were in fact "left behind." It is especially noteworthy that this was the case for the two most advantaged starting points, two groups that made up the middle class that developed as a result of the postwar economy and the federal legislation that targeted white Americans. It is particularly noteworthy that the only early life starting point in which Black adults were more likely to be "left behind" and more likely to obtain an associate's degree, vocational training, or some college rather than a bachelor's degree was the most advantaged starting point, i.e., Multiple Advantage.

There is an important limitation that I noted above. There are only thirty-five and thirty-two Black adults in each of the Multiple Disadvantage and Multiple Advantage groups, respectively. This makes the cell sizes for educational attainment small and means that caution

should be taken with interpreting these results. When thinking ahead to studying the health consequences of the system of Black subordination and white domination, admittedly there will be sample size challenges. Future work should consider data sources with similar early life and education measures that have larger sample sizes for the same cohort (e.g., the Health and Retirement Survey).

I note here another consideration, though not necessarily a limitation. While I found racial disparities in educational attainment, they were perhaps less severe than I expected given the historical overview I provided for educational attainment. This very well may be the result of early mortality for Black Americans. At time of the interview, the adults in this study were between the age of sixty-seven and eighty. Researchers have found that the "mortality crossover" occurs around age seventy-five (Lynch 2008). It is possible that (lack of) racial disparities in education for this study sample may reflect the fact that I may have in my sample the healthiest Black adults—that is, Black adults with less education may have been less likely to live long enough to be included in this sample. In their study using the Health and Retirement Survey (HRS), Hayward and his colleagues (2000) estimated that only 40 percent of Black men born between 1931 and 1941 lived until age 60 (see Shuey and Willson 2008). While this does not match my study sample exactly, as my sample includes men and women born between 1935 to 1948, it is relatively close and may indicate how early mortality may impact my study sample.

CHAPTER 4
THE HEALTH CONSEQUENCES OF BLACK SUBORDINATION AND WHITE DOMINATION: A RELATIONAL APPROACH

Introduction

In this chapter, I bring together the work from the previous chapters to investigate the health of the cohort of adults in this study. In order to do this, I draw on the social consequences model (Aneshensel 2005), a sociological approach in which health outcomes are seen as the consequence of "social arrangements" like "race." Because I have been using the idea of Black subordination and white domination for my understanding of "race" in the US, I draw on the social consequences model to study the health consequences of Black subordination and white domination. In order to do this, I begin by laying out different ways of finding Black subordination "at work" in the lives of the cohort I am studying.

One way that Black subordination and white domination shows up in people's lives is that the system was designed to ensure that Black adults are systematically disadvantaged and excluded from resources and opportunities. So if Black Americans are excluded and locked out of opportunities, then they won't be able to achieve or attain the same level as their white peers in terms of education, employment, occupation, housing, and neighborhoods. This maintains their low status in society.

Another way to see Black subordination "at work" is to look at what happens when Black Americans "climb up the ladder" to achieve a level similar to their white peers. The racial system in the US was designed to ensure that when Black Americans *did* attain the same level of achievement, there were systems and structures in place to ensure that they would not benefit in the same ways, thus keeping them in a subordinated position. Wilkerson (2020) cites W.E.B.

Du Bois, who wrote, “The masters feared their former slaves’ success far more than their anticipated failure” (as quoted in Wilkerson 2020: 224). One way to get insight into how this system works, then, is by looking at what happens when those who are subjugated and subordinated “go against the script” and “step outside the roles expected of them” (Wilkerson 2020: 224).

In this chapter, I draw on this second way of thinking about how Black subordination and white domination works. I investigate what happens to the health of Black adults who start from behind and “catch up” to—that is, reach the same level of education as their white peers. However, as I argue below, if we want to understand how Black subordination and white domination works, we also need to understand whether this works the same way for white adults who, like the Black adults I mentioned above, also start from behind. Through a series of comparisons, I attempt a novel, relational approach to studying the health consequences of Black subordination and white domination. This approach is an attempt to apply Emirbayer’s (1997) relational approach. Emirbayer argued that individuals exist first and foremost in relationship to each other, and that in relational sociology, the relationship or arrangement is the unit of analysis. With a series of statistical tests, I attempt an approach that makes the relationship of Black subordination and white domination the unit of analysis.

The Social Consequences Model

In her work on mental health, Aneshensel (2005) described two types of approaches that sociologists take in order to understand how society impacts mental health—the social etiology model and the social consequences model. The social etiology model takes up the task of identifying the social risk factors associated with a particular disorder. Aneshensel (2005) argued that it is “etiological” because “it’s motivation is to locate the causes or origins of the

disorder" in order to identify interventions (e.g., policies or programs) to prevent the disorder (222).

Aneshensel acknowledges, however, that this approach is problematic for sociologists "because the goals of sociological inquiry are usually not etiological" (2005: 223). Instead, the goal of sociological inquiry is to understand "the consequences of various social arrangements on people's lives" (223). In sociology, the object of inquiry ought to be the way that humans are arranged within a society, and the goal is to understand how society impacts health as opposed to trying to isolate a particular cause of one particular health outcome. The difference, Aneshensel wrote, is that the social etiology model is concerned with the "social antecedents of a particular disorder," while the social consequences model is concerned with the health consequences of social arrangements (223).

With its emphasis on social arrangements, the social consequences model holds that the health consequences of social arrangements are nonspecific (Aneshensel 2005; Cassel 1974, 1976). Cassel's (1974, 1976) work is often seen as the genesis for this idea. Cassel argued that social factors do not raise individuals' vulnerability to any specific disease. Instead, the social environment produces a general susceptibility to illness and disease with the specific nature of health outcomes "determined on other grounds" (Turner 2013: 172).

Because health consequences result from social arrangements, health outcomes are not "abnormal" or "pathological" but rather the logical consequences of a society arranged in particular ways. An example Aneshensel (2005) provides is that of unemployment: in a capitalist society, there will always be unemployed people and, by extension, the stress of unemployment. Disorders from unemployment are "inevitable" given the role of unemployment in a capitalist society (224). According to Aneshensel, "The very structures and processes that

make social life possible for most people create circumstances that are intolerable for some persons" (2005: 224).

Finally, to say that the health consequences are nonspecific means that the health consequences are not limited to any single disease or disorder (Aneshensel 2005; Turner 2013). This means that a group in a social arrangement can have a multitude of disorders and diseases that arise because of their location in the social arrangement. It also means that the health consequences can be different for different groups. For example, one group might be more likely to have depression while another group more likely to have hypertension. This means that if we want to understand the health consequences of a social arrangement (e.g., "race,"), we need to study it in ways that account for the fact that multiple—and different—health outcomes are possible. Using a single health outcome might lead to misclassifying someone as "well" simply because they don't have one particular health outcome, but they may have another health outcome not used in the study (Turner 2013).

The Health Consequences of Black Subordination and White Domination

The social consequences model has implications for this chapter. First, it means that when studying health, I am interested in the health consequences of "race" as a social arrangement, or more specifically, a system designed to subordinate Black Americans and to ensure white dominance. It means that the health consequences of this system are nonspecific and depend on the specific nature of this system. In this chapter, I look at early life starting point and educational attainment as key pieces of this social arrangement. The social consequences model also means that whatever health consequences I find as a result of this system, these are logical outcomes of a system that arranges Black and white Americans in this way. Finally, it means including a number of health measures so that I can be sure I can account

for the fact that (a) the health consequences might be different for different groups, and (b) single-measure approaches can mean misidentifying people as "well" when in fact they simply don't have one particular health condition but might have others.

In order to describe how I am thinking about health, I offer an analogy. Let's imagine the life course as a race that begins at birth. Because of this system of inheritance described in Chapter 1, some Black and white adults in this cohort had different starting points, and as a result of the way that opportunities and access to resources are structured by race, the lanes in which they must run are quite different. Figure 4.1 shows an illustration by Swedish artist Emanu entitled "Equality Hurdles,"[1] and offers helpful imagery.

Figure 4.1: "What's the Matter? It's the Same Distance!"

When investigating the health consequences of a system of Black subordination and white domination, health is not some endpoint or outcome, i.e., health is not the finish line. Instead, when we assess health in older adulthood, what we're asking about is the condition

[1] Available at "Deviant Art," https://www.deviantart.com/emanu.

(i.e., the health and well-being) of "raced" bodies as a result of running a race where the conditions of the lanes depend on the shade of their skin. In this way, the conditions of raced bodies in a system of Black subordination and white domination reflect the way that society has structured the life—or here, running lanes—for Black and white Americans. When it comes to thinking about health, raced bodies end up in particular conditions as "the very structures and processes that make social life possible for most people create circumstances that are intolerable for some persons" (Aneshensel 2005: 224).

Let's imagine that we wanted to assess the health of the two people in Figure 4.1 just after the second hurdle in the left lane and the brick wall in the right lane. Given the conditions of these lanes, it would be quite reasonable that their bodies would be in very different conditions based on how the race was structured differently for them. The white man on the left may have an elevated heart rate but the Black woman on the right might have a high heart rate, cuts and bruises, and perhaps an injured ankle. In this way, comparing Black and white health is about assessing the condition of bodies from "running in a race" that was designed to benefit one group over another.

In the introduction to this chapter, I described two ways of thinking about Black subordination: keep Black Americans locked out of opportunities and ensure that when they do reach a level of achievement (e.g., education), they do not benefit the same ways as their white peers. When thinking about early life starting points and education, then, I investigate whether Black adults who inherit a more disadvantaged starting point and attain a certain educational level will benefit the same way as white adults from a more advantaged starting point with the same level of education. Put another way, are there differences in the condition of white bodies

from a more advantaged starting point and Black bodies from a less advantaged starting point despite having the same education?

While I think this is a helpful approach that will tell us something, I also believe that something else is needed to properly understand how this system works because the Black subordination and white domination system is a relational phenomenon. The kind of analysis I have described above would tell us whether Black adults who start from behind and "catch up" with regard to education experience have the same health advantage as their similarly-educated white peers from a more advantaged starting point. But if we want to understand how Black subordination and white domination works, we also have to understand the health consequences for white adults who come from this same disadvantaged starting point.

Going back to the results of my latent class analysis in a previous chapter, let's take as an example, Black adults from the Disadvantaged SES cohort who completed high school. Let's say that I were to find that they have worse health than their more advantaged white peers from the Working Class who also completed high school; specifically, let's say these Black adults are worse off on two health measures. Let's also consider Disadvantaged SES white high school graduates—i.e., those with the same starting point as the Black adults I just described—and see how their health compares to that of Working Class white high school graduates. Let's say that these two groups of white adults do not differ on any health outcomes; that would mean that these white adults who start from a more disadvantaged starting point are able to "catch up" to their white peers from a more advantaged starting point with regard to health.

What I am arguing here is that in order to understand the health consequences of a system of Black subordination and white domination, we have to understand not just what happens to Black adults who reach the same level of achievement as more advantaged whites,

but also what happens to white adults from the same starting points who also try to reach the same level of achievement (here, education). These two comparisons done next to each other—health differences between disadvantaged-starting-point Black adults versus advantaged-starting-point white adults, and these same advantaged white adults compared to white adults from the same disadvantaged starting point as the Black adults—will tell us how this system works. If Black adults who come from disadvantage have different health outcomes as whites from the same starting point, we get insight into the health consequences of a system designed to maintain Black subordination while creating opportunities for similarly-disadvantaged whites to have pathways to health and well-being.

To bring this back to the race analogy I describe above, let's return to Figure 4.1. Let's imagine adding a second white character to the race with lane conditions similar to the white man in the suit. Let's also imagine, as we did above, that this second white runner and the Black runner start 10 meters behind the white character to represent a more disadvantaged starting point but all have the same educational attainment. When we assess the conditions of their bodies at some point in the race, let's say that the disadvantaged-starting-point white adult had health outcomes that did not statistically differ from that of the advantaged-starting-point white adult but the condition of the body of the disadvantaged-starting-point Black adult *did* differ statistically on health outcomes from that of the advantaged-starting-point white adult. If this were the case, we would conclude that there is something about the way society is organized that disadvantaged white bodies are in the same condition as more advantaged white bodies while disadvantaged Black bodies are in worse condition than these more advantaged white bodies. This tells us something about the health consequences of this social arrangement and the way that white domination operates.

Let's consider another scenario. Let's say when we assess the condition of these three bodies, we find that the white character from the disadvantaged starting point has more blisters and a higher heart rate than the more advantaged white runner. We might conclude that there is something about the starting point and maybe the conditions of the lane (e.g., perhaps more obstacles) that means these bodies are in different conditions. We might also conclude that starting from ten meters back has an impact. Let's say that when we assess the condition of the disadvantaged-starting-point Black character compared to the white character with the more advantaged starting point, we find that the Black character has a sprained ankle (compared to none for the white character), higher mental fatigue, and more blisters. Black and white adults from the more disadvantaged starting point both have blisters, perhaps suggesting something similar about their experience, but they differ in other ways from their more advantaged white peer. We might conclude that there is something about their respective starting points and the conditions of their lanes that led to these differences. We would conclude that these disadvantaged whites and blacks had very different experiences in "catching up" to these more advantaged whites. Or said another way, there are different health consequences of this social arrangement for these disadvantaged-starting-point white and Black adults.

While the comparisons I describe provide insight into how this system works, there is one final comparison to consider here. In the last version of my race analogy, we had three runners, all with the same educational attainment: one Black and one white runner from the same disadvantaged starting point and a white runner from a more advantaged starting point. I described how comparing both disadvantaged runners to the white advantaged runner gives us insight into the health consequences of Black subordination and white domination. We also gain

insight when we compare the two disadvantaged runners to each other—back to the race analogy.

Let's say that when we assess the condition of our runners' bodies, both the Black and white runners from the disadvantaged starting point have worse health outcomes than the white runner from the advantaged starting point. This would suggest that starting from behind has the same health consequence for Black and white bodies. Let's also say that Black adults from the disadvantaged starting point had worse health than their white counterparts who also have the disadvantaged starting point. This suggests that while they differ in the same ways from those who started out more advantaged, there's still a health consequence for these Black adults who had the same life trajectories—starting point and education—as their disadvantaged white peers.

Taken together, what I'm proposing here is a series of comparisons in which I investigate Black subordination and white domination as a social arrangement and the health consequences of this arrangement. My goal is to use an approach to studying health that is consistent with my framing. I conceive of Black subordination-white domination as a structuring of society in such a way that Black Americans do not benefit from achievement in the same way as their white peers, and I believe that conducting the comparisons I described above provides an interesting and insightful way for studying the health consequences of Black subordination and white domination.

Measures and Methods

Measures

Drawing on the social consequences model means that (1) the health consequences of social arrangement are "nonspecific," which means that they are not limited to any particular or single disorder or disease; and (2) the health consequences depend on the specific nature of the

social arrangement (Cassel 1974, 1976; Aneshensel 2005). For this reason, I include a number of health outcomes across a number of domains in order to understand how the variety of ways that this system may differentially impact older adults born and raised in the middle of the twentieth century.

The outcomes I use are self-rated physical health, frailty, depression, and cognition.

Self-rated physical health. The first health measure I use is self-rated physical health. This measure has been shown to predict mortality (Idler and Angel 1990) and has been shown to be consistent with individual's objective health status and therefore appears to serve as a global measure of overall health (Wu et al. 2013). In order to assess self-rated physical health, I use NSHAP's question that asks respondents, "Would you say your health is excellent, very good, good, fair, or poor?" In Tables 4.1 and 4.2, I use the abbreviation SRPH to refer to self-reported physical health.

Frailty. In order to assess frailty, I use three measures: the presence of exhaustion, timed chair stand (standing up from a seated position on a chair), and low physical activity.[2] Following Huisingh-Scheetz and her co-authors (2014), the presence of exhaustion was determined by using two questions from NSHAP's depression measure, which both come from the modified Center for Epidemiological Depression (CES-D) scale questions. In these self-assessments, respondents were asked how often they felt tired in the past week. For presence of exhaustion, I use responses to two prompts: "I felt that everything I did was an effort" and "I could not get going." Possible responses for both questions were "rarely or none of the time," "some of the time," "occasionally," and "most of the time." Those who answered "occasionally" or "most of the time" to either question were categorized as 1 = "exhausted."

[2] Unintentional weight loss and gait speed were not included in this study but will be included in future analyses.

For chair stands, respondents were asked to complete a single chair stand using a chair from their home without the use of their arms. If the respondent was able to complete one chair stand, they were asked to complete five successive chair stands as quickly as possible with the interviewer recording the time it took to complete all five. Those who were unable to complete all five, were unable to complete because they were wheel chair bound or it was unsafe to do so, or who took longer than 16.7 seconds were coded as 1 (see Huisingh-Scheetz et al. 2014)

To measure physical activity, respondents were asked about the frequency of their physical activity. Those who responded that they never do rigorous physical activity, that they do rigorous activity less than one time per month, and those who do rigorous activity 1–3 times per month were coded as 1, while those who reported rigorous activity 1–2 times per week, 3 or 4 times per week, or 5 or more times per week were coded as 0. In order to create the frailty measure, I added up the scores for these three measures, resulting in a variable that ranged from 0 to 3 with higher scores denoting higher frailty.

Cognition. For cognition, NSHAP uses an adaptation of the Montreal Cognitive Assessment (MoCA) to construct the survey adaptation called Chicago Cognitive Function Measure (CCFM) (Shega et al. 2014). The CCFM is used to capture global functioning and includes executive function, visuo-construction skills, naming, memory, attention, language, abstract thinking, and orientation. Scores for this measure range from 0 to 20 with higher scores denoting better cognition and lower scores denoting lower cognition.

Depression. To measure depression, I use the Center for Epidemiological Studies Depression (CES-D) scale questions. For this scale, there are eleven questions in which respondents are asked to assess how often in the past week that they "felt like this." Possible responses are "rarely or none of the time," "some of the time," "occasionally," and "most of the

time." These eleven prompts were as follows: did not feel like eating, felt depressed, felt everything was an effort, sleep was restless, was happy, people were unfriendly, enjoyed life, felt sad, felt like people disliked me, and could not get going. The original variables were coded from 1 ("rarely to none of the time") to 4 ("most of the time") with the higher scores indicating higher depression. I recoded these so that scores run from 0 ("rarely none of the time") to 3 ("most of the time"). In addition, I reverse coded to measures "was happy" and "enjoyed life" so that all variables are coded so that higher scores denoted higher depression.

Methods

As I described above, in order to understand the health consequences of this system of Black subordination and white domination, I compare the health outcomes for three different groups with the same educational attainment: (1) white adults from an advantaged starting point, (2) Black adults from a less advantaged starting point, and (3) white adults from the same starting point as these Black adults.

Comparing white adults from an advantaged starting point (#1 above) and Black adults from a less advantaged starting point (#2 above) provides insight into the health consequences for Black adults who begin from a worse starting point yet attain the same level of education. This is based on the notion that in a system of Black subordination, Black adults—despite the same level of achievement—will not benefit in the same way as whites with similar achievement. Comparing white adults from an advantaged starting point (#1 above) and white adults from the less advantaged starting point (#3 above) will provide insight into whether—and if so, how—this system operates to benefit whites. Even more, the results of these two comparisons will tell us something about whether the consequences of disadvantaged starting point are the same for Black and white adults in this cohort. Finally, I compare Black and white

adults from the same starting point in order to get a more complete picture of how Black subordination and white domination work. It is important to note here that for this investigation I only look at Black and white from Disadvantaged SES and the Working Class because of the cell size issues I noted for educational attainment in the previous chapter.

In order to do these analyses, I conduct a series of t-tests comparing the health outcomes for these different groups. Because I am interested in Black and white adults with the same educational attainment, I conduct one set of analyses for those who completed high school and another set of analyses for those who completed an associate's degree, attended but did not complete college, or received vocational training. While I would have liked to have performed this series of analysis for all levels of educational attainment, subsample size issues for Black respondents did not make this possible (see Chapter 2). Therefore, I focused on two levels of educational attainment for which I had large enough sample sizes for Black respondents: those who completed high school and those who completed an associate's degree, vocational training, or some college.

The results of the t-tests for high school graduates are provided in Table 4.1 and the results for those with an associate's, vocational training, or some college are provided in Table 4.2. For both Table 4.1 and Table 4.2, I provide three tables designated a, b, and c. Table 4.1a and Table 4.2a provide the results for comparing Black and white adults from Disadvantaged SES to Multiple Advantage white adults. Tables 4.1b and Table 4.2b provide the results for comparing Black and white adults from Disadvantaged SES to Working Class white adults. Finally, Tables 4.1c and 4.2c provide the results from comparing Black and white Working Class adults to Multiple Advantage white adults.

Table 4.1: Results of t-tests for Health Outcomes for Adults who Graduated High School with 95 percent Confidence Intervals

Table 4.1a: Black and White Disadvantaged SES vs. White Multiple Advantage

	Black Disadvantaged SES	White Multiple Advantage	White Disadvantaged SES
SRPH	2.94 [2.51, 3.37] a^	3.38 [3.17, 3.59]	2.97 [2.66, 3.27] a
FRAILTY	0.94 [0.48, 1.39]	0.81 [0.61, 1.01]	1.07 [0.82, 1.32]
DEPRESSION	2.88 [1.49, 4.28] b	4.34 [3.36, 5.33]	5.56 [4.21, 6.91] b
COGNITION	10.18 [8.61, 11.74] a, b	15.61 [15.05, 16.16]	13.98 [13.14, 14.82] a,b

Note: a = difference with White Multiple Advantage is statistically significant; b = difference between Black and white Disadvantaged SES is statistically significant; ^ = $p < .10$.

Table 4.1b: Black and White Disadvantaged SES vs. White Working Class

	Black Disadvantaged SES	White Working Class	White Disadvantaged SES
SRPH	2.94 [2.51, 3.37] a^	3.31 [3.15, 3.46]	2.97 [2.66, 3.27] a
FRAILTY	0.94 [0.48, 1.39]	0.88 [0.74, 1.02]	1.07 [0.82, 1.32]
DEPRESSION	2.88 [1.49, 4.28] b	4.15 [3.56, 4.75]	5.56 [4.21, 6.91] b
COGNITION	10.18 [8.61, 11.74] a, b	14.34 [13.84, 14.84]	13.98 [13.14, 14.82] a,b

Note: a = difference with White Working Class is statistically significant; b = difference between Black and white Disadvantaged SES is statistically significant; ^ = $p < .10$.

Table 4.1c: Black and White Working Class vs. White Multiple Advantage

	Black Working Class	White Multiple Advantage	White Working Class
SRPH	3.15 [2.74, 3.56]	3.38 [3.17, 3.59]	3.31 [3.16, 3.46]
FRAILTY	0.95 [0.59, 1.31]	0.81 [0.61, 1.01]	0.88 [0.74, 1.02]
DEPRESSION	3.45 [1.71, 5.19]	4.34 [3.36, 5.33]	4.15 [3.56, 4.75]
COGNITION	11.20 [9.62, 12.78] a, b	15.61 [15.05, 16.16]	14.34 [13.84, 14.89] a,b

Note: a = difference with White Multiple Advantage is statistically significant; b = difference between Black and white Working Class is statistically significant.

Table 4.2: Health Outcomes for Adults with Associate's Degree, Vocational Training, and Some College with 95 percent Confidence Intervals

Table 4.2a: Black and white Disadvantaged SES vs. White Multiple Advantage

	Black Disadvantaged SES	White Multiple Advantage	White Disadvantaged SES
SRPH	3.13 [2.71, 3.56] a^	3.55 [3.41, 3.69]	3.60 [3.29, 3.92]
FRAILTY	1.27 [0.86, 1.67] a	0.63 [0.50, 0.75]	0.86 [0.59, 1.13]
DEPRESSION	4.47 [2.06, 6.87]	3.80 [3.21, 4.37]	5.47 [4.00, 6.92] a
COGNITION	13.27 [11.72, 14.81] a	15.86 [15.40, 16.32]	14.32 [13.45, 15.20] a

Note: a = difference with White Multiple Advantage is statistically significant; b = difference between Black and white Disadvantaged SES is statistically significant; ^ = $p < .10$,

Table 4.2b: Black and white Disadvantaged SES vs. White Working Class

	Black Disadvantaged SES	White Working Class	White Disadvantaged SES
SRPH	3.13 [2.71, 3.56]	3.40 [3.24, 3.56]	3.60 [3.29, 3.92]
FRAILTY	1.27 [0.86, 1.67]	0.93 [0.79, 1.06]	0.86 [0.59, 1.13]
DEPRESSION	4.47 [2.06, 6.87]	4.51 [3.86, 5.16]	5.47 [4.00, 6.92]
COGNITION	13.27 [11.72, 14.81] a	15.68 [15.27, 16.08]	14.32 [13.45, 15.20] a

Note: a = difference with White Working Class is statistically significant; b = difference between Black and white Disadvantaged SES is statistically significant; ^ = $p < .10$,

Table 4.2c: Black and white Working Class vs. White Multiple Advantage

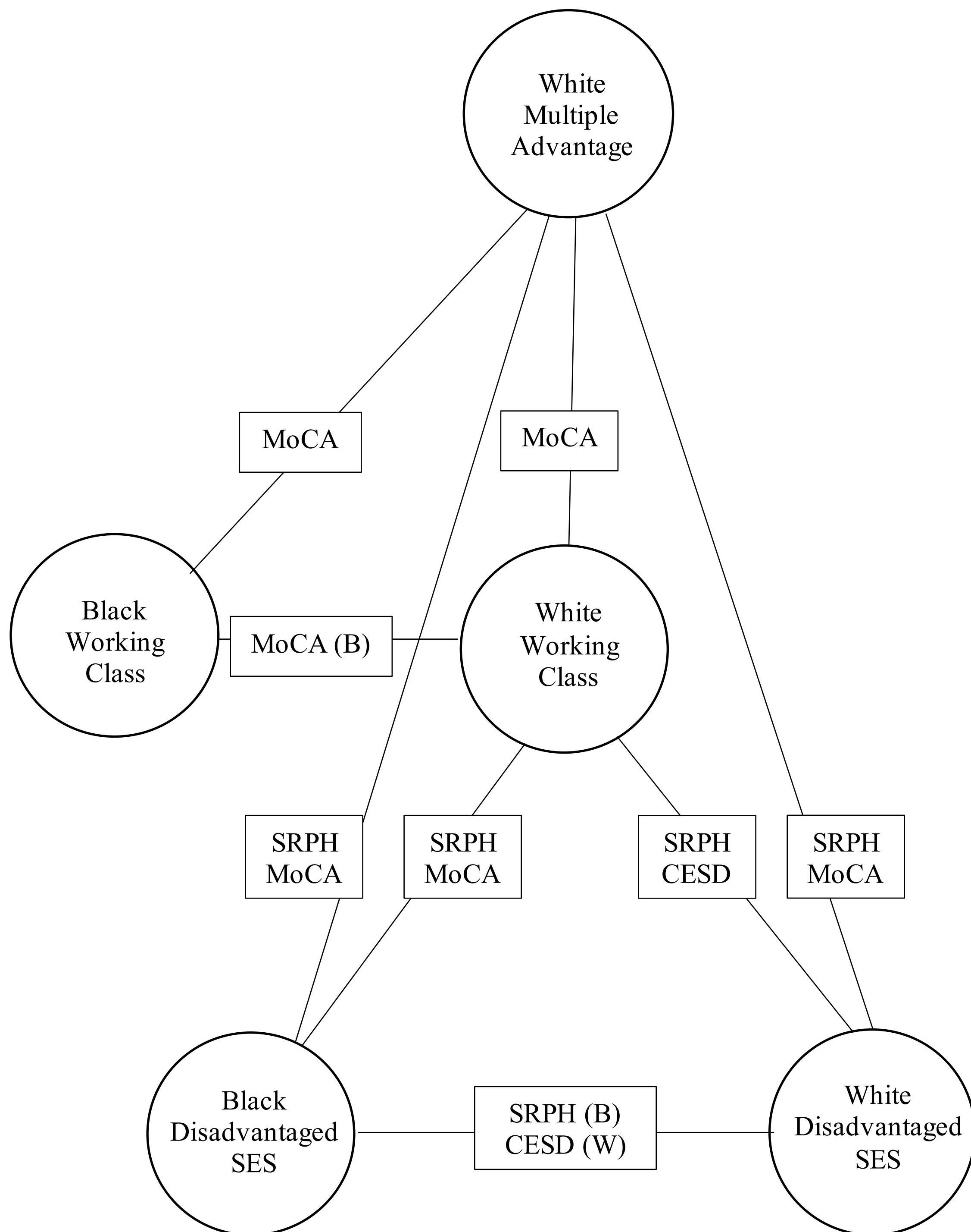
	Black Working Class	White Multiple Advantage	White Working Class
SRPH	3.29 [3.03, 3.56]	3.55 [3.41, 3.69]	3.40 [3.24, 3.56]
FRAILTY	1.09 [0.73, 1.46] a	0.63 [0.50, 0.75]	0.93 [0.79, 1.06] a
DEPRESSION	5.67 [4.07, 7.26] a	3.80 [3.22, 4.37]	4.51 [3.86, 5.16]
COGNITION	13.15 [11.90, 14.40] a,b	15.86 [15.40, 16.32]	15.68 [15.28, 16.08] b

Note: a = difference with White Multiple Advantage is statistically significant; b = difference between Black and white Working Class is statistically significant.

In order to better summarize these results, I provide a diagram of these results to present how I'm envisioning Black subordination and white domination operating with regard to health. The diagram for high school graduates can be found in Figure 4.2 while Figure 4.3 contains the

diagram for those with an associate's degree, those who attended but did not complete college, and those received vocational training.

Figure 4.2: Health Consequences of Black Subordination and White Domination: Older Adults Who Completed High School



I first explain how to read Figures 4.2 and 4.3. The circles are ordered according to the advantage associated with the starting point. On the bottom are those from Disadvantaged SES, in the middle those from Working Class, and at top whites from Multiple Advantage. The lines on these figures denote comparisons of health measures. For example, the circle on the bottom left reads "Black Disadvantaged SES." There is a line that extends from this circle to the circle at the top that reads "White Multiple Disadvantage." Along this line there is a box that reads "SRPH" (for self-reported physical health) and "MoCA" (for NSHAP's cognition measure). These two health measures show up in this box, which indicates that the difference between Disadvantaged SES Black high school graduates and white Multiple Advantage high school graduates on these measures are statistically significant in Table 4.1a. (Those health differences that are not statistically significant do not appear in Figures 4.2 or 4.3). The same is true for the health differences between Disadvantaged SES white high school graduates on the bottom right of Figure 4.2 and their more advantaged white peers from Multiple Advantage. These two groups differed on self-reported physical health and depression (MoCA) (see Table 4.1a). It is important to note that for both Figure 4.2 and Figure 4.3, whenever there were health differences along the vertical lines (i.e., those connecting lower circles to a higher one), the groups represented by the lower circles always have the worse health outcomes. In other words, there were no cases in which groups from more disadvantaged starting points had *better* health than the more advantaged groups higher on the diagram.

Finally, the horizontal lines connecting circles next to each other represents a comparison of health measures for Black and white adults from the same starting point. The health measures in the box are those that were statistically significant in Tables 4.1 and 4.2. For these "horizontal" comparisons, I designate which group had the worse health outcome with a

letter: B in parentheses denotes that Black adults have worse health on that outcome compared to their white peers and W in parentheses denotes that white adults had worse health than their Black peers on that outcome. For example, in Figure 4.2, we see at the bottom that Disadvantaged SES Black adults have worse self-rated physical health while Disadvantaged SES white adults have worse depression (see Table 4.1a).

Results

High School Graduates

All the results of this section are summarized and depicted in Figure 4.2.

Disadvantaged SES and Multiple Advantage white adults

I begin by looking at Disadvantage SES Black adults and Multiple Advantage white adults in order to investigate the condition of their raced bodies (statistical results in Table 4.1a). Black high school graduates from Disadvantaged SES had substantially lower mean cognition scores than white high school graduates from Multiple Advantage. These Black high school graduates had a mean score of 10.18 compared to 15.61 for these more advantaged white high school graduates. These Black high school graduates also had lower mean self-rated physical health than their white counterparts from Multiple Advantage (2.94 vs. 3.38). Thus, despite having the same educational attainment, Black adults from this more disadvantaged starting point had significantly worse self-rated physical health and cognition than their white peers from the most advantaged starting point.

I found the same pattern when comparing white high school graduates from Disadvantaged SES to their white peers from Multiple Advantage. The former had a mean cognition score of 13.98 compared to 15.61 for the latter. Disadvantaged SES white high school

graduates, like their Black counterparts, also had lower mean self-rated physical health than Multiple Advantage white high school graduates (2.97 vs. 3.31).

Taken together, it appears that when considering these four health measures, Black and white adults from Disadvantaged SES not only have worse health than their white peers from Multiple Advantage, but these Black and white Disadvantaged SES adults differ from Multiple Advantage white adults in the same way. Whatever disadvantage comes with inheriting Disadvantaged SES and whatever happens over the life course, both Black and white adults from this starting point differ from their more advantaged white peers in similar ways.

In order to understand more completely how this system of Black subordination and white domination works, I now look at the condition of Black and white bodies for those from the same starting point and with the same educational attainment. I found that Black high school graduates had significantly lower mean cognition (10.18 vs. 13.98) and that white high school graduates had significantly higher mean depression (5.47 vs. 4.47).

In summary, whatever differences white and Black adults from Disadvantaged SES might experience over the life course, completing high school does not produce bodies that are as healthy as their more advantaged white peers from Multiple Advantage. In fact, both Disadvantaged SES white and Black high school graduates have worse cognition and self-rated physical health than Multiple Advantage white graduates. I did find, however, that Disadvantaged white and Black high school graduates differ from each other in important ways: the former has lower mean cognition and the latter higher mean depression.

Disadvantaged SES vs. Working Class

In order to more fully understand the health consequences of the system of Black subordination and white domination for those who completed high school, I now turn to

comparing adults from Disadvantaged SES to white Working Class high school graduates (statistical results in Table 4.1b). I found that Black high school graduates from Disadvantaged SES had lower mean cognition than white Working Class high school graduates (10.18 vs. 14.34) and lower self-rated physical health (2.94 vs. 3.31). Turning now to white high school graduates from Disadvantaged SES, they had higher mean depression than white Working Class high school graduates (5.56 vs. 4.15) and lower self-rated physical health (2.97 vs. 3.31).

Just as when comparing Black and white high school graduates from Disadvantaged SES to the most advantaged Multiple Advantage graduates, I found that having the same education as their white Working Class counterparts did not mean similar health as these more advantaged whites. Black and white adults from Disadvantaged SES, while both having worse health than Working Class whites, differed in the ways their health was worse: both Disadvantaged Black and white adults had worse self-rated physical health, but Disadvantaged SES white adults had worse depression while Black adults had worse cognition. Further, when I compared Black and white high school graduates from Disadvantaged SES, I found that Black adults had worse self-rated physical health and white adults had worse depression.

Working Class vs. Multiple Advantage

I now compare the health outcomes of white and Black high school graduates from Working Class families to their white counterparts from Multiple Advantage (statistical results in Table 4.1c). I found that Working Class Black high school graduates have lower cognition than Multiple Advantage white high school graduates (11.20 vs. 15.61). The same is true of Working Class white high school graduates whose mean cognition score of 14.34 is statistically significantly lower than that of Multiple Advantage whites (15.61). Working Class Black high

school graduates had lower mean cognition (11.20) than their white peers from the same starting point (14.34).

These findings for Working Class high school graduates point to a similar pattern, though with fewer health consequences than that of Disadvantaged SES high school graduates: having the same educational attainment as Multiple Advantage whites did not produce the same health outcomes, and despite the fact that Working Class white high school graduates also had worse health than their Multiple Advantage white counterparts, Working Class Black adults had worse health than their white Working Class peers.

Summary: High school graduates

Taking together the results for high school graduates from above, there are some clear takeaways. First, among high school graduates, both Black and white adults from Disadvantaged SES have considerable health disadvantages compared to both their Working Class white peers and their Multiple Advantage white peers. Having high school education does not mean similar health. Second, despite the same education, Disadvantaged SES Black adults have lower self-rated physical health and cognition than both their white Working Class and Multiple Advantage peers. Further, they have worse cognition than their white counterparts from the same starting points. In short, the Black bodies from Disadvantaged SES are characterized by worse self-rated physical health and lower cognition. Third, despite the same education, Disadvantaged SES white adults differ from their more advantaged white peers on cognition (Multiple Advantage), depression (Working Class), and self-rated physical health (both). They also have higher depression than their Black peers from the same starting point. Fourth, for white and Black adults from the Working Class, it appears that the same education did not translate into similar health outcomes compared to their more-advantaged white peers

from Multiple Advantage. Working Class Black graduates have lower cognition than both Multiple Advantage white graduates and their white Working Class peers, while Working Class whites also had worse cognition than their peers from Multiple Advantage. Finally, it appears that with better starting points, Black and white bodies have better health: Black and white adults from Disadvantaged SES differ on two health outcomes from their more advantaged white peers while white and Black Working Class adults differ from Multiple Advantage whites on one health outcome. However, it is worth pointing out again that at each starting point, Black high school graduates have worse cognition than their white peers from the same starting point.

Associate's Degree, Vocational Training, and Some College

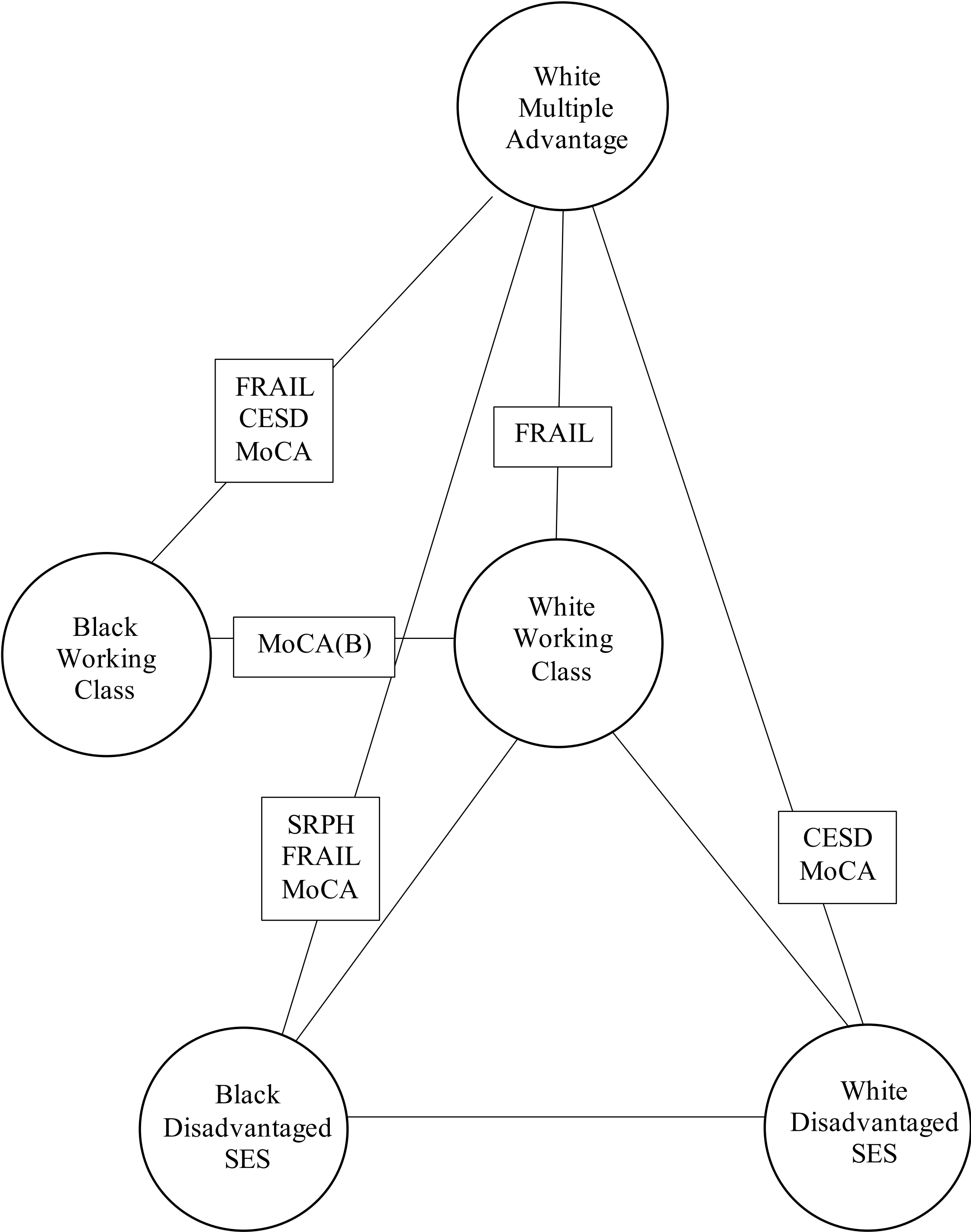
All the results of this section are summarized and depicted in Figure 4.3.

Disadvantaged SES vs. Multiple Advantage

I begin here with Disadvantage SES Black adults who completed an associate's degree, vocational training, or some college (from here on out, AVSC for Associate's, Vocational, Some College) (statistical results in Table 4.2a). Compared to AVSC white adults from Multiple Advantage, AVSC Black adults from Disadvantaged SES have substantially worse health outcomes: lower mean self-rated physical health (3.13 vs. 3.55), higher mean frailty (1.27 vs. 0.63), and lower mean cognition (13.27 vs. 15.86). By comparison, AVSC white adults from Disadvantaged SES had significantly lower mean cognition (14.32 vs. 15.86) and a significantly higher mean depression score (5.47 vs. 3.80). Interestingly, AVSC Black and white adults from Disadvantaged SES showed no differences on any of the four health outcomes.

Taken together, this suggests that attaining the same level of education does not mean similar health for Disadvantaged SES Black or white adults compared to Multiple Advantage whites. Compared to Multiple Advantage white adults, the health differences look very different

Figure 4.3: Health Consequences of Black Subordination and White Domination: Older Adults with Associate's Degree, Vocational Training, or Some College



for white and Black adults from Disadvantaged SES. The health consequences of Black subordination and white domination for Disadvantaged SES Black bodies are quantitatively worse (more health differences) and qualitatively different than they are for Disadvantaged SES white bodies. Thus, while Black and white adults from Disadvantaged SES do not differ on health, we can still see the consequences of this system on their health by how they differ from their more advantaged white peers from Multiple Advantage.

Disadvantaged SES vs. Working Class

When we look at the health differences for AVSC white or Black adults from Disadvantaged SES compared to AVSC white adults from the Working Class (statistical results in Table 4.2b) group, we see that none of these differences reach statistical significance. This seems to suggest that educational attainment may do something to close any health gaps that might otherwise exist for Disadvantaged SES and Working Class AVSC adults.

Working Class vs. Multiple Advantage

AVSC Working Class Black adults have worse health outcomes than their Multiple Advantage white counterparts on three measures: mean frailty (1.09 vs. 0.63), mean depression (5.67 vs. 3.80), and mean cognition (13.15 vs. 15.86) (statistical results in Table 4.2c). AVSC Working Class white adults only differ from their more advantaged white counterparts from Multiple Advantage on one measure: they have lower frailty (0.93 vs. 1.09). Further, Working Class Black adults have lower mean cognition than their white Working Class counterparts (11.20 vs. 14.34).

Summary: Associate's Degree, Vocational Training, and Some College

There are some noteworthy patterns here. First, among those with AVSC, Disadvantaged SES Black and white adults both have worse health than more-advantaged

Multiple Advantage white peers but the same level of health as their more-advantaged Working Class white peers. It appears that at this level of educational attainment, any health disadvantage from different early life starting point or the difference in any returns to AVSC education are not present. Second, looking at AVSC whites, we see Disadvantaged SES white adults and Working Class white adults both have worse health than Multiple Advantage white adults. However, with improved starting point comes fewer health differences and qualitatively different health differences: Disadvantaged SES whites had worse depression and worse cognition than Multiple Advantage whites while Working Class whites only had worse frailty. Third, at this level of educational attainment, there are considerable health disparities for Black adults. Both Disadvantaged SES Black adults and Working Class Black adults had worse health on three measures: self-rated physical health, cognition, and frailty for the former, and depression, frailty, and cognition for the latter. For Black adults with AVSC, education appears to do little to improve health. Fourth, pulling together the results for AVSC white and Black adults, it appears that as whites' starting point improves (i.e., from Disadvantaged SES to Working Class), the health gap with Multiple Advantage whites decreases whereas for Black adults it persists despite the improvement in starting point.

Comparing across educational outcome

The analyses above point to some interesting differences when we look at the results by educational attainment. First, when we look at those who completed high school, the health differences are relatively consistent, both in number and quality. Disadvantaged SES Black high school graduates differ from Working Class whites and Multiple Advantage whites on two health conditions (self-rated physical health and cognition). The same is true for Disadvantaged SES whites, though the type of condition depends on the starting point: they differ from

Working Class whites on self-rated physical health and depression and from Multiple Advantage whites on self-rated physical health and cognition. Among high school graduates, with an improved starting point comes a decrease in health differences from two to one: Working Class Black and white adults differ from Multiple Advantage whites on cognition only. However, among those who completed AVSC, I found a decrease in the number of health conditions by starting point for white adults. In fact, it was the same decrease from two health conditions to one for Disadvantaged SES and Working Class, respectively, that we saw with high school graduates. By contrast, Disadvantaged SES Black adults and Working Class Black adults with AVSC had worse health on three health measures compared to Multiple Advantage whites whereas there was a decrease from two to one among high school graduates for Black adults whose early life starting point improved from Disadvantage SES to Working Class. Second, lower cognition is a common health difference by starting point for Black adults at both levels of education. Depression is a common health difference for Disadvantaged SES white adults at both levels of education. Third, whereas there were health differences between each starting point for high school graduates, it appears that for those with AVSC, there are no health differences by starting point when comparing white Working Class adults to Disadvantaged SES Black and white adults

Discussion

In this chapter, I drew upon on the social consequences approach to studying health, an approach that emphasizes that a group's location within a social arrangement produces "inevitable" health consequences that reflect the nature of the arrangements (Aneshensel 2005). This approach requires including multiple health measures in order to capture the possibility that different social locations within this arrangement can have different health consequences

(Turner 2013). Because I have been working from the premise that "race" in the US is about a system of Black subordination and white domination, in this chapter I conducted a series of statistical comparisons on four health measures in order to assess the health consequences of this system.

Among high school graduates, both Black and white adults from Disadvantaged SES differed from their Working Class white peers and their Multiple Advantage white peers on two health outcomes. However, Black and white Working Class adults differed from Multiple Advantage whites on one health outcome. This suggests that among these high school graduates, a more advantaged starting point (here, Working Class vs. Disadvantaged SES) reduces the health consequences. Additionally, when I compared Black and white adults from the same starting point (i.e., both Disadvantaged SES and Working Class), Black adults had worse health than their white peers. It is also important to note that this analysis produced the only result in white adults that had worse health than their Black peers: Disadvantaged SES white adults had higher depression scores than their Black counterparts from the same starting point.

Among those with an associate's degree, vocational training, or who attended but did not complete college, I found something quite different. Neither Black nor white adults from Disadvantaged SES had worse health than Working Class whites, which suggests that at this level of education, either early life starting point has less of an impact or the "returns" to this level of education over the life course eliminated any health differences. For white adults with AVSC, there was a similar pattern as for high school graduates: Disadvantaged SES whites differ on two health outcomes when compared to Multiple Advantage whites, while Working Class whites differed from Multiple Advantage whites on one health outcome. This seems to

suggest that an improved starting point decreases the number of health differences from the most advantaged group of whites. By contrast, Disadvantaged SES Black adults and Working Class Black adults both differed from Multiple Advantage whites on three health outcomes. This finding for AVSC Black adults may reflect what scholars have called John Henryism, which refers to that fact that Black Americans use "high effort coping" due to their exposure to psychosocial stressors as a result of facing racial discrimination in everyday life—in public and in the work place—which expends considerable energy and harms health (James 1994).

It is worth drawing attention here to the kinds of health differences I found. At both levels of education, Disadvantaged SES white adults had worse depression scores than whites from more advantaged starting points. With one exception (Working Class AVSC Black adults), it seems that higher depression for whites is a health consequence of being at the bottom of the socioeconomic ladder. Their Black counterparts from Disadvantaged SES did not show lower depression scores, and this suggests that this may be a particular health consequence of this system for whites. This result—as well as others from this study—suggests that more work is needed to understand the unique ways that whiteness is involved in negative health consequences, including at the intersection of whiteness and class (Malat et al. 2018; see also Metzl 2019).

Interestingly, I also found that in one instance, depression was a health consequence of this system for Black adults. Working Class Black adults had higher depression than Multiple Advantage whites. While there is a large body of literature that finds that Black adults have the same or better mental health than their white counterparts (e.g., Kessler et al. 1994; Breslau et al. 2006), other research also suggests that Black Americans with higher education may experience poor mental health—specifically depression—as a result of high-effort coping (i.e.,

John Henryism) (Hudson et al. 2016). This may be the case for these Working Class Black adults who completed an associate's degree, vocational training, or some college courses.

It is also worth noting here that some scholars have argued that the finding that Black adults have similar or better mental health reflects weaknesses in the social science study of mental health. For example, Brown (2003) identified concerns with the current approach. These include the following: (1) researchers rely on questions that are not race-specific (e.g., a question that asks about job loss that also doesn't specifically ask about whether the job loss is the result of racial discrimination); (2) researchers have not explored the mental health benefits of sitting atop the racial hierarchy experienced by whites; (3) researchers rely on top-down approaches for developing questions to measure mental health that do not take into account the Black experience; and (4) researchers need better measures to assess the ways racism hurts mental health.

For nearly all of the comparisons for both levels of educational attainment, Black adults had lower cognition. Some recent research suggests that there may be a link between experiences of racial discrimination and cognition (Barnes et al. 2012) with one study finding that higher reports of racial discrimination was associated with lower memory and faster memory decline, with the authors finding some evidence that increased inflammation plays a role in this process (Zahodne et al. 2019).

One of the most significant takeaways from this study is the importance of including multiple health outcomes across different domains when assessing the health consequences of Black subordination and white domination. As these results show, it appears reasonable to conclude, as Turner (2013) argued, that social environment produces general susceptibility to health conditions with the specific conditions depending on "other grounds" (172). This study

suggests that location in racial hierarchy, early life starting point, and educational attainment may be these "other grounds."

I also believe that the comparisons I used for my statistical tests point to the importance of using an approach to "race" that takes seriously the notion that the racial system in the US was designed with a particular purpose—namely, the subordination of Black Americans and the domination of white Americans. This system was designed such that race does real "work" in the material lives of people, and when it comes to studying the health consequences of this system, we gain more insight into how this system works by finding methods that match or take into account the nature of the phenomenon. By using the triangulated comparisons, I was better able to capture the health consequences of this system.

On a final note, I believe that the "located" approach that I take in this project leads logically to underscoring what these findings mean for this particular cohort of older adults. As I noted in the Introduction chapter, there is a tendency in the US—and I would argue, in the social sciences—to see "white dominance to be a fact of the inert past" (Coates 2014). I'm not going to suggest that this is done intentionally, but I will describe where I think it shows up.

I begin with an example. In their study on the early life origins of the Black-white gap in men's mortality, Warner and Hayward (2006) use the National Longitudinal Survey of Older Men (NLS), a study of men age 45–59 in 1966 who were followed through 1990. In this study of men born between 1907 and 1921, the authors find that after including a host of control variables, including variables for adult social and economic conditions, early life conditions indirectly impact mortality; i.e., early life impacts mortality because it is associated with educational attainment, family income, wealth, and occupation, all of which subsequently impact mortality.

In their discussion, they summarize their findings and turn their attention to advocating for policies that target early life and education to reduce the gap in men's mortality. While they mention that their study was of "black and white men born in the early twentieth century" (221), they not only fail to mention racism or discrimination either in general or the specific ways that institutions and structures were designed to advantage white men, but they generalize their findings to "black men" in general and to the broad issue of "racial stratification." In the end, they turn their attention toward how current policies should target inequalities in early life and education.

I'm not suggesting that there are no present-day implications for a study of this cohort of older men, but it seems to run counter to social science principles to generalize findings to men's health and race, particularly given the presumably unique nature of Black subordination and white domination for men born between 1907 and 1921. What I am suggesting here is that Warner and Hayward (2006) and others who are guilty of generalizing not to the population from which their sample was drawn but to "race" in some vague way or to conditions today that actually keeps them from saying anything of substance about "the work race does" (Holt 2002) in time and space for these people.

By contrast, taking the located approach that I advocate not only gives insight into the nature of the institutions and systems that shaped lives, but it offers guard rails that encourage the researcher to *stay here with this cohort* before moving on to what this might mean for other people in other times. If a researcher begins with historical context and uses this context to inform the questions and to provide context for the measures in the study, this leads somewhat naturally to a discussion about implications or policy recommendations *as they relate to this cohort of adults*.

By dislocating our research, we risk whitewashing the past. When we move away from talking about the study sample and the population from which it is drawn in order to speak broadly about what this means for “racial inequalities” or “policy interventions,” it has the effect, as Coates (2014) warned, of making white domination a thing of the “inert past, a delinquent debt that can be made to disappear if only we don’t look.” For example, there is a body of research on early life, education, and health among older adults that takes up the task of identifying *where* we should intervene with policies and other social interventions. Is it in early life? Is it with education? However, when studying older adults, there is nothing we can do about the early life conditions or educational attainment of these older adults. (Further, is it not strange that researchers take the findings from “race,” early life, education, and health from a sample of people from the early 1900s and attempt to draw conclusions for people today?) These are elements of the past that while important for understanding the conditions of raced bodies, we can do nothing about. Therefore, as much as we might consider what findings might mean for today, we must also consider *what we can do now for these adults in the study* given the way that Black subordination and white domination have meant poor health and early death for Black Americans whose lives were shaped by very particular policies and institutions.

This raises the question, then, of what to do with this cohort from my study. I would argue that the considerable health disparities I found point to the need for reparations that can address the harm done to Black bodies. Williams and Collins (2004) and Bassett and Galea (2020) both make the case for reparations for racial health inequalities. I would also argue that we may need to consider particular health interventions or making specific resources available to older Black adults whose health was shaped by the way Black subordination and white domination operated in their early lives.

CHAPTER 5
CONCLUSION

When I began this project, I set out to find a way to study "race" and health among older adults that has a strong conceptual foundation for thinking about "race." I turned to the work of race scholars and thinkers (Du Bois 1899 [2007]; Clark 1965; Carmichael and Hamilton 1967; Wilkerson 2020) as well as historians (Holt 2002; Katznelson 2005) and sociologists (Abbott 1997; Emirbayer 1997; Feagin 2014; Desmond and Western 2018). I decided on a framework centered on the concept of Black subordination and white domination. The appeal of this concept is based on the fact that it is inherently relational (Emirbayer 1997), and it reflects the historical record of "race" in the United States. Additionally, it fits nicely with two other key elements of this project: 1) social phenomenon are "located" phenomenon that need to be studied as such (Abbott 1997); and 2) the social consequences approach to studying health holds that sociological interest is in social arrangements that have health consequences (Aneshensel 2005).

With the emphasis on locating the study in time and space to understand the nature of Black subordination and white domination and the health consequences of this system, one of the logical next steps was seeing this investigation as a way of understanding how, for this cohort of older Americans who were born and raised in the middle of the twentieth century, the condition of their bodies is rooted in the past. Their bodies, as Abbott (2018) wrote, "carry forward records of the past in quite literal ways" (6). This means that this study is an opportunity to show how the racial "sins of the past" are not in fact past but instead alive in the veins, the neuropathways, the organs, and the nervous system of Black Americans whose early lives and educational careers were shaped by a system built on white supremacy and in white Americans who advanced because of a system designed for their benefit.

I believe that the results of this project show how the health of this cohort of adults is rooted in the way that the Black subordination-white domination system created "inherited" early life starting points that disproportionately disadvantaged Black adults and disproportionately advantaged white adults. In this way, the Black subordination-white domination system is intergenerational. While I found some limited educational differences, the evidence shows that for this cohort, this system meant worse educational outcomes during a period of expanded educational opportunities. Finally, in the last chapter, I was able to show the health consequences of this system by considering a relational approach. In nearly every instance, Black adults suffered worse health outcomes compared to their similarly-situated white peers.

In this final chapter, I offer some closing thoughts on the approach that I've taken in this study as well as some thoughts for moving forward.

Reflections on the Approach Taken in This Project

I believe that the subordination-domination framework is a very useful conceptual starting point for studying "race." In addition to reflecting the historical record, it is particularly helpful for sociologists because the concept is inherently relational. It moves sociologists away from studying "race" as if it were a "thing" or "substance" and toward seeing it as a dynamic relationship (Emirbayer 1997). Seeing "race" in these dynamic and relational terms, I contend, actually pushes us to consider the located nature of Black subordination and white domination because its dynamic nature means that we need to understand where in history our sample is situated and how and in what ways the institutions and structures during the time gave social significance to "race." Seeing "race" as dynamic and relational also means considering new and fresh ways for studying what this system means for the health of Black and white Americans.

As this project was taking shape and as I was developing this framing centered on Black subordination and white domination, I knew that I was going to use a method in Chapter 2 that would show how things are stitched together (Desmond and Western 2018) rather than an approach like regression that seeks to disentangle associations. The real challenge came, however, in writing up Chapter 2 because in the process of doing so, I began to see that my brain was conditioned to go down some well-worn pathways. I struggled to talk about what I was finding in terms of Black subordination (as opposed to talking about "race" or "racism"), and I struggled with thinking about things without thinking according to a general linear model. This was an awakening of sorts. In the process, I found that the concept of "Black subordination and white domination" provided a specificity and clarity for understanding "race" as a phenomenon. This process also showed me that regression had become a way for me to avoid taking a deep dive into history and some corners of sociological theory because with regression, one can simply include something in a model without needing to make sure that they understand how this phenomenon shows up in the world.

As the project developed and as I read more history and more from race thinkers and scholars, I took it as challenge to see what it would look like to consistently apply and use the notion of Black subordination and white domination in every aspect. In short, my approach was: if this is what I contend that "race" is about, then I want to see what it would mean to let this shape every aspect of this project. Admittedly, and perhaps stubbornly, I was committed to avoiding regression. While I certainly do not condone avoiding certain statistical models out of sheer stubbornness, it was a valuable exercise to anchor myself to the idea of Black subordination and white domination because it pushed me to be creative, to think about what I

meant by using this concept of Black subordination and white domination, and how I thought Black subordination and white domination work in the world.

This certainly does not mean that the general linear model is not useful. As Martin (2018) stated, it is "[e]asy to scorn, hard to appreciate—until you really need something to get done" (4). However, it is also worth heeding Abbott's (1988) warning that reliance on the general linear model can contribute to a tendency toward conforming social phenomenon in the world to a general linear model, which can lead researchers to miss important aspects of social phenomenon. I agree with Abbott (1988) that our eyes can be opened to "important phenomena that can be rediscovered only by diversifying our formal techniques" (169). For studying "race," I might tweak this to say that our eyes can be opened to important phenomenon when we locate our work and utilize a relational approach to understanding "race," for then we can consider other techniques that we believe capture the nature of the phenomenon.

Another aspect of this project that is worth commenting on has to do with how sociologists think about the relationship between the past and present when it comes to thinking about "race." Abbott (2016) pushed sociologists to consider the "historicity of individuals," as individuals are the "reservoir of historical connection from past to present" (5), and as such, their bodies literally carry forward records of the past biologically and physiologically. If this is the case, then the Black and white adults in this study have bodies that reflect this system of Black subordination and white domination. They are living and breathing records of the past.

Because of this, I believe that sociologists studying health—and particularly those studying health among older adults—need to give attention to what their research means for the cohort of adults that they studied. Far too often, researchers use the study of a particular cohort of older adults to draw conclusions about a theory they were testing or to say something about

“race” in some general sense. I’m not suggesting researchers should never do this, but I do believe that “locating” their research will encourage them to wrestle with the realities of the US’s racist past and what it means for Black Americans who were victims of a system designed to subordinate them. In this way, sociologists can ensure that we do not contribute to making the “sins of the past” disappear by choosing not to look at them (Coates 2014). And one of the main ways that we can “look” is to locate our work in historical time and space, illuminate how Black subordination and white domination are maintained, and speak on ways to both remedy past wrongs and ensure a more just future.

Research Considerations Moving Forward

There are a number of ways I would like to build on this project. First, I think that the analyses that I’ve done would benefit from doing a comparison with another cohort. For example, conducting latent class analysis of early life measures for those born, say, during the Great Depression or for those who grew up after the passing of Civil Rights legislation. This would allow us to gain insight into how Black subordination and white domination are maintained over time through these early life “inheritances” that, presumably, look different at different times in history.

Second, in order to better understand early life starting points in this system of Black subordination and white domination, it would be useful to employ data sets that include more measures of socioeconomic status and social environment. For example, Scharoun-Lee and her colleagues (2011) included measures like parents’ occupation, whether families were on public assistance, or whether families had health insurance. This would provide more detail and insight into what Holt (2002) describes as the “work race does” in the world. For example, with a large enough data set and with appropriate measures, one could study the early lives of Black

Americans who grew up during the Great Migration and look at how the early lives of different groups were stitched together—for example, those who did not leave the South, those born in the North, and those who migrated. It would also be interesting to study colorism in this way. Recent research by Monk (2014, 2015) has shown the importance of skin tone in the US, and colorism provides an interesting angle for thinking about how Black subordination and white domination show up in people's lives.

Third, there is pretty extensive literature that tests theories of health and aging, such as Cumulative Dis/Advantage Theory (e.g., Dannefer 2003) and Cumulative Inequality Theory (e.g., Ferraro and Shippee 2009). In general, researchers who test or use these do not locate their studies in historical time and space because they are theory testing. Throughout this project, I had often seen what I was trying to do as antithetical to these approaches, but I think the approach I've taken here might actually work nicely with these approaches. By taking a located approach and putting historical context at the forefront, we might gain more insight into the condition of raced bodies and how bodies age, and by incorporating these different theories, how to understand what happens to raced bodies over the life course.

Fourth, I think we need to ask questions about how and why society is stitched together the way that it is (Desmond and Western 2018) and to investigate the consequences of this "clumping." When it comes to thinking about "race," this means seeing this clumping not as something that keeps us from understanding "race" and that needs to be disentangled with statistical methods, but rather as something that *constitutes* race in particular times and places. I believe this line of work can be particularly fruitful and insightful.

Fifth, more research is needed to understand the intergenerational and inter-temporal nature of this system of Black subordination and white domination and how the impact of this

system ripples across generations. Future work can investigate the myriad ways that the past reaches into the present. How do early life starting points—an intergenerational "inheritance"—impact not only the individual with the starting point but also subsequent generations? For example, does poor health that results from inheriting an early life disadvantage make it more likely for an individual to require a child or grandchild (i.e., someone from yet another generation) to care for that individual? What are the consequences of this for wealth accumulation, something that can get passed on to another generation? Because the system of Black subordination and white domination is intergenerational, it is important to understand the ways that the consequences of the system reach into other generations. Not only would this provide insight into how this system works, but it would contribute to the narrative that the racial "sins of the past" are actually very present.

Finally, this project made me wonder what it might look like to do cross-disciplinary work that incorporates historians, social scientists, race theorists, and methodologists for doing "located" research that studies how Black subordination and white domination operate at a systems level to impact health. Sociologists have worked across disciplines for a long time, and the time may be right for incorporating other disciplines (e.g., history) to better understand the health consequences of Black subordination and white domination.

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