SOC 205 Lecture 6:
Poverty and Health Linkages - housing and social environment

- Definition of black lung:
  - “a generic term for the ensemble of respiratory diseases that miners contract in the workplace.”

- The three purposes of the article are to:
  - examine the major changes in medical perceptions of black lung and present evidence that these perceptions are tied to social and economic factors
  - examine the history of black lung itself
  - examine the recent battle over black lung compensation, focusing on the different definitions of the disease provided by miners and the medical establishment.

Stages of black lung perception-
Stage 1
- First stage: observations of miners’ illnesses and speculation about those illnesses focused on the inhalation of coal dust in the mines.
- This period was marked by a state of uncertainty in the relations between miners and mine operators.

Stages of black lung perception-
Stage 2
- Miner’s disease came to be seen as normal and nondisabling, and therefore unworthy of investigation.
  - This period was marked by rigid class structures within the mining community. At the time, great emphasis was placed on profit, in the context of a highly competitive market.
  - There was a tendency at this time to ascribe health problems to the individual actions of the miner. As one physician noted, “Housing conditions, and hurtful forms of recreation, especially alcoholism, undoubtedly cause the major amount of sickness. The mine itself is not an unhealthful place to work.”
  - During this period, the “germ theory” of disease causation became important.

Stages of black lung perception-
Stage 3
- Physicians began to conduct research on coal miners’ pneumoconiosis and argued that coal miners suffered from a “disabling, progressive, killing disease which is related to exposure to coal dust.”
- This period was marked by the establishment of the Welfare and Retirement Fund, which provided pensions, hospitalization, and medical care for miners and their families.
- The physicians who conducted the research on miners’ lung problems were organized in groups that were financed by the Fund.

The mechanization of the mines
- Following World War II, new technologies were brought into the mines to speed production. What effects did these new technologies have?
  - Mines that could not make capital investments were forced out of business.
• Miners were laid off to save on labor costs. Smith notes that between 1950 and 1969, the mining work force shrank by 70%.
• The amount of coal dust in the air increased, and thus increased the danger posed to miners.

Conclusions about black lung

• As Smith notes,
  “Black lung disease in a sense became a metaphor for the exploitative social relations that had always characterized the coal fields, but worsened during two decades of high unemployment, social dislocation, and rank-and-file weakness vis-à-vis the coal industry.”

• Duncan argues that because the coal reserves were readily available and required little capital investment, it was easy to enter the coal mining business. This ease of entry resulted in constant overproduction.
• With the overproduction, and the competition from other industries, such as natural gas, for coal production to be profitable, wages had to be kept low. As Duncan notes, the blessings of cheap coal were less obvious to the men who mined it. Constant downward pressure on wages-and the ever present threat of unemployment in a highly unstable industry-meant lives of grinding poverty for many coal miners and their families. It also resulted in minimal expenditures on health and safety measures by the operators in the most hazardous occupation of the industrial age.

The mining camps

• Most of the miners lived in coal-company towns “legendary for their poor conditions and the absolute control wielded by coal operators.”
• The operators controlled all aspects of these towns, including housing, utilities, and health, education and recreation facilities.
• In the more competitive periods, coal operators would gain profit only through selling goods to their employees through the company stores. In some of these places, companies forced employees to use company money, or “scrip” to buy goods.

• The purpose of this chapter is to examine housing issues of the poor in Argentina.
  Housing shortages
• Stillwaggon notes that because of the rising costs of construction, and the falling incomes of lower SES workers, there has been a vast increase in the shortage of low-income housing.
• In greater Buenos Aires, the housing shortage affects about 500,000 people. Of those, about 200,000 face housing emergencies, meaning that they are either homeless or live in shanties constructed from trash.
  Housing conditions
• Precarious dwellings: made of discarded materials
- **Ranchos**: rustically built of materials such as mud or cane, with straw roofs and dirt floors.
- **Tenements**: dwellings that contain four or more households that share a kitchen and a bath
- **Type B houses**: have dirt floors and lack piped water and flush toilets.
- **Others**: including caves, trailers, lean-tos, cargo containers.

Crowding

- According to the Argentinean census, crowding exists if there are more than 2 persons per room in a dwelling.
- Among substandard housing units, 880,000 also qualify as crowded. Among dwellings of adequate construction, 435,000 are considered crowded.

Equipment problems

- **Heating**: substandard housing is often not connected to gas or electricity services. Instead, dwellers must use alternative forms of heat, such as kerosene lanterns and heaters. Such alternative systems can lead to fires and can pose risks for children. Further, the fumes generated by these units can cause health problems.
- **Cooking appliances**: because these dwellings lack utilities, cooking must be done over open fires or using bottled gas. Again, fires and fumes could cause health problems.
- **Food preparation and storage**: many dwellings lack adequate space to store food properly or have no access to refrigeration. Consequently, food spoils easily and can lead to gastrointestinal problems.

More equipment problems

- **Electricity**: many dwellings do not have it. Of those that do, the wiring is not always done correctly, and as such, can lead to fires.
- **Screens**: parts of Argentina are prone to the spread of mosquitoes. The poor are disproportionately exposed to mosquitoes in that they tend to live in damp, low-lying areas. Screens could be used to protect individuals from mosquitoes (which can be vectors, or carriers, of disease); however, screens would be of little use because many houses rest on uneven dirt.

Public service problems

- The poor living in Argentina often have little access to educational, health and recreational facilities.
- Garbage is not collected, so it is often left in piles in the streets.
- There are no storm drains or sewers, so rainwater and household wastewater run through ditches in the streets. Children are known to play in areas with stagnant water.
- Many of the streets lack lighting, which leads to safety threats.
Common health problems

- Respiratory illnesses and common infectious diseases: the cold damp environments and crowding tends to encourage such infectious diseases as flu and meningitis. Colds can worsen to pneumonia in the presence of poor living conditions, malnutrition, and other illnesses.

- Tuberculosis: this is the greatest cause of death from a single pathogen, and is thought to have caused the most deaths in human history. Crowding and insufficient health care increase the spread of this disease.

- Skin diseases: the pollutants in the environment of the poor often lead to skin illnesses (e.g., mange, scabies). One such disease is leprosy, even though it could be controlled by normal standards of cleanliness.

More common health problems

- Mosquito- and fly-borne diseases: the biggest of these diseases is malaria. In developing nations, malaria is one of the biggest killers of both adults and children. The prevalence rate of malaria has been increasing over time, partly due to the fact that Chloroquine is losing its effectiveness in fighting the disease.

- Burns and punctures: the open fires and kerosene lamps and heaters often lead to burns for adults and children. Further, children often play barefooted in the street and so are exposed to objects that may cause puncture wounds (and are often hidden by standing water).

- Gastrointestinal diseases: inadequate food storage and preparation areas often lead to gastrointestinal diseases through food spoilage.

Yet more health problems

- Wiring and electrical hazards
- Mental health (especially drug dependence and alcoholism)
- Commuting and street hazards
- Parasitic diseases

The Affordable housing problem in the U.S.

- Definitions
  - Low income: households making $12,000 or less in 1995 dollars
  - Poor: households with income equal to or less than the national poverty line.
  - Affordable housing: housing is considered affordable if it consumes no more than 30% of household income.
  - Low-cost units: those with rent and utility costs that would be less than 30% of $12,000 annual income, or less than $300/month in 1995 dollars.

Trends in affordable housing

(Figure 1)

- In 1970, there were 300,000 more low-income units than low-income renters.
- By 1995, the number of low-income renters far outweighed the availability of affordable housing. The gap in 1995 was about 4.4 million, which is the highest recorded affordable housing gap in history.

Housing burdens of poor renters

(Figure 2)
• Poor renters pay a disproportionate share of their income on housing. The percentage of income paid on housing increases as level of income decreases.

Characteristics of renters with housing affordability problems
(Table 1)
• Affordable housing is least available in the west.
• The distribution of affordable housing is fairly even by race.
• The elderly are slightly more likely to live in housing that is unaffordable.
• Many workers do not have affordable housing.
• Affordable housing is most uncommon among persons in greatest poverty.

Housing quality problems
(Figure 5)
• Problems with housing quality in the U.S. are not as bad as in Argentina, but there are problems.
• For those in the worst poverty, about 14% have both physically deficient housing and are overcrowded.
• In 1995, HUD estimated that about 1.2 million poor renters (14% of their total) lived in housing with moderate or severe physical problems, as defined by HUD. These include no working toilets, signs of rats or mice, holes in the ceiling or walls, or rooms without working electrical outlets.
• About 870,000 poor renter households were overcrowded, meaning they had more than one occupant per room. About 500,000 families were doubled-up, meaning they lived with more than one family.

Housing quality problem distributions
(Table 2)
• Problems are worst in the northeast and south.
• African Americans experience the most housing problems
• Problems with housing are graded by level of poverty.

Discussion questions
• Social causation vs. social selection: What are the processes at work?
• What are some of the housing and environmental problems that the poor in the US are more likely to experience? How might these problems affect their health?