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"Missing the Point"

The relatively few existing Black American economists focus largely on inequality (stratification) issues. We realize that inequality in employment and income are not our primary concerns even as we consider Black America's ~$1.8 trillion in spending power for 2023.[1] Rather, wealth inequality is the most salient metric by which we assess progress: Our wealth pales in comparison to the national average.[2] But even these realizations miss the point.

What is the point? It is that Black America is a source of significant wealth for the remainder of the nation because we account for a disproportionate amount of economic demand. Therefore, we stand to benefit directly and handsomely from the volume of our economic engagement when Black America builds an independent, self-reliant, and self-determined economy.

To prove the point, and as a one sector example, first consider that the US proudly cites the fact that final demand (goods and services) for the health sector comprises nearly 20 percent of the nation's gross domestic product (GDP).[3]

Second, consider that Black Americans' bodies and minds provide an outsized requirement for health-related economic activity. Our life expectancy is considerably less than the national average, which is alarming and, therefore, our health outcomes elicit a disproportionate demand for health-

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[1] The ~$1.8 trillion forecast of Black American buying power for 2023 is from the University of Georgia's Selig Center for Economic Growth, Terry College of Business. The estimate was provided by email message on April 12, 2023, and is available upon request. Estimates of Black American buying power appear in annual editions of the *Multicultural Economy* that are produced by the Selig Center.

[2] The US Federal Reserve Board reports for 2019 that Black American mean household net worth (wealth) was $142.5 thousand, while it was $748.8 thousand for the nation. See the *Survey of Consumer Finances* page at https://www.federalreserve.gov/econres/scfindex.htm (Ret. 062323).

[3] See Robert Kornfeld, Micah Harman, Nathan Espinosa, Regina butler, and Aaron Catlin (2020). "A Reconciliation of Health Care Expenditures in the National Health Expenditures Accounts and in Gross Domestic Product." BEA Working Paper Series, WP202-8 https://www.bea.gov/system/files/papers/BEA-WP2020-8.pdf (Ret. 062323). Notably for 2021, BEA reports that, on a combined basis, the *Ambulatory health care services* and *Hospital* industries ranked second among industries making commodities (*Miscellaneous professional, scientific, and technical services* ranked first), and ranked fifth among industries using commodities (*State and local general government*, *Wholesale trade*, *Miscellaneous professional, scientific, and technical services*, and *Housing* supersede the combined health industries). See BEA's Industry Economic Accounts Data, Use and Make tables (after redefinitions) https://apps.bea.gov/iTable/?reqid=150&step=2&isuri=1&categories=makeuse (Ret. 062323).

related goods and services.[4] We die (especially Black females) at disproportionate rates from heart disease, cancer, strokes, diabetes, kidney disease, septicemia, and hypertension.[5] These comprise some of the most serious diseases and require some of the highest cost healthcare goods and services.

Third, consider the volume and variety of highly qualified and high-cost human and physical resources that are required to provide healthcare to Black Americans: Healthcare establishments; professionals and nonprofessional healthcare providers; structures; machinery and equipment; virtual technologies; pharmaceuticals; nutritional services; health insurance services; educational services; media services; and other support services.

Fourth, consider the millions of workers alone (taking no account of health-related goods), who provide these healthcare services to Black Americans, and then consider how many of those workers are Black Americans. Also, consider how and where Black Americans are positioned in the hierarchy of those who provide health-related services—mainly at the bottom.[6]

"Missing the Point"

All of this is not to say that, when Black America forms an independent, self-reliant, and self-determined economy, we will continue to require an elevated level of healthcare needs. A continuation of current health outcomes would imply little-to-no improvement in our physical wellbeing. We believe that when we are in more control of our lives, then we should be able to make gargantuan strides toward improving our health outcomes and physical wellbeing.

However, what the foregoing conveys is that we should have no reason to doubt that we can build a robust economy without extraordinary action. Our simple provision of the goods and services that we require will be sufficient to ensure that such a robust economy will evolve. Of course, we must gather the knowledge, skills, and abilities to provide the goods and services that we need. The opportunities for Black Americans to benefit economically in independent, self-reliant, and self-determined areas of influence (communities) will be enormous. We should focus now and urgently on obtaining the human capital required so that we can capture these benefits.

We urge readers to apply this one example (healthcare) across the entire spectrum of human requirements that Black America

[4] See Elizbeth Arias *et al* (2020). "Provisional Life Expectancy Estimates for 2020." *Vital Statistics Rapid Release, Report No. 015*. Center for Disease Control and Prevention, US Department of Health and Human Services https://www.cdc.gov/nchs/data/vsrr/vsrr015-508.pdf (Ret. 062323). While Black American does not pay directly, via insurance, or through taxes for a significant portion of these health-related goods and services today because we do not have the income or wealth to do so, we will be able to pay for these goods and services when our labor and earnings are distributed across the range of occupations available in an economy that provides for all of our human requirements—a Black independent, self-reliant, and self-determined economy.

[5] See Melonie Heron (2021). *"Deaths: Leading Causes, 2018." National Vital Statistics Reports*. Vol. 70: Number 4. Center for Disease Control and Prevention, Department of Health and Human Services https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-04-508.pdf (Ret. 062323).

[6] For 2021, there were 14,526 thousand workers in *Healthcare practitioners and technical occupations* and *Healthcare support occupations*; 2,354 thousand were Black Americans. See US Department of Labor, Bureau of Labor Statistics (2022). "Table 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity." *Current Population Survey*. https://www.bls.gov/cps/cps_aa2021.htm. (Ret. 062323).

confronts, and it will become transparent that we should have no fear of building our own Black economy successfully. We must not forget that we had nearly independent, self-reliant, and self-determined distributed economies in and around urban centers across the US before the 1960s Civil Rights Movement and desegregation.

Initially, the envisioned Black American economy will not appear as the US economy. But in time, and given our ingenuity and expertise, we can certainly build a new and more vibrant, more efficient, and more balanced economy than the US economy. Our posterity will be able to thrive in that new Black American economy far into the future.

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