

to answer questions, although the jury, unlike a U.S. panel, may draw a negative inference. The defense counsel may cross-examine witnesses and make legal arguments, but "cannot disrupt the proceedings with delaying tactics and frivolous objections on points of procedure."

Drawing on the European approach, Maechling recommends reversing the Supreme Court rulings that make evidence obtained in violation of the Fourth Amendment's prohibition against unreasonable searches and seizures inadmissible in court. He would also eliminate the rule against admission of hearsay evidence, which is just "the kind of information governments and ordinary people use daily to make decisions." Furthermore, he says, all witnesses in a criminal trial should be wit-

nesses for the court, rather than for the defense or prosecution, and "chosen and screened for competence and objectivity." And most of the questioning should be done by the judge, with the lawyers only afterward allowed to make a limited cross-examination.

Finally, Maechling says, appeals in criminal cases on minor procedural or technical grounds should not be allowed. Appeals instead should be limited, as in England, to a review of the whole record of the case, except where there is "some gross irregularity at the trial" or new evidence. Nothing in the Constitution forbids doing this, he says, and the U.S. Supreme Court, in a decision last April, "has already gone part of the way," by limiting capital-punishment appeals.

Blacks Who Made It

"The Great Sharecropper Success Story" by David Whitman, in *The Public Interest* (Summer 1991), 1112 16th St. N.W., Ste. 530, Washington, D.C. 20036.

In his best-selling book, *The Promised Land* (1991), Nicholas Lemann contends that today's urban black underclass and many of its well-known ills have some decades-old roots in black sharecropper society in the rural South. That society, Lemann writes, was "the national center" of illegitimate births and female-headed families; it had a very high rate of violent crime; and it had special problems with sexually transmitted diseases and substance abuse. Five million southern blacks migrated to the urban North between 1940 and '70, he says, and they brought this dismal heritage with them.

Lemann's sharecropper thesis is not really new, says Whitman, a senior editor at *U.S. News & World Report*. It was in vogue during the 1950s and latter half of the '60s. *Fortune*, for instance, published a lengthy story then on the "Southern Roots of Urban Crisis." By the early 1970s, however, the thesis had been discredited by Census Bureau and other studies indicating that the migrants were relatively successful in the urban North. About a dozen major studies completed between 1965

and '75 found that after a short period of adjustment, the black men from the South typically flourished in their new environment. The blacks who ended up poor, on welfare, or in broken families in northern cities, the studies repeatedly showed, "tend[ed] to be natives of the region, not southern migrants."

Given their background, what accounts for the sharecroppers' success? Whitman says that they had some important virtues, particularly "a strong work ethic" and "little familiarity with welfare." And contrary to Lemann's claim about sharecropper society being the national center of illegitimacy, Whitman says, "black women in the rural South were *more* likely to be married than were urban black women living in the South or North from at least 1910 to 1960." In 1940, for example, 73 percent of black women in the rural South lived in intact families, compared with only 58 percent in the North.

"[By] concentrating so heavily on the urban woes of displaced tenant farmers," Whitman writes, "Lemann diminishes the migrant success story that lies at the core

Health Care Conundrums

A Survey of Recent Articles

All the attending doctors agree that the patient is in serious condition and badly in need of treatment. As of yet, however, they have been unable to agree on just what it should be; certainly, past therapies have not worked. And so the patient—the U.S. health-care system itself—just keeps getting sicker. The cost of health care, which more than doubled between 1980 and '90—from \$1,016 per capita to \$2,425—continues to soar. The number of Americans under 65 without any medical insurance at all stands at 37 million. The two problems, notes the Brookings Institution's Henry J. Aaron in the *Brookings Review* (Summer 1991), are related, and any effort to solve just one is likely to aggravate the other. "Extending insurance and assuring adequate coverage would push up already onerous costs. Controlling costs would lead to measures that curtailed insurance and thereby added to the ranks of the uninsured."

The best solution, according to many liberals, is national health insurance on the Canadian model. While this would mean hundreds of billions of dollars of new government spending, Senator Robert Kerrey (D.-Neb.) argues in the *American Prospect* (Summer 1991), that expense "would simply replace what most businesses and individuals already spend for health care." Eventually, he says, universal health insurance would be cheaper. "The current system's hidden costs of massive administrative waste, uncompensated care, and cost-shifting would shrink or disappear."

On close scrutiny, however, such claims—and national health insurance—lose their appeal, writes Harvard Business School Professor Regina E. Herzlinger in the *Atlantic* (Aug. 1991). "The absurdity of casting the federal government as an efficiency expert—or 50 state governments, as many proponents advocate, in an analogy to the Canadian system of administration by province—is illustrated by this question: If the cost of health care can be controlled through centralized purchasing of a standard product, why not lower the costs of other necessities, such as food and housing, in the same way?" Canada's system is not without problems: High-tech medical equipment, such as CAT scanners and radiation-therapy units, is in short supply, and there is some grumbling about long waits for certain services, including potentially life-saving heart surgery. In one notorious case, reported by the Canadian newsweekly *Maclean's* (Feb. 13, 1989), a 63-year-old man's vitally needed coronary-bypass operation was postponed 11 times before it was finally performed in a Toronto hospital; the man died eight days later. "I don't believe there's any miracle up there," Tufts Medical School Professor William B. Schwartz told Patrick G. Marshall of *Congressional Quarterly's Editorial Research Reports* (Nov. 23, 1990). The Canadian system is popular north of the border, but might be less so here. Whereas Canadians generally "don't mind queuing up," Dr. James S. Todd, chief executive officer of the American Medical Associ-

of the black odyssey." The upward climb of black migrants since 1940, Whitman says, is actually "one of the nation's great

success stories Not all the migrants ended up in the promised land, but most did leave Hades behind."

Learning From The Army

"How Do They Do It?" by Charles Moskos, in *The New Republic* (Aug. 5, 1991), 1220 19th St. N.W., Washington, D.C. 20036.

The U.S. Army is not a racial utopia, but it has made great progress in race relations since the 1970s. In Operation Desert Storm, not a single racial incident occurred that was severe enough to come to

the attention of the military police. Moskos, a Northwestern University sociologist, contends that the Army has much to teach civilian society.

First of all, he says, the Army simply