high school seniors. CSU responded by establishing several off-campus "learning centers" in cities such as El Centro, Stockton, Ventura, Palm Desert, and Pleasant Hill. The university trustees in 1989 approved the conversion of one such center, at San Marcos in northern San Diego County, into the state's twentieth CSU campus. Two additional campuses were added in 1995, CSU Monterey Bay on the grounds of the deactivated army base at Fort Ord and CSU Maritime Academy in Vallejo; in 2002 the learning center in Ventura became the system's twenty-third campus, CSU Channel Islands. To expand the overall capacity of the system, the colleges also began offering more online courses and increasing the number of summer school classes. Such efforts, however, were undermined by a series of deep budget cuts in the early 2000s. A coalition of CSU faculty warned in 2004 that "tens of thousands of qualified students will be denied admission" and that "the situation has graduated from a crisis to a catastrophe."

California State University prided itself on being one of the nation's most ethnically diverse systems of higher education. Its total minority enrollment was 55 percent in 2005, more than twice the national average for 4-year public institutions. Yet the challenges facing minority students were daunting. While only 28 percent of white freshmen failed the CSU entry math exam in 1998, 80 percent of African American freshmen and 72 percent of Latino freshmen failed. The dropout rate among black and Latino students also was high; fewer than 40 percent who enrolled at CSU graduated. One state legislator cautioned that such trends would lead eventually to "de facto educational, economic, and social apartheid."

Meanwhile, enrollment at the ten campuses of the University of California (UC) also continued to grow at a remarkable rate. The master plan provided that the university select its entering freshmen from the top one-eighth of the state's high school graduates. But the pool of eligible students was growing faster than the system's capacity to educate them. "The analogy is to a hospital," observed one UC official. "We're in effect being asked to admit students for whom there are no beds." The University of California approved several creative approaches to mitigating the enrollment crunch: cash rebates for students who graduated early, expanded off-campus and study-abroad programs, and increased online classes. "There is no one answer to the tidal wave of students," agreed the executive director of the California Postsecondary Educational Commission. "We need a variety of reponses."

One of the most promising trends in higher education in recent decades was the increased enrollment of minority students at the University of California. The university's affirmative action recruitment policy led to a dramatic increase in the admission of underrepresented minorities throughout the 1970s and 1980s.

Minority enrollment was threatened in 1995, however, by the decision of the university regents to end affirmative action in all admissions, hiring, and contracting. The following year, California voters completed the assault on affirmative action by approving Proposition 209. (See Chapter 33.) "Proposition 209 and the regents' directive succeeded in turning the clock back 30 years," observed legal scholars Richard Delgado and Jean Stefancic. Enrollment of African American and Latino undergraduates at UC Berkeley and UCLA plummeted by more than 50 percent in a 1-year period. (Minority undergraduate enrollment at other campuses remained

about the same or showed increases.) Enrollment of blacks and Latinos at the university's medical schools and law schools also declined sharply.

Robert Birgeneau, the newly installed chancellor of the Berkeley campus, announced in 2005 that "the most significant challenge that Berkeley faces today" is the inclusion of underrepresented minorities. "Our student body at Cal," he declared, "must reflect the majestic tapestry of cultures and peoples that constitute California."

The problems in California higher education thus magnified the economic consequences of the state's mediocre public schools. The continuing shift to a post-industrial economy meant an expansion of jobs—in fields such as business and finance, health and high technology—that required a college-educated workforce. Yet the state's population growth was concentrated among groups—especially immigrants and the children of immigrants—least likely to attend college. The Public Policy Institute of California warned in 2005 that the state's economic future was threatened by the "mismatch between the education requirements of the new economy and the amount of education its future population is likely to have." Researchers acknowledged that major efforts had been made to address the problem, but "disparities in educational outcomes by race and ethnicity have proven difficult to eliminate."

Health Care

The health care system of California utilizes the most sophisticated technologies and advanced medical treatment programs in the world. Yet it also has left a large and growing number of Californians with limited access to even the most basic medical services. The director of the California Department of Health Services diagnosed the state's health care crisis as a "paradox of medical want amidst medical plenty."

California's system of health care was a complex mix of private and public institutions, and included a wide range of services funded by federal, state, and local governments. Ever since the mid-1960s, the federal government's Medicare program had provided aid to the elderly for medical care. Medicaid extended that assistance to those in need, such as the blind and disabled, who were too young to receive Medicare benefits. California's own Medi-Cal system administered the federal programs and contracted with doctors and hospitals to provide medical services to those who qualified for assistance. Nevertheless, California in the early 2000s ranked 49th among the states in providing health access for low-income children and adults.

The problems confronting the health care system were as complex as the system itself. First in importance was the growing number of residents without health insurance. About one in five Californians was uninsured in 2005, a rate sharply higher than elsewhere in the nation. Most of the uninsured were members of working families, many of whom had low-paying jobs in agriculture or the service sector. Their employers failed to provide them with private health insurance, and yet they failed to qualify for public assistance. Members of ethnic minorities—especially African Americans and Latinos—were the most likely to be uninsured.