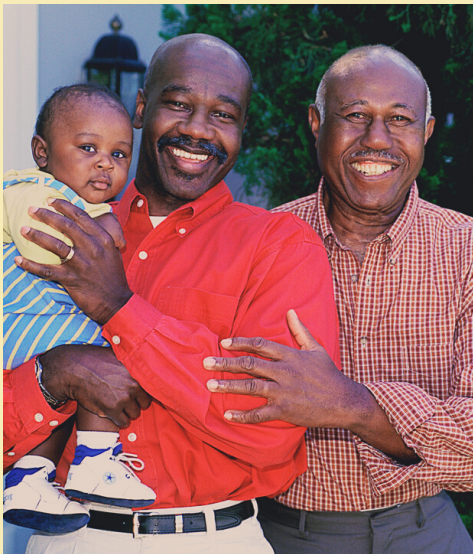


RECOVERY

*The official newsletter of the
Fletcher Group Rural Center Of Excellence*



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HONORING BLACK HISTORY MONTH

by Founder and Chief Medical Officer Dr. Ernie Fletcher

The story of Black History Month began in 1915, half a century after the 13th Amendment abolished slavery. That September, historian Carter G. Woodson and minister Jesse E. Moorland founded the Association for the Study of African American Life and History. Eleven years later, our nation's annual celebration of African Americans came into being with February chosen to coincide with the birthdays of Abraham Lincoln and Frederick Douglass.

This year's theme—"Black Family: Representation, Identity and Diversity"—honors the perseverance and resilience of the African diaspora by highlighting the incomparable source of comfort, strength, and survival that is one's family.

We at the Fletcher Group remain keenly sensitive to all forms of inequity, particularly the very real and concerning racially-based inequities in rural healthcare highlighted on the following pages. We look forward to your continued support as we work to develop and implement innovative, evidence-based programs that will promote racial and ethnic equity throughout rural America.



PROGRESS & RETRENCHMENT

By proclaiming “all men are created equal” and then writing a Constitution that protected slavery, the Founding Fathers bequeathed to America a colossal contradiction that 74 years later exploded into civil war and threatens unification to this day.

Even if we ascribe to the Puritans the intellectual, spiritual and political framework for all we think, feel, and believe, the undeniable size of slavery’s role in forming America still boggles the mind.

In 1860, America’s nearly four million slaves were the nation’s single largest financial asset, greater than all other industrial assets combined.* Slavery not only made the Cotton Barons in Mississippi the richest enclave in the world. It also drove the banking and insurance titans of Wall Street to global prominence. The importance of slavery is evidenced by the 750,000 lives lost contesting its fate—a number so large that an equal proportion of today's population would exceed 7.5 million.†

Meant to free the slaves, the Emancipation Proclamation instead launched a recurring pattern of progress and retrenchment. During the 12 years of Reconstruction following the war, over 2,000 African American officeholders were elected, including two senators from Mississippi. But southern white supremacists quickly reclaimed state and local governments and instituted a new racially-based caste system called Jim Crow. Its enforcer was the Klu Klux Klan. African Americans were disenfranchised so effectively by voting roll purges, poll taxes, literacy and property tests, all-white primaries, racial gerrymandering and public lynchings that it was nearly a century before another Black Senator was elected.

Less known is northern complicity driven by the awareness that, without compromises over slavery, the Union would have been stillborn. “Racial integrity laws” institutionalized white supremacy as early as 1705. And Fugitive Slave Acts in 1793 and 1850 instituted a “reverse underground railroad” that obliged northerners to assist in the kidnapping and return of runaway slaves to the southern chains and fields of slavery. Hindrance was referred to by South Carolina in 1860 as justification for secession. Evil was not having a slave, but losing one.

Many hear echoes of the past in the voting restrictions introduced in 24 states since 2010. Requiring people who don’t own cars to present a driver’s license is, to many, nothing more than a modern-day poll tax. “American history is not just greater and greater freedom for everyone,” says Columbia University History Professor Eric Foner. “Sometimes, it goes backward.”

Generations of American children have been spared the terrible fact that ours is a nation born in chains as well as freedom. But denial, as pleasing as it may be, may also be what perpetuates our ongoing tug of war between progress and regress.

* Princeton University Civil War Historian James M. McPherson
† BBC News: How Many Soldiers Died in the US Civil War?



RURAL/RACIAL DISPARITIES

The five leading causes of death in the United States—heart disease, cancer, unintentional injury (including vehicle accidents and opioid overdoses), chronic lower respiratory disease, and stroke—are all more frequent in rural communities.* But for rural African Americans it's even worse, with Blacks at especially high risk for chronic diseases such as diabetes, hypertension and kidney disease.

Take rates of pre-mature death. Rural counties with a majority of Black residents lose 11,581 years of life per 100,000 people compared with 8,263 in rural White-majority counties.† Similar disparities exist for infant mortality, depression, obesity, and co-morbidity.

The causes are obvious. Rural Black residents are less likely to have access to a personal doctor, a hospital, or maternity care and are more likely to forgo care because of cost barriers. Black rural residents are also less likely to have health insurance* and therefore less likely to receive adequate preventive care such as mammograms and colorectal cancer screenings.

African Americans are also nearly twice as likely as whites to report high everyday stress.‡ As stress builds up, a prolonged physiologic burden called allostatic load can compromise both mental and physical health.

Substance Use

Asked for their community's biggest problem and health risk, rural Blacks say money and cancer; rural whites say drug use and drug use.§ Ironically, African Americans may have been insulated from the opioid epidemic by drug makers marketing to doctors already prescribing opioids

in high volume and physicians disbelieving Black complaints of pain. African Americans are routinely under-treated for pain with one in three saying they've experienced racial discrimination when visiting a doctor or clinic.¶

Rural Blacks with SUDs also encounter harsh punishment instead of recovery services which in turn discourages self-reporting. And even when treatment is available, a shortage of Black practitioners can make trust and engagement difficult, resulting in premature termination.¶

The Race Penalty
COVID's “race penalty” is not restricted to cities. The average daily increase in COVID-19 mortalities has been significantly higher in rural counties with high Black populations.¶ In addition to health inequities, African Americans are also more likely to work in service occupations requiring face-to-face contact with customers. They also more often live in multigenerational homes with extended kin. Both conditions reduce the ability to socially distance, thereby increasing the risk of disease transmission and death.

* The Centers For Disease Control and Prevention
† "Addressing Health Inequalities In Diverse, Rural Communities: An Unmet Need"
‡The Daily Yonder: Opioid Marketing Unintentionally Protected Rural Black Region
§ "Rural Disparities, Racial Disparities, and Maternal Health Crisis Call Out for Solutions"
SAMHSA: The Opioid Crisis and the Black/African American Population
¶ NIH National Library of Medicine



MANY RIVERS TO CROSS

Since 2010, over 130 rural hospitals in 26 states have closed, many in communities with significant black populations.* But less obvious disparities often go under the radar. That’s because public health researchers tend to focus on large metropolitan areas. And when attention finally turns to rural America, more often than not it goes to poor and working class whites.†

Even when convinced that each socially distinguishable population warrants its own in-depth investigation, taxonomies can be skewed. Survey items designed to measure urban crime naturally focus on gang violence, but the same focus applied in rural areas can obscure the unique social determinants and motivations of rural residents. Misidentifying a region’s underlying racial and ethnic disparities can actually enlarge, rather than diminish, rural-urban disparities.

Overcoming Inequity

Many African Americans believe their lack of access to preventive healthcare is a systemic outgrowth of structural racism. COVID’s disproportionate toll is simply another inevitable consequence as is the distrust with which the COVID vaccine is greeted.

Suspicion will likely not abate until African Americans feel fully represented in the halls of power. At the federal level, Mississippi’s 2nd Congressional District and South Carolina’s 6th Congressional District, both in rural districts with a large proportion of Black residents, have elected Black men to the U.S. House of Representatives (Bennie Thompson and Jim Clyburn, respectively). But even after seeing gains in the 2018 elections, people of color in rural states and districts remain woefully under-represented in state and federal legislative bodies.

Media’s Role

Coverage of rural residents needs to be as diverse and nuanced as the rural areas they come from. But many journalists, researchers, and policymakers shaping public debate live and work in large cities. Can they look beyond the world they know to make visible the experiences of marginalized rural people? Or must the stories that inspire and inform public awareness come directly from rural residents? If so, how can their stories be published and their skills refined when small-town newspapers are being decimated by craigslist and the digital revolution?

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Almost always, the creative dedicated minority has made the world better.

—Dr. Martin Luther King, Jr.

One thing is clear: It’s not just democracy that dies in darkness. The possibilities of a better future depend entirely on our ability to know, *and face*, the truth, no matter how unpleasant it may be.

* According to the North Carolina Rural Health Research Program
† “Addressing Health Inequalities In Diverse, Rural Communities: An Unmet Need”