

FOR THE RECORD

Disturbing news about disparities

CHRIS FITZSIMON

It is no secret that there are vast disparities between the races on a wide variety of health indicators. The latest Report Card on Racial and Ethnic Health Disparities from the Office of Minority Health makes it clear that those disparities aren't going away any time soon.

Infant mortality rates are higher among African-Americans than whites, as are incidences of heart disease, prostate cancer, breast cancer, high blood pressure, the rate of HIV/AIDS infection and other health indicators.

The report also includes numbers that explain some of the disparities. The poverty rate of African-American families in North Carolina is three times higher than white families and a higher percentage of African-Americans are uninsured.

Economics clearly plays a role in the health differences between the races, but it doesn't explain everything. A series of reports in medical journals and academic publications suggest that while poverty and access to basic care have an impact, the problem is more complicated and troubling than that.

Last week a study by the Yale School of Medicine found that African-Americans older than 65 with cancer were not as likely to receive the recommended treatment for their disease, with the largest differences in treatment for patients with lung, colon and rectal cancers.

The chief medical officer with the American Cancer Society said that institutional racism is to blame for much of the difference in treatment.

Newsday reported last week on data that shows that poor and minority students are diagnosed with autism much less frequently than non-minority students, prompting concern that some minority children were misdiagnosed with other disabilities.

Some officials blamed lack of access to specialists; others, the distrust of parents of education and medical institutions.

The studies reinforce what has been widely discussed in medical circles for year: that race itself may play a role in treatment and diagnosis of illnesses in minority patients.

A 2002 Institute of Medicine report found "racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention."

It is not only a reminder that those who claim that racism is largely absent from our current society are mistaken. It is an issue that the medical community must tackle aggressively.

There is plenty that policymakers can do as well. While racism does appear to be a factor in health care and health disparities, virtually every study mentions that poverty and access to doctors still contribute to the disparities.

That ought to mean that North Carolina lawmakers should invest more resources in education, preventive care and public-health initiatives that have proven to work for all races, like a clean needle-exchange program to reduce the spread of HIV/AIDS and requiring insurance companies to cover substance abuse treatment as many states do.

They could take a cue from the latest report card from the American Lung Association that gave North Carolina low marks for its anti-smoking initiatives because of the state's low tobacco tax and the failure to enact a ban on smoking in public places.

Most importantly, the role that poverty plays in a person's health is yet another reason to invest in programs to help families lift themselves out of it. Affordable housing, ending the waiting list for the child-care subsidy and increasing access to care for the uninsured would be good places to start.

Hard to think of something more important for state policymakers than the health of the people they represent. Sounds like a good topic for all those people who want to be governor to talk about.

Chris Fitzsimon is the director of N.C. Policy Watch.

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Moving toward the day when justice just is

ANTHONY FLEG

The Urban Institute estimates that 137,000 Americans died as a result of not having health insurance between 2000 and 2006. Meanwhile, amidst explosions in technology in healthcare, there is an equally deafening silence when it comes to progress in reducing the steep inequities between rich and poor and across ethnic and geographic lines that exist for almost all health conditions. In our state, we have become accustomed to infant mortality rates three times higher and HIV/AIDS rates ten times higher for blacks when compared to whites. And in the realms that create health and/or disease, we fare no better. Right here in our midst, we have a large, racially based performance gap in our school system, a landfill that sits with our collective waste in the largely non-white Rogers Road community (decades after the station was to be closed) and yet another tobacco company denigrating American Indians and their ceremonial use of tobacco in order to sell toxic tobacco, this time in the form of the "Lumbee Cigarette."

It would be easy to dismiss the reality of these numbers and situations as the work of a nefarious few in power, and with the money to make the world turn at their whim.

But a more honest and constructive analysis would lead us to discern our place in a society that has made purposeful decisions to get us here. The words of W. Edwards Deming, a guru of systems theory, come to mind: "Every system is perfectly designed to get the results it gets."

When we emerge from the intellectual vertigo that allows us to rationalize that it was "the big bad guys" or maybe even a sheer coincidence that created the systematic

injustices around us, and instead arrive at a place where these are *our* problems and *our* people suffering, we can begin to work for positive change. Using the example of our Chapel Hill-Carrboro school system, can we accept that it is *our* actions and inaction that have led to *our* minority children being, as one local minister put it, "academically lynched" in one of the wealthiest school systems in the country? Are we willing to see

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in love or hate,
justice
or injustice?

these children as *our* responsibility, as *our* own? How is it that we will play our part in re-programming the educational system to get results that reflect equity and equality? Will those of us over-saturated with privilege, in the form of our skin color, wealth, education, job, social/political power, etc. use it responsibly to ensure that those without such a voice are spoken for and heard?

My simple charge to myself first, and to us all, is two-faceted. First, take some time to think and pray about what you truly believe in. This will be hard for some of us, forcing us to question the belief systems of our community and our society. Start simple. Do you believe in love or hate, justice or injustice? Does money reign supreme for you? Is "monoculture of the mind" something healthy for society? Should all children receive a quality education? Should citizenship or economic status determine one's right to health care?

Though we might say it differently, we probably agree on most things at this level. And we probably agree that most of these ideals are hard to find in a lived-out form in our local and global communities.

Second, we must take small steps toward making these things that we believe in a reality, starting in our own lives. Find ways to live your principles with your family, friends and co-workers. Attend a meeting, a place of worship, or join a cause of folks you might have previously treated as "the other." In the case of our schools, use your voice to advocate for justice, and then use your heart to sit down with a student and mentor them. Do so as your responsibility toward our community, not with an air of heroism. And learn to resist the forces around you that try to convince you to "be realistic" (e.g., accept racial differences in health and education as inescapable parts of America); instead, take charge in living out what you believe in, and take joy in helping others "be idealistic."

Approaching Dr. King's holiday, I think about his profession of faith, "I believe unarmed truth and unconditional love will have the last word," and wonder whether we believe in ourselves sufficiently and care about one another enough to do our part in making our lives and actions consistent with the ideals that we hold dear. Change ourselves, and the world will be changed.

Anthony Fleg is one of the keynote speakers for the Human Relations Commission's Human Relations Month Kickoff at 2:30 p.m. on Sunday, January 27, at the Carrboro Century Center. For more information, contact the County Human Rights & Relations Department at 960-3875.

Clubbing at the Open Eye Café

REBEKAH L. COWELL

In our house, when you go to get a cup of coffee at the Open Eye, it is called "clubbing"! The term was coined by my toddler's father. One day he brought Hannah with him; she was still an infant — alert and happy to look around, she took in the music jamming, the color of the characters milling around the counter in their effervescent uniqueness, and it made her chortle and coo with glee. Her father came home and told me she had loved "clubbing." After that, the phrase stuck. Now when one of us takes her to get coffee, we ask her if she wants to go clubbing — she smiles, she's a walking girl now, and she likes to do a few dance moves while we wait for our cup, especially if the rhythms are just right.

The Open Eye became my home-away-from-home many years ago. Then I was a student at Carolina, I chose Carrboro versus Franklin Street for my coffee shop studying. I wrote many a philosophical paper in the former Open Eye space — that small little den-like room, encourag-

ing intimacy and privacy all at once. One summer day, having a painful turn of events with my affairs of the heart — I sat at my laptop and wrote an anguished letter, tears streaming down my face. No one invaded my privacy, no one stared, but the barrister walked by my table, leaving a Gulehuph chocolate croissant as he passed. My dignity was preserved.

Now that I'm a full-time mother, I rarely get to sit and

write in the Open Eye — it is at the top of my list of things I anticipate renewing once Hannah reaches that phase of having time away from mum.

For now, I grab my cup, let Hannah dance and mingle until her patience hits its limit and leave knowing I've been a part of the happening "clubbing" scene.

Rebekah Cowell is a mother and writer and a graduate of UNC who resides in north Chatham.

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More discussion on plan needed

JAMES CARNAHAN

Thanks for opening up the public discourse about possible changes to zoning in Carrboro's Northern Study Area ("Calvander at the Crossroads," Jan 10). I would like to expand a bit with my personal interpretation of the proposals the NSA Plan Update Committee was in strong agreement with.

The committee would like Carrboro to have multiple tools to address several issues raised at the community forums on land use in the NSA. In addition to their desire for commercial activities in the area that would enable them to reach shopping, services, jobs and recreation on foot, bicycle and public transportation, residents were also interested in addressing climate change and the rapid decline in global petroleum supplies. They were concerned about the lack of affordable housing in Carrboro and wanted greenways and sidewalks throughout the NSA that would interconnect neighborhoods and link everyone to commercial sites.

In addition to the consensus in support of rezoning three specific large tracts within the NSA for "Village Mixed Use," the committee asked staff to develop a strategy that would enable smaller mixed commercial and residential projects to occur along the principle roads in the NSA (Homestead, Hillsborough, Eubanks, Rogers Roads and Old 87). This would help support transit throughout the area and make possible "corner store" retail and service opportunities within easy walking distance of most residents. Allocating transit-supportive density along transportation corridors also helps to accommodate a more diverse population and maintain affordability, a difficult goal to achieve when most of the land left within our growth boundary is being developed into large-lot single-family subdivisions where home prices typically start around \$300,000.

The committee asks that "form-based" zoning be created for the entire area. The existing Village Mixed Use regulations already have a solid focus on development form. The proposed modifications would include planning and design standards intended to ensure that a wide spectrum of commercial activities and housing types and price points will be available; that new development will strongly favor walking and biking; that human scale is maintained and a sense of place created; and that light, noise and visual impacts will be compatible with neighbors.

In addition to achieving livability in "infill" and new developments, the committee supports standards for energy and resource conservation: high-performance "green building," "low-impact" development that provides the best possible management of storm water, and practices for water conservation, re-use of "grey water" and harvesting rainfall. We would also like to revisit and improve the town's protections for streams, wetlands and other environmentally sensitive areas.

What lies ahead (as I understand it) is an initial review of the proposals by the board of aldermen (customarily in a work session, not yet scheduled). The committee will deliberate the board's feedback and forward a final draft proposal to staff for translation into ordinance text and maps that would go to advisory boards for review and come for formal consideration in a public hearing. This scenario will take several months. While work sessions do not usually take public comment in the meeting, the materials being discussed will be available (at the town's website) for the public to examine and comment on through various media.

James Carnahan is a member of the NSA Plan Implementation Review Committee