The DEEP SOUTH:
A Black Man's Experience in Black Belt Alabama

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RUNNING HEAD: The Deep South: A Southern Black Man's Experience

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ABSTRACT

This article is a reflection of life experiences of a **'transplanted'** southern Black man residing in the Black Belt region of Alabama. Through this process of sharing his experiences we make visible the oppression and marginality experienced by many Alabamians. These experiences are informed by social justice principles and ideas. Possible survival strategies are explored and proposed. These proposed strategies we believe will enable southern Black Americans an opportunity to engage in a process of community action.

KEY WORDS: Alabama; HIV/AIDS; Blacks; Black Belt region

Introduction

This article arose out of a great need for the first author to articulate and share his reflections working and residing in the Black Belt region of Alabama. By reflecting on and giving voice to his experiences, he is able to shed light on the persistent issues that southern Black people continue to face today. His experiences of the challenges and struggles come at a time when the overall health profile of southern Black Americans presents a striking socioeconomic disparity. Most ethnic minorities in Alabama and beyond are unaware of their risk for HIV/AIDS, high blood pressure, heart disease, stroke, cancer, diabetes, and infant mortality (Fullilove, 2006).

Economic disparity frequently leads Black women to set aside health needs to face competing subsistence demands (Lipscomb, Argue, McDonald, Dement, Epling, James, Wing & Loomis, 2005). Consequently, securing economic essentials could be a greater priority than protection against HIV. Among Black women, the leading cause of HIV infection is heterosexual contact. The second leading cause is injection drug use (Anderson & Smith, 2005; McKinney, 2002). Since 1993 the AIDS epidemic has grown fastest in the southern region of the United States and the rate of divergence in new cases over that of other regions is increasing annually (Center for Disease Control and Prevention (2004a). High rates of HIV transmission in the rural South have disproportionately affected the Black communities through the nexus of poverty, demographics and limited access to healthcare (Zuniga, et al., 2005).

These issues have relegated southern Black people to living in the margins. As a resident, advocate and a community practitioner in Alabama, the first author is placed at the very core of this marginality. As a Black man working to actively advocate and challenge systemic oppression with his community, he is actively engaged in a process that challenges his very own marginality.

We share these experiences and insights to give voice to the critical issues of southern Black Americans. Social justice perspectives are used to analyze these contextual settings. This process of sharing his story has provided an opportunity to identify strategies which are much needed to address the plight of poor southern Black Americans in Alabama. Our aim is to give voice to his people so we can engage the process of community action and challenge systemic oppressive conditions of severe poverty which threatens survival.

Profiling Alabama

Rural areas frequently pose different and, in some instances, greater challenges than urban areas in addressing a number of health issues. The long-term economic struggles, the critical shortage of health care practitioners, and the inadequate number of rural emergency medical services are just a few documented challenges (Zuniga, Buchanan & Chakravorty, 2005). Agricultural and recreational accidents occur with much greater frequency in rural areas where such activity abounds. The time required in transporting rural residents needing medical attention from their residences or scenes of accidents to adequate medical services is increased because of greater distance to be covered, greater reliance upon volunteers, and inadequate medical equipment.

Of Alabama's 67 counties, 22 comprise the Metropolitan Statistical Area region, as designated by the US Office of Management and Budget, and the remaining 45 are rural. One of the rural regions of Alabama being studied in various ways nationally and locally is the Black Belt. The Black Belt is a vast stretch of farmland extending from Georgia through Alabama and Mississippi. The specific counties in Alabama that make up the Black Belt is dependent on who is defining the term. For this article, the Black Belt is defined as Bullock, Choctaw, Dallas, Greene, Hale, Lowndes, Macon, Marengo, Perry, Pickens, Sumter and Wilcox Counties. This designation, historically equated to Dr. Booker T. Washington, maintains the integrity of the classical definitions based on the vast stretch of fertile, dark soil farmland conducive to cotton farming. While the soil color gave the region its name, historically, Black Americans have predominantly populated the counties that make up the Black Belt. The Alabama Black Belt is noted for the central role it played during the period in history when the economy of the south was based on cotton production by slaves and later for its pivotal role in the Civil Rights Movement of the 1960's. The Black Belt is contiguous with the Mississippi Delta and this region is generally regarded as a "Third World Nation' in the heartland of America.

For decades, the Black Belt region of Alabama has been an area of paradoxes. The Cretaceous Period oceans that lapped over the area millions of years ago deposited some of the richest soil on Earth. But sadly for the region's residents, geological riches do not translate to economic wealth. Recent Census Bureau poverty statistics show no improvement. The numbers show that

Alabama's statewide average of persons living in poverty (as defined by the federal government, an annual income of $18,850 for a four-person family) is 15.4 percent. Lowndes County's average was 24 percent; Dallas County came in at 25 percent, and Perry County, a disheartening 32.3 percent.

Selma is located in the heart of the Alabama Black Belt. Selma is generally regarded as the capitol of the Black Belt and is known to the world for its role in the civil rights struggle of the 1960s. Located in Dallas County, which has a median income of $12,000, the population of Selma has a Black American population approaching 70%, approximately 50% of which live below the federal poverty level. Wilcox County, the state's poorest Black Belt county, reports nearly 40 percent of the county's residents living below the poverty level. Forty-seven percent of the children in Wilcox County live in poverty. In comparison, Selby County has a poverty rate of 6.3 percent. The U.S. Census Bureau's show Alabama's poverty rate at was the eighth highest in the nation with more than 754,000 Alabamians in poverty.

With regards to HIV and AIDS infection cases in Alabama, since February 2006, 5,982 HIV infections and 8,225 AIDS cases have been reported to the Alabama Department of Public Health for a combined total of 14,207 reported HIV/AIDS cases in Alabama (Alabama Department of Public Health, 2006). Although Black Americans represent one-fourth (26%) of the state's population they account for two-thirds (62.9%) of its reported cases of HIV/AIDS. Black men represent 43.9% f all HIV/AIDS cases reported. Black women represent 19.1% of all HIV/AIDS cases reported (Alabama Department of Public Health, 2006).

HIV/AIDS cases among Black Americans in Alabama are reported in the following risk factor categories: Men who have sex with men (MSM) (32.5%), Heterosexual (25.6%), Injecting Drug Use-IDU (13.1%), MSM/IDU (5.0%), Maternal Transmission (0.9%), Transfusion (0.5%), Hemophilia (0.2%), and Undetermined (22.0%). Age groups represented by HIV/AIDS in Black Americans in Alabama are staggering with 31.1% between the ages of 20-29, 34.9% between 30-39 and 19.7 fall into the ages of 40-49. In addition, 10 of America's 100 poorest counties are in Alabama (Alabama Department of Public Health, 2006). These counties include: Wilcox, Perry, Green, Sumter, Macon, Lowndes, Bullock, Dallas, Conecuh, and Hale.

Other than its largest city (Birmingham), the area most affected by HIV/AIDS in the state of Alabama is its rural region. More specifically, the rural region with the highest HIV/AIDS rates is the Alabama Black Belt. Following Birmingham, the next highest concentration of Black American cases of HIV/AIDS in Alabama, is located in the Public Health Area (PHA) that encompasses the Black Belt region (20% of the population in PHA 8). In fact, almost 30% of the African American cases of HIV/AIDS in Alabama are located in the Black Belt counties (Alabama Department of Public Health, 2006).

Drawing on relevant social justice perspectives

Our analyses of these experiences have been informed by social justice perspectives (West, 1993; hooks, 1984; Biko, 1978; Friere; 1972; Rawls, 1971). These scholars have advocated the importance of understanding systemic oppression by examining the personal, contextual and structural factors of power

and lived experiences. It is the perspective of social justice that helps to examine power, life events and how these events interact within the social environment. These ideas and theoretical underpinnings are informed by disciplines of psychology, sociology, feminism, political science, history, and African studies. The following key domains are brief illustrations derived from social justice writings to explore the personal and the structural crisis of southern Black Americans living in Alabama.

Power

The concept of power is a useful framework to make sense of the social environment and to understand how the concept of power is used in every day interaction (Foucault, 1980). Power is everywhere it is either real or perceived but has the influence to change people's lives (Foucault, 1980). Understanding how power is gained, received and lost is central to our personal lives and how social identities are created.

Personal lives and social identity

The personal and social identity framework highlights the strong link between physical experience and psychological consciousness that shapes the lives of Black Americans (Biko, 1978). For many Black Americans, their personal narratives must be placed within a wider social context. Black Americans are not gifted the luxury to separate their life events from wider social problems because these two domains are intricately connected (Burke, Cropper & Philomena, 2000; Biko, 1978).

Solidarity

Solidarity is a process where Black Americans begin to lead the movement for Black liberation (Biko, 1978). It is the process where Black Americans participate in the struggle by fighting for structural changes. Solidarity is joining together and uniting power that captures the essence that Blackness matters and must be valued.

Personal reflection and coming to terms with his social identity

Given the notion that this is the first author's personal history, we will shift to first person to help the reader better understand his experiences. For many Black Americans, their personal narratives are shaped by the social environment. These experiences take into consideration the nature of the systemic power imbalance and the opportunity for solidarity among community members.

I was born and raised in small town equidistant between Cleveland and Akron, Ohio. I grew up in a completely Black and segregated neighborhood and attended an integrated school. My parents were both from Alabama and relocated to Ohio in the late 1940's and **my father worked in the steel industry and my mother as a domestic.** My family would always come to Selma to visit relatives during summer vacation until the year 1965 because of the civil rights unrest. I was 12 years old in 1965 and always wondered if my family had come that year what would we have seen and whether we could have made a difference.

Fast forward to the year 1989 after my parents had divorced and my father returned to Selma to take care of his aunt who had raised him from the time that he was 2 years old after his own mother had died in 1914. "Aunt Abbie" was born

in 1889 and was a remarkable woman who had been a nurse, school teacher and community activist for years in the community. She was the daughter of former slaves and one of a handful of black registered voters in Selma. She was full of vigor and vitality, even beyond the age of 100. I came to Selma to help my father because his health was failing and I wanted to put his affairs in order. During my two month stay, I crossed the Edmund Pettus Bridge several times a day to get back and forth to attend to business. This bridge is the site of the 'Bloody Sunday Massacre' that led to the passage of the 1965 Voting Rights Act.

One day I decided to get out of **my** car and to walk in the footsteps of those marchers who had been beaten and trampled by horses on their way to Montgomery. As I began to walk across the bridge I was overcome by some unseen and unheard spirit that brought tears to my eyes and filled my entire being. I heard voices that seemed to be telling me to do something in my life to make a difference in what I can best describe as my “ancestral home”. I could smell the tear gas that clouded the air 35 years earlier and my lungs were choking as I seemingly gasped for air. The ghosts of the monumental civil rights battle in Selma were calling me and changed my life forever.

I returned to Ohio, ran for public office and over the next 7-8 years transformed my own impoverished hometown by creating Enterprise Zones that created over 10,000 jobs and 650 million dollars in capital investments and payroll. Even after those successes, my life somehow seemed hollow as a result of my epiphany on the Edmund Pettus Bridge. I struggled for awhile and returned to Selma in 1997 when my father became terminally ill. I promised my father on

his death bed that I would take care of Aunt Abbie. She was now 107 years old and I was thinking that she could not last very long and I would stay until she died. I was still searching to find what it was that I was being called to do and how I was to repay the debt I owed to the fallen soldiers of the civil right movement. I became the primary caretaker for my aunt and she was completely lucid and alert and lived to be 112 years old, voting in every election until her death in 2001. It was her wisdom and knowledge of history that moved my career and life in a direction that has answered those questions regarding why I was affected so profoundly as I looked across the Alabama River into the history of my people.

After her death I became involved in the HIV/AIDS issue and will likely spend the rest of my life and career addressing this problem. Soon after entering this field, I was able to see clearly the issues and how they related to ethnic minorities in the Deep South. Almost immediately I noticed that wherever I went in the state that I would be the only ethnic minority in the room. This was puzzling because the overwhelming majority of the consumers of HIV/AIDS services were Black and all of the Executive Directors of the AIDS Service organizations were White. Most of the funding not controlled by the state rested in the hands of people who did not live in the communities that they served. When consumers would see me at meeting or presentations, they would cautiously approach me and in hushed tones inquire whether I was there to help them. It was an eerie feeling to have to speak with people as if we should not be discussing these very important issues. I soon discovered that there was a great deal of dissatisfaction

with the service being provided and the lack of culturally competent programs and service providers to the Black population.

My political battles back in Ohio pale in comparison to what I have witnessed in the HIV field as a result of the “old guard’ organizations attempting to hold onto the funding and power even as the epidemic has shifted regions, race, demographics, etc. Nothing in my background has adequately prepared me for the struggle to wrest control of funding and policy decisions. My primary goal is to empower my people to imbue in them the ability and resources necessary to save their own lives and determine their own destinies. I draw upon solutions that were first used during the zenith of the civil rights movement to uncover methods of intervention that still have relevance today. The Deep South is unique **and** so are the answers to a myriad of problems that exist within the bowels of rural Black America.

Freedom Summer '64’ **(the SNCC led social justice movement)** focused on the vote and on political enfranchisement as the crucial vehicle for empowerment and community development. That same opportunity exists today to utilize a community organizing model as a vehicle to shift the HIV/AIDS issue to the forefront of Black consciousness. Power does not concede anything without a demand and the grassroots leadership of the region will require resources and assistance from outside sources to stem the tide against the onslaught of the HIV epidemic (Biko, 1978).

This movement will **require** pressure being applied from the outside so that an explosion can occur on the inside just as it did four decades ago in this

community. A broader view of empowerment must be developed and young people in the target neighborhoods need more than hip anti HIV slogans -- they need to develop the skills and awareness required for literate, informed, and active citizenship. My efforts to garner sufficient funding and technical resources has been met with great resistance from the current AIDS Service Organizations who are intent upon remaining the primary recipients of local, state, federal and philanthropic HIV/AIDS funding.

On a number of occasions I have personally witnessed well-meaning Deep South specific HIV funding initiatives that were earmarked for minorities hijacked by non minority organizations. Black folks know where to find the people of color in any urban or rural community in the nation and the fact that we are largely excluded from these large funding opportunities only exacerbates an already monumental obstacle. My people know all about social justice and the interventions necessary to uplift ourselves. What is lacking are the resources and technical assistance that our national leaders provide to third world nations.

There was never a doubt in my mind that it would be rural black America that would suffer the direct and devastating brunt of the HIV/AIDS epidemic in America. The Blackbelt is also the Bible Belt and black southern ministers are more than reluctant to talk about or deal with sex related topics from their pulpits. Additionally, the traditional civil rights organizations have been woefully lacking as it relates to addressing the real issues that confront black Americans over the past 20 years. Over the past six years I have attempted to provide my own crude training and technical assistance to a number of rural grassroots community

based organizations. I have concentrated my efforts in those areas most likely to be affected by the HIV issue and can report that those who received assistance came to develop and exercise great knowledge and leadership among their constituencies. They were also able to exert varying degrees of influence on the local political landscape. The key to our success was outreach and contact with those who possess genuine credibility with the people with whom they were interacting.

I was blessed to have also had the honor of meeting **many** of **the** legendary community organizing and social justice legends during my time in Selma in the 1990s. What I did not possess was their talent, charisma or ability to develop broad based grassroots constituencies. I simply attempted to apply their Deep South developed techniques of mobilizing communities by increasing the voices, assets and visibility of local groups and strengthening the capacity of the collaborative to act in unison.

My greatest challenge was that I did not have the galvanizing issue of voting rights to adequately stimulate the population. I was addressing the dreaded HIV virus that the black church and community refused to acknowledge was creeping into their isolated world. My frustrations at reaching the general community led me to the brink of depression as all too often the message I was attempting to deliver fell upon deaf ears. The saving grace that allowed me to make some inroads in previously closed communities was an African American state legislator who had lost a son to the AIDS virus. This brave woman, Rep. Laura Hall, became my hero and I dared not give up after viewing firsthand her

passion and boundless determination to defeat the scourge that was decimating our people. As a direct result of her encouragement my energy and spirit were rekindled and I vow to stay until the battle is won. The die had been cast and the challenge issued and she made me understand that I could not save the world, but that I had an obligation to use every fiber of my being to serve my community until I had exhausted every possibility. I needed to stop tilting at windmills and develop an achievable agenda that could serve as a starting point from which a homegrown grassroots movement could mature into a solution.

Home grown agenda for survival

Any successful HIV intervention must begin with a focus on community participation (Minkler, 2002). One name for this approach to community mobilization is the Community Health Advisor model. It is a community-based health promotion model that identifies and trains trusted individuals in the community who have a heart for helping others (West, 1993; hooks, 1984). Once trained, the Community Health Advisors then seek to improve the health status of individuals and the community at large by diffusing health information. In so doing, the overall level of health consciousness and health in the community is increased and effective health strategies are adopted in specific populations. The objective is to develop and implement a community-based intervention to reduce the disparity between accessibility and adoptability of services to prevent HIV transmission. The goal is to create forums where the community can identify the barriers which prevent acceptance and adoption of HIV programs by the target population. From these dialogues, an agenda designed by the community team

to address the barriers to make them more acceptable and adoptable by the target population (Israel et al., 1994). Using the information obtained from the forums, a network of indigenous lay health workers will be trained to motivate, educate and navigate poor ethnic minority men and women to optimally utilize programs that prevent transmission of HIV. In addition, social justice perspectives such as the notion of power, Black identity and solidarity are integrated within this framework.

To establish community-based forums where African American HIV/AIDS doctors and community members can freely exchange information, ideas and attitudes about the prevention, early detection and treatment of HIV/AIDS, as well as survivorship issues are important factors to consider. Through the creation of these forums the intent is to impact screening and early detection rates of HIV/AIDS and thus curtail the racial mortality disparities that presently exist. Knowledge is power and the development of adequate resources to provide community based organizations with the ability to reach out to the leadership in the community is critical to the empowerment and social justice interventions that is needed (Minkler, 2002).

Moreover, we are asking for an immediate "call to action" to all levels of health and human services organizations in Alabama and reaching out to national philanthropic organizations to lend their assistance. One of the most effective tools for overcoming low acceptability and adoptability to “Western style” HIV prevention services is to create a forum whereby members of the target community could express their ideas about the socio-cultural context of the target

disease as well as suggesting strategies to reach the target community. This approach actively encourages local ownership and empowerment (Biko, 1978). The basic premise is that community members are reluctant to address particular social change goals introduced from the outside. Social change is more effective when community members first come together and empower themselves to define and address their own concerns and goals as well as their strengths and resources (Israel, Checkoway, Shulz & Zimmerman, 1994).

There is substantial evidence that a network of community-oriented persons, trusted as people to turn to in times of need, can do the following with the target population: (1) raise their level of health consciousness, (2) build their trust in the health care system and (3) assist them in navigating the socio-cultural and structural barriers to services offered by the health care system (O'Fallon & Deary, 2002; Dennis & Neese, 2000; Israel et al., 1994). The basic concept is to build a community-based network by recruiting key individuals from the target community and providing them with the training and resources they need in order to promote the desired health goals (Israel et al., 1994). This approach is based on the belief that inspired, informed and skilled grassroots health workers, who understand the culture and beliefs of the target population are the most effective agents for social change. Additionally, they can effectively guide members of the target population to accept proper healthcare (McPhaul & Lipscomb, 2005).

During our lifetime there have been several issues that have commanded the attention of the American landscape and only one where there has been a clear victory. The Vietnam War was waged for decades with an unfavorable

result. The 1960's and the 1970's War on Poverty was an abject failure and more Black families are living in poverty today than a generation ago. The continuing War on Drugs and Drug Abuse is failing and shows little promise of justifying the billions of dollars spent on the effort. The current Iraqi Freedom conflict threatens to drag on for years to come. The Civil Rights Movement of the 1960's appears to be the only conflict where a clear victory was achieved. That war was initially waged in the Deep South and it makes sense to duplicate the efforts of small community based groups working within their own communities to address the most pressing issues. Those civil rights models can be successfully utilized in an all out assault on HIV/AIDS if the people are given the resources necessary to engage the enemies. The enemies are inadequate funding, stigma, ignorance, poverty, lack of training, apathy and indifference. AIDS is the consequence of these factors and they all must be addressed in any real effort to eradicate HIV/AIDS in our community.

The battleground for this "NEW CIVIL RIGHTS MOVEMENT" is once again centered in the Black Belt of Alabama/Mississippi Delta region and it is a battle that threatens the entire nation. Blacks from all over the nation are returning to their roots here in the Deep South and bringing with them undiagnosed cases of HIV. Those most at risk are afraid to submit to testing. The HIV epidemiological data discussed in this article are but a part of the whole picture of the crisis in Alabama. Our task is to come together, gather together our power, and launch a new civil rights movement in the Black Belt, one which focuses on our survival in the HIV/AIDS pandemic in our midst.

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