

FORUM

Suicide up among blacks



Henrie Treadwell
Guest Columnist

Not long ago, the words "suicide" and "African Americans" were almost never mentioned in the same breath. Despite confronting challenges from slavery to Jim Crow to structural racism, blacks rarely took their own lives. It was a positive health disparity. Until now.

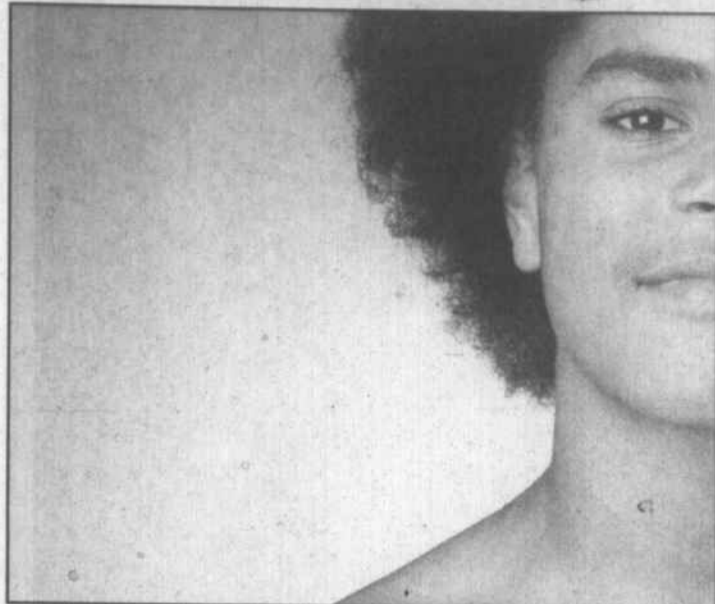
There is alarming evidence that the suicide rate for young African-American men is escalating, and just as much evidence that America's health-care system is ill-equipped to curb it.

Dr. Claire Xanthos, a health services research specialist, recently wrote a policy paper citing studies showing that from 1980 to 1995, the suicide rate for black adolescents rose from 5.6 to per 100,000 of the population. Put in starker terms: this doubling of the suicide rate for young black males has made it the third-leading cause of death among that demographic group.

Clearly, it is a complex problem that is directly related to life experiences of young African-American males in America. While the suicide rate for young black men has risen, the suicide rate for black women remains among the lowest of any demographic group.

So why are our young black men killing themselves?

Dr. Xanthos concludes there are many factors, and among them are the race-related challenges that these youths face. The data show that they go to jail, drop out of school and become victims of crime at rates far higher than their white counterparts. Moreover, young black males are more likely than not to live in a family environment that



is less than ideal; roughly 70 percent of African Americans live in single-parent homes.

The combination of family stress, violence in their communities, and the stigma and discrimination they face is taking a toll on young black males. Some mental health specialists, such as Dr. Alvin Poussaint, argue that "death by cop" incidents should be counted as suicide. These are occasions when black youths are despondent and won't commit suicide, but purposely break the law so someone else will kill them.

"How many young men who put themselves in situations where it's very likely that they're going to get shot to death are actually committing suicide?" asked Dr. Poussaint in a recent interview on National Public Radio. "There is such a thing as what we call victim-precipitated homicide, which is suicide. The most classic example would be suicide by cop, which you read about in the newspaper from time to time, where people wanted to be shot to be killed because they were suicidal, but they didn't want to do it themselves...because there's still a stigma attached to committing suicide, so they'd rather have someone else kill them or have

it seem like an accident."

This rising suicide tide can impact middle-class black teenagers in white suburbs, as well as those in inner-city neighborhoods. In fact, Dr. Xanthos argues that black youths living in white communities often face the trauma of not relating to their white neighbors and also feeling estranged from blacks from poorer, urban settings. Certainly, the death of James Dugy, the 18-year-old son of Indianapolis Colts coach Tony Dugy, underscored that suicide can strike the rich and poor.

What's clear is that black communities, healthcare professionals and public health officials must mobilize to meet the challenges presented by this problem.

The stigma towards mental illness in the black communities is so taboo that obvious signs that someone has a problem are frequently ignored, even by close family members and friends. The first step must come from parents and friends recognizing the behavior patterns that indicate someone has a problem, and then working to get help for that person.

There is also a crucial role to be played by public health programs, such as Medicaid, which

must make it easier for young black men to receive counseling and treatments.

But once these teens get to treatment facilities another problem develops: the lack of black therapists, counselors and psychiatrists. According to data, blacks are about four percent of the nation's psychiatrists, three percent of the psychologists and seven percent of social workers. It's imperative that more African Americans be trained for those positions. The problems weighing on many black youths are created by racism and the family, educational and urban tensions that they face in everyday life. In these instances, an African-American counselor or physician who may be more likely to grasp the situation is needed to provide assistance.

Dr. Xanthos also raises the need for more "bicultural" training for young black males. Or put another way, it is learning to survive in a white society. Such training would better prepare black youths for integration into schools and workplaces that are predominantly white, while also preparing black youths to confront and overcome the discrimination they are likely to face in American society.

This problem can no longer be ignored. It must be faced in our homes, our communities and by public officials in schools and health facilities.

The reality is that young black males face some of the biggest hurdles in our society, and if they are going to succeed we all must do a better job of identifying people with problems and facilitating the treatment that can put them on a successful path.

Dr. Henrie M. Treadwell, associate director of Development at the National Center for Primary Care of Morehouse School of Medicine, is also director of Community Voices.

America lacks cultural preparedness



Russell Honoré
Guest Columnist

America needs a culture of preparedness. We are seeing that more state governments are struggling in response to recent disasters. Recent Red Cross data shows that for every dollar spent on preparedness, it saves six to nine dollars during disaster response and recovery. As many have seen, disasters cause drama, drama for state governments especially when plans don't execute or the storm trumps the states capability to deal with the disaster response.

"Blame the Federal government and FEMA," that is the get-out-of-jail-free card that the state governments have. We can do better, this America and one solution is to transform state government.

First and foremost, we have to optimize technology. We need to issue disaster assistance cards which can easily be activated and provide financial assistance to those who need it. Secondly, all state employees should be

trained to register folks for relief following a disaster, which currently few states are trained to execute when needed. Officials also need to be mindful to pre-position food water and tarps in communities, as well as use local businesses to serve as a large part of the area's disaster response. Each area affected should have assistance locations and they should be well-marked. They shouldn't block major roads and supplies should be given to anyone who shows up, no matter what county they are from.

Cities should utilize resources and use local businesses as an integral part of the disaster response. Businesses should be aware of response logistics and local governments should have pre-arranged contracts with local businesses to provide emergency goods and services. One idea would be to have local businesses provide hot meals at fixed prices - approximately 8 dollars each.

Officials should also think of the residents in disaster areas as resources as well. School systems in each state should integrate disaster preparedness and first aid into its curriculum and every college graduate should be first aid certified. We need to involve the members of our

communities, where we can create a civilian response corp in each community. I like to call them "men of consequence" - those who volunteer their time and talent to create resilient communities. These volunteers would be prepared and trained to clear debris from roads and help shore up levees. They would be taught how to operate distribution points and help evacuate communities.


A very important point that I must make is that local officials must assure that residents in our communities have power. It is imperative that various laws are passed that will require gas stations and drug/grocery stores to have generators. When cities lose electrical power, our quality of life regresses back 80 years - people have no television, no running water or working sewer, no Internet or cell phones. Facilities such as hospitals, courthouses and emergency response stations should have mandatory generators on the 2nd floor in order to protect the power source. As we saw during Hurricane Katrina, many City of New Orleans public buildings did have generators - but unfortunately they were in the basement or at ground level which did not serve them in the disaster.

Lastly, officials need to improve evacuation contra flow. We need full use of interstate highways. The federal government owns the flow on the interstate but during hurricane Gustav, unfortunately, we saw city, state and county officials blocking traffic on interstate highways. This policy needs to be reviewed and the act of surrounding states rerouting traffic to protect the flow of tourist traffic to local resorts is unacceptable. Going 40 miles in 12 hours is another disaster in the making.

We need to create a culture of preparedness in America. Our forefathers knew how to take care of themselves, their families, and the communities in which they lived. As citizens, we need to be prepared to do that same - we can not wait on the federal government to do it for us. For more information, go to www.CNN.com.

Retired Lieutenant General Russel Honoré serves as Emergency Preparedness contributor to CNN Worldwide. Before retiring, he commanded Joint Task Force, where he led the Department of Defense response to Hurricanes Katrina and Rita in Alabama, Mississippi and Louisiana.

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