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2015

Creating Healthy Community in the Postindustrial City

Brian A Hoey, *Marshall University*



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The book cover features a large, semi-transparent yellow circle in the center. Overlaid on this circle and the background are several stylized dandelion seed heads. One large dandelion is centered within the yellow circle, while others are positioned around it, some partially obscured. The dandelions are rendered in a light gray or off-white color. The background is a very light, pale yellow. Thin vertical lines in light blue and light purple run along the left and right edges of the cover, respectively.

Recovery, Renewal, Reclaiming: Anthropological Research toward Healing

Edited by Lindsey King

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Creating Healthy Community in the Postindustrial City

Brian A. Hoey

Introduction

This chapter explores how community might be reimagined for the benefit of public health as well as to promote incipient social or economic agendas born of progressive citizen action aimed at what is commonly characterized as development or, perhaps, even more broadly as “growth.” Can a city like Huntington, West Virginia, emerge as a positive example of what we might term *postindustrial urban regeneration* and perhaps even *community healing*? Can this happen specifically through a grassroots movement now finding local governmental support in a collective attempt to transform this place from one defined primarily by the productive capacity of factories to one that might appeal to small business entrepreneurs—many of whom may be members of a category of potential in-migrants that some scholars, planners and, increasingly, government officials around the United States have called “creatives”? This chapter contributes to academic and popular discussion of how throughout the vast archipelago of former industrial sites—a legacy of a dominative urban-industrial political economy—small cities like Huntington might plan a healthy way forward that promises sustainable, restorative growth in an economic and social landscape that has been shifted by profound structural changes that appear to require a significantly different way of doing things.

Health and Place

Although urban conditions have throughout history presented challenges to health through such factors as crowding, poor diet, and lack of sanitation, widespread industrialization in the nineteenth century greatly exacerbated these longstanding problems. At the same time, emergent large-scale industry added further health risks through rapid, unplanned, and unregulated growth, workplace hazards associated with use of heavy machinery, and exposure to toxic chemicals employed in—as well as pollution from—industrial production. As the negative health impacts of the economic “revolution” became clear by the end of that century, American artists, scholars, health reformers, and community planners came together in an attempt to address mounting concerns. In their deliberations, they pointed not only to *threats* to health associated with urban industry but also to the ability of certain intentionally designed environments to exert potent, restorative, or *therapeutic* influences on states of physical and mental health challenged by ongoing industrial urbanization (Glacken 1967; Hoey 2007; Macy and Bonnemaïson 2003).

Specifically, this diverse group of activists sought solutions through approaches that ranged from addressing enduring problems with technical fixes to improve sanitation—a campaign aided by acceptance of an empirically supported “germ theory” of disease—to deliberate allocation of public open space in design plans for new communities. Central figures in the emerging field of landscape architecture, among others, helped frame discussions that would provide both the technical and philosophical underpinnings for principles of urban and regional planning responsible for shaping everyday life in communities of the United States thereafter. Perhaps most notable among them was Frederick Law Olmstead who was not only a designer of New York City’s famed Central Park but also served as Secretary General of the United States Sanitary

Commission—a civilian organization that advised the Union Army regarding the physical and mental health of its servicemen during the Civil War.

While for much of the twentieth century economic imperatives dictated how well the design principles that emerged from these early interdisciplinary collaborations would be applied—if at all—the role of environment in public health and civic life is again at the center of merging scholarly and applied interests (cf. R. J. Jackson 2003). Studies in the health sciences have long explored *negative* health effects and risks to at least physical well-being that may be linked to particular locations such as those associated with current or former industrial sites. Beyond this important work, a growing body of research now explores the restorative potential of contact with certain locations through the adopted lens of the *therapeutic landscape* concept. Although its application has been mostly academic in nature and focused on the possibility for *positive* health effects through intimate association with these places (e.g., see Williams 1999; 2007), as defined by the geographer Wilbert Gesler (1996, 96; emphasis added) who first coined the term in the early '90s, the concept could be employed to bring our attention to the “physical and built environments, social conditions, and human perceptions [that] combine to produce an *atmosphere* which is conducive to healing.”

The concept of the therapeutic landscape has been criticized for overlooking the importance of everyday places in favor of extraordinary sites of sacred or secular pilgrimage, for example, such as sites of great natural beauty or historical significance. Despite this criticism—or perhaps as a partial answer to it—I have found opportunity within Gesler’s original broad conceptualization for a meaningful, everyday application through discussing the importance of *community*—understood as being physical and ideological in nature—for shaping the conditions that contribute to individual and collective

health. I am encouraged to consider how community is an *atmosphere*, in Gesler's terms, which we may interpret as a combinative milieu of material and intangible elements within which people must live their lives as both physical and social beings. It bears mentioning that if one such communal atmosphere can serve as a potentially therapeutic agent, it stands to reason that another—for various reasons—may be essentially pathogenic in nature. If there are places—understood as communities—that are health promoting or protective, then there must be places that are variously unhealthy as well. Beliefs, behaviors, and physical conditions characteristic of particular places may contribute to the cause, presentation, and recognition of various forms of ill health and disease.

The concept of therapeutic landscape has become an important theoretical contribution of health geography whose emergence as a field parallels an earlier turn by cultural anthropologists away from a limiting perspective of “place” wherein it is taken as merely the physical space or bare material context within which cultural practices occur. Rejecting the notion that place is a largely neutral setting—a container within which social and cultural life unfolds—ethnographies within the anthropology of health, for example, have for some time presented a dynamic, relational view of physical and mental health. This view holds that human health entails multifaceted interactions between people and their particular biotic, abiotic, and sociocultural environments (e.g., see Devisch 1993; Fadiman 1997; Martin 1994).

As used by anthropologists, such a notion as landscape—whether having therapeutic potential or not—is understood as a cultural production, a symbolic transformation of this environment (cf. J. B. Jackson 1994). Such an understanding takes into account humans, an essentially *anthropogenic* environment, and the manner in which this aggregate atmosphere or milieu is conceptualized, symbolized,

produced, and experienced in different places and times (Cosgrove and Daniels 1988; Hirsch and O’Hanlon 1995; Meinig and Jackson 1979). Similarly, landscape is being used in health geography as a metaphor for complex layerings of cultural understandings, history, social structure, and built environment that converge in particular places and times (Kearns and Moon 2002).

More recently, scholarly work in this vein has contributed—though largely indirectly—to a range of local, state, and federal policy initiatives. The United States Centers for Disease Control and Prevention’s (CDC) *Healthy Places* is one such program. This program claims to support the “design and development of built environments that promote physical and mental health by encouraging healthy behaviors, quality of life, and social connectedness” (CDC 2006). Given that the program draws on conclusions of the American Planning Association (APA) regarding so-called *smart growth*, we can see explicit recognition of the fact that seemingly mundane planning elements such as zoning—local ordinances that effectively divide a municipality into separate use-designated residential, commercial, and industrial districts—can have a wide-ranging and significant impact on physical and mental health across entire neighborhoods and larger communities (see APA 2002).¹ As a century ago, these contemporary initiatives represent an effort to pair design principles with concern for public health in the broadest possible sense. Of particular significance in programs such as the CDC’s *Healthy Places* is a tendency to invoke the decidedly experiential category of “quality of life” as an essential component of the approach to creating healthier places—landscapes that may be thought of as generally therapeutic for those who live and work in them.

One of the first comprehensive studies on the salience of quality of life as a concept for community health and planning was pro-

duced by the United States Environmental Protection Agency (EPA) in the early 1970s—only shortly after the agency was established—in order to address environmental degradation and its impact on public health after a century of widespread industrial pollution. The authors described the emerging concept as an attempt to capture “an indefinable measure of society’s determination and desire to improve or at least not permit further degradation of its condition.” Further, they noted that it should be taken as a way to represent a “yearning of people for something which they feel they have lost or are losing, or have been denied, and which to some extent they wish to regain or acquire.” As such, they described it as “a new name for an old notion that refers to the well-being of people . . . as well as to the ‘well-being’ of the environment in which these people live” (EPA 1972, iii, 1). In my approach to looking at the notion of healthy community, I adopt their insistence on framing quality of life in terms of basic desires or motivations—as well as attending to the well-being of both *people* and the *place* in which they live. As a concept, quality of life relates well to the idea of therapeutic landscape given how—as suggested here in terms of what is described as *yearning*—both address “health seeking behavior.” This sort of behavior is something that we may understand as an active quest by people to modify their everyday practices and the environment in which they live and work so as to improve overall health.

A multitude of related disciplines take as a fact that quantitative indicators of health vary across geographic locations. However, etiological explanations within these fields as to *why* we see differences in morbidity (the prevalence of certain diseases in a population) and mortality (death that might result from those diseases in that population) may vary greatly. For the most part, however, those fields concerned with explaining such distributional variation of disease—such as epidemiology—have tended to focus on individual-level risk

factors, which are typically seen as associated with such aspects as personal behavior or genetic difference or both. Following this emphasis, differences in the health of particular geographically defined populations may be taken as a direct outcome of presumed “cultural” or “racial” characteristics that—within this approach—are attributed to persons living in a given place. Not surprisingly, social scientists whose interests lie in the area of public health have found such a limited explanatory approach deficient. Generally speaking, these scholars argue that health—especially of socially marginal peoples (e.g., poor and minority groups)—is determined at least as much, if not more, by *structural* conditions that lead to inadequate access to healthy foods, a highly limited capacity to change individual circumstances due to lack of capital (both social and economic), and disproportionate exposure to environmental toxins, than by personal *lifestyles*. They also call attention to the fact that behaviors so seemingly individual in nature as those generally lumped in the category of “lifestyle” are variously enabled or constrained by particular socioeconomic contexts. Only by acknowledging broad structural conditions—sometimes referred to as *upstream* factors in the public health literature—within which people must live their lives can we avoid potentially placing the bulk of responsibility on sufferers themselves for their ill health.

Researchers in disciplines such as anthropology and sociology have brought renewed exploration of the ways in which *context*—understood in a variety of different ways and captured through such broad concepts as landscape, place, or community to which I have already referred—may affect health outcomes (e.g., see Balshem 1993, MacIntyre, MacIver, and Sooman 1993, Robert 1998). Fortunately, such research has not languished in academic journals. We can clearly see the substance of these efforts expressed in a report by a special committee convened by the US Department of Health

and Human Services (DHHS). The *Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020* aims to focus a national discussion regarding public health policy initiatives specifically on what the authors characterize as the broad "societal determinants of health" (DHHS 2008, 21).

In the history of Western medicine, it is not as if scholars have only more recently questioned the role of context in shaping the conditions for human health. At least since Hippocrates in the fifth century BCE such readily observable aspects as natural and built environments were considered essential factors in the health of particular populations. Hippocrates is credited with laying the foundation for concepts basic to modern fields of public health and epidemiology in a book titled *On Airs, Waters, and Places*—a principal work within a large corpus attributed to him. When encountering incidences of collective ill health, he encouraged health practitioners to focus their analysis on elements that could be assigned to the following categories: *person* (who is being affected), *place* (where the condition occurs), and *time* (when, or more specifically, over what period, the condition occurs). This basic set of investigative categories has become fundamental to descriptive epidemiological study, which is characterized by a focus on the amount and distribution of disease within a population. I find an allied interest with this field (and its analytic counterpart) in the anthropology of health in that such categories as person, place, and time have long been essential to an ethnographic approach to fieldwork where—when exploring sociocultural phenomena—the researcher asks a related series of questions: Why do we see these particular people exhibiting a given behavior? What can we determine about how the specific context may influence this observed behavior? What might this point in the history of this place mean for the people involved? These kinds of questions have informed my inquiry into the impact of cultural,

social, and economic factors not only on community health but also the health of community.

Following leads touched on here, envision a strategically inclusive perspective wherein not only physical and mental health of individuals or groups within geographically (as opposed to biologically) defined communities are considered but also the health of communities themselves as such. From this point of view, we could investigate not only the standard quantitative indicators and broad objective measures of health but also the impact played by such taken-for-granted contributing factors as economic and social conditions as well as culturally informed, public perceptions and even how a given community is imagined and represented both within that place by those who live there and externally by others well outside that place. My recent work examines the relationships among these factors in the context of a former industrial city now earnestly attempting—at a variety of levels ranging from the grass-roots to the formal—to redefine itself in the twenty-first century. These efforts are already having significant impact on quality of life for its residents.

The Industrial City

Writing in the early twentieth century, the urban historian Lewis Mumford (1925) described the emerging conditions for what he termed a *fourth migration*—the latest in a string of important migratory periods in the United States that began with pioneer settlement. Mumford understood that whatever materialized as America's next migratory act would become the pattern to dominate the twentieth century. In grappling with where residential and commercial development might be going, he forecast a “radical decentralization” of urban economic and social functions that would redistribute

population throughout entire regions in a process we now recognize as suburbanization. In his time, Mumford saw remarkable changes in transportation—including especially the automobile’s capacity to reshape the physical and social world—as well as remarkable innovations in communication, such as telephone and radio and extensive electrical transmission. He saw these now basic elements of modern life as profoundly distributive and decentralizing agents for the coming age—ultimately making unnecessary a traditional interdependence with others based on geographic proximity.

Although his focus was largely on the technological and structural conditions for emergence of the suburb on a mass scale, Mumford (1925, 130) asserted that these periods of “flow” that he understood to exist in multiple realms from the physical to the ideological were caused by “new wants and necessities and new ideals of life.” He saw shifts in basic cultural values as essential to explaining broad societal changes including residential preferences and, ultimately, the locus of economic growth. Following these emergent, culturally informed desires, consumer demand—coupled with well-intentioned policy reactions to urban problems developed during the height of the industrial revolution—drove the process of suburban deconcentration. In a prescient manner, Mumford was gravely concerned that the next leading community form in America would materialize without the thoughtful planning he deemed necessary to avoid broadening and deepening a host of mounting social and environmental problems. Here we see how Mumford lamented missed opportunities during the previous boom (located in American cities) that led to profound societal costs in the form of what we could today call quality of life through disorderly growth, driven by what he suggested was as a reckless element of the presumed “frontier spirit” of America that callously wasted both natural and human resources:

Homes blocked and crowded by factories; rivers polluted; factories and railway yards seizing sites that should have been preserved for recreation; inadequate homes, thrown together anyhow, for sale anyhow, inhabited anyhow. The result was called prosperity in the Census reports, but that was because no one tried to strike a balance between the private gains and the social losses. (1925, 131)

As noted earlier, though early twentieth-century efforts to address urban health challenges prompted leaders to usher in important regulatory reforms, a combination of factors—including widespread deindustrialization and subsequent job loss—led to massive and relatively hurried outmigration from industrial cities to burgeoning suburbs in the second half of the twentieth century. This had the combined effect of overwhelming efforts to thoughtfully plan these new developments on the one hand and devastating the capacity of many older urban areas to simply keep themselves up on the other. Given that rapid urbanization had been tied to the growth of industrial economies during the previous two centuries, a shift to “offshoring” industrial production, a growing service-based or knowledge economy, and hasty suburbanization within countries like the United States prompted some late-twentieth century scholars to proclaim—or at least theorize—imminent arrival of a condition given the understandable moniker of *post-industrialism*. In the developed world, such a significant alteration in the sectoral location and nature of employment now leads many to forecast far-reaching changes throughout varied domains of everyday life. Some social theorists speak not simply of sectoral transformation—emergence of an economy driven primarily by activities other than manufacturing—but arrival of full-blown “postindustrial society.” Following both the agrarian and industrial revolutions that came before, a possible state of postindustrialism suggests yet another period of radical

change that may again transform the way that society itself is organized (Hoey 2015).

Thus, in light of economic restructuring that has led to the widespread shuttering of factories, planning and policy discussions in the United States regarding urban and regional development increasingly associate a postindustrial society with a need to develop models for growth founded on principles consistent with imperatives of what some have called the “new economy.” This may be seen at least in some novel attempts by those communities most affected by deindustrialization to attract and retain residents as well as economic capital. How will these places encourage or even define “growth” going forward given the fact that the seemingly solid and previously reassuring industrial floor beneath their feet has partly or wholly collapsed? Heretofore, the prevailing approach to encouraging capital investment in many such places has been to cut taxes and provide cheap land and labor in order to attract big industrial employers. Despite diminished returns for their investments, this continues to be the go-to plan for many state politicians all across the United States. An increasing number of local communities must now challenge this “smokestack chasing” strategy—as it is sometimes called—in their own attempts to usher in a postindustrial economy, at least at their level, and assure a minor stake in what some now take as the inevitable emergence of a broader, postindustrial society.

In their efforts, some towns and cities in the northern tier of midwestern and northeastern states that collectively comprise what many refer to as the Rust Belt—a pejorative label applied to conjure images of decaying industrial places from another economic era—have embraced the postindustrial-inflected promises of what is known as “new urbanist” planning and architectural design (Hoey 2007). At the core of planning prescriptions in this approach to community development is a call to create “healthy neighborhoods” defined by

walkable scale, open spaces for public recreation, a range of housing options and businesses in “mixed-use” design, and a “sense of place” that evokes traditional, human-scale urbanism—something that garners its practitioners the label “neo-traditionalist” (Duany and Plater-Zyberk 1992; Calthorpe 1993).



Figure 1. Located in downtown Huntington, Pullman Square is described as a “lifestyle center.” Fashioned in a neotraditional style with elements meant to evoke the city’s railroading heritage, it is located on a tract of land cleared of buildings in the early 1970s in anticipation of large urban renewal project that only came to fruition with the opening of the complex in 2004. Photo Credit: Brian A. Hoey.

Proponents of this approach to planning and design assure economic benefit from such development in large part through attracting an emergent social demographic referred to as “cultural creatives” by sociologist Paul Ray and psychologist Sherry Anderson (2000) and by urban studies theorist Richard Florida (2004) as the “creative class.” These prognosticators of the postindustrial order ensure that enduring economic well-being will depend on building the physical

places, shaping the social institutions, and providing the community openness that promote cultural diversity—all of which, they assure, is necessary to invite entrepreneurs of the new economy, accumulate a wealth of human capital, and generate the capacity for future economic innovation. Simply stated, in a postindustrial landscape, such acts are taken as essential for the economic health of communities, and this is itself key to shaping the basic conditions for individual and collective health of the people who live and work there.

Taking a more critical approach, sociologist Sharon Zukin (1990) discusses the potential role of such in-migrants in changing the physical and cultural landscape of the contemporary city through such consumption-driven, identity-seeking forces as expressed in the phenomenon of urban gentrification where low-income residents are displaced by formal or informal projects of urban “renewal.” As Japonica Brown-Saracino notes, in virtually all literature on the process of gentrification there is an overwhelming expectation for gentrifiers to possess a “frontier” mentality—akin to that derided by Mumford. They are expected to value places for what they might become rather than what they are either now or have been in the past. They have thus generally been marked as callous opportunists who seek lower-cost housing to build financial capital and status through a transformative process of what might be deemed a kind of self-serving “reclamation” from long-time residents. However, Brown-Saracino’s close ethnographic examination at four study sites reveals that a majority of people who appear to fit the category (but not the prevailing stereotype) of “gentrifiers” may more properly belong to a type that she calls the “social preservationists,” who she finds “adhere to the preservation ideology and engage in related practices [and] work to preserve the local social ecology” (Brown-Saracino 2009, 9). For former industrial places, the image of a postindustrial society informed by such sensibilities as exhibited

by the social preservationist is taken as an ideal to achieve through nurturing investment of such “creative” types for whom growth or community development refers to enhancements in collective quality of life enabled by way of progressively vibrant economic and social environments.

The effort to attract a creative class challenges approaches to encouraging economic investment characterized by smokestack chasing of industries, including those associated with natural resource extraction including coal, gas, oil, and timber. In many places, extant industries such as these and others hold great power because they become—whether real or imagined—essential as providers of jobs who may then dictate planning decisions as well as determine the social and environmental conditions for health within entire regions. Certainly, that is true in the state of West Virginia where coal not only fundamentally reshapes the physical landscape but also purposefully contours—in enduring ways—the political landscape to facilitate extraction of the resource with minimal regulatory constraint (cf. Bell and York 2010).

As a cultural anthropologist, I am prone to engage in an indispensable practice of my discipline, which is to compare cultural practices—at times from disparate contexts—as a way of making the familiar unfamiliar. In this way, in the smokestack chasing of communities all over America, I have come to see a display of belief and behavior akin to Pacific island “cargo cults” documented by my disciplinary colleagues for more than a half-century.² The so-called cargo cults of places like Vanuatu are products of great social upheaval among the indigenous peoples of South Pacific islands occupied by US troops during World War II. Apparently awed by an extraordinary ability of American GIs to summon vast amounts of goods like food, clothing, medicine, and weapons through airdrops—from out of the clear blue sky—some islanders developed elaborate systems of

belief and ritual practice that mimic elements of military ideologies and behaviors of servicemen that they witnessed, including creating elaborate mock airstrips. As with these cargo cults, to what extent do some local governments hold beliefs and engage in behaviors borrowed from economic models provided by other—comparatively prosperous—communities who have exhibited ability to summon the precious “cargo” of a large employer? In a limited, sometimes desperate, pitch, these places appear to seek what is too often framed as a singular economic salvation through ritualized mimicry where if only they follow the same steps, they too will receive *manna* from an economic heaven.

We get a glimpse of such magical thinking at the community level in an excerpt from my interview with a long-time city planner in Huntington:

We had been going along as a community through the 1950s with twice the population that we have now. We were feeling pretty good about ourselves. We sat back. The city grew and the private sector drove it. Then all those plants started to go away and everyone was like “Come on, come on back.” [*Laughs*] It didn’t happen! Then by about 1990, it was pretty clear that they weren’t coming back. They’re not coming back. It was a slap—we’ve got to do something. And what is that? The City decided that we were still all about manufacturing so it bought up the old plants and tried to redevelop those grounds. We spent close to 10 million dollars and won the Phoenix Award for brownfield redevelopment. Still, it didn’t work. The City felt that it could make its own economic development. Build it and they will come. And we kept at it creating industrial parks without much success. Eventually, it was kind of a desperation move.



Figure 2. Buildings on the grounds of the former Owens-Illinois Glass Plant redeveloped in the 1990s through efforts of the Huntington Area Development Council and the City of Huntington. Photo Credit: Brian A. Hoey.

Locating Huntington

Huntington, West Virginia, was forged in heavy industry, founded as a key terminal on the Chesapeake and Ohio Railroad in the 1870s. Since reaching its mid-twentieth century peak, today the city's population has been nearly halved by outmigration fostered, in large part, by closure of large industrial employers. Among the relics is the massive ACF Industries plant. Over its history, workers here proudly produced hundreds of thousands of railcars on a sprawling forty-two-acre site beside the Ohio River that now stands unused—a vast, crumbling symbol of the Rust Belt's decline. What would reading this landscape tell us about where this community has been and where it may be going? Following the loss of well-paid industrial jobs, many of the unemployed experience sustained and significant income loss and underemployment. This experience has been shown to significantly increase the likelihood of physical and mental health problems when compared with those who remain

continuously employed. At least one study in a community undergoing deindustrialization indicated increased mortality even after adjustments were made for background variables such as social class and individual health behaviors or what other studies may term *lifestyle* (Morris, Cook, and Shaper 1994, 1135).

According to current US Census figures, more than 25 percent of the Huntington's nearly fifty thousand residents live in federally defined conditions of poverty. In what many are prone to call a "vicious cycle," poverty serves to reinforce overall decline and manifests—through interactions with other structural, behavioral, psychosocial, and cultural factors—in individual illness and disease (Robert 1998; cf. Pickett and Pearl 2001). To add insult to years of such injurious deindustrialization, a few years ago the entire community of Huntington was named "the unhealthiest city in America" in popular press headlines based on findings of a CDC survey that found Huntington a national leader in rates of obesity and a dozen other weighty health indicators—measures that include heart disease and diabetes (Stobbe 2008).

This unflattering news attracted attention of celebrity "naked" chef, Jamie Oliver, who then targeted Huntington for a so-called reality TV show, *Jamie Oliver's Food Revolution*, which featured his attempt to get what were often presented as hapless locals eating and behaving more healthily. An especially memorable moment of the series, which came in the premiere episode, was when Oliver convinced a local woman to ritualistically inter her deep fryer in the yard while her husband was out of town. Oliver is known for his flamboyant style and unapologetic commitment to food prepared in a fresh, unadorned (as in "naked") fashion. The claim that Huntington was the unhealthiest city in America allowed this place and its residents—now framed as a community defined by a particular image and meant to serve as an exemplar of "unhealthy" at the collective

level—to serve as perfect foil for Oliver in his effort to promote a “revolutionary” message about diet and lifestyle. Huntington became the purposeful antithesis of the therapeutic landscape. The stage was set, the cameras were rolling, and another social experiment of dramatic outside intervention was—as has been true so many times before—taking place in Appalachia. Attempts to transform the status quo in the region make up a long list of public and private enterprises born of such chronically divergent paths as industrialization and environmental protection, modernization’s faith in “progress” and the oft idealized pasts of “heritage” conservation, to the many imaginaries behind a vast range of social, even utopian, experiments from New Deal era intentional communities to New Age communes (cf. Eller 2008; Hicks 2001; Whisnant 1983).



Figure 3. Created for the reality TV series *Jamie Oliver's Food Revolution* in 2010, the former “Jamie’s Kitchen” has become “Huntington’s Kitchen” and serves the community through ongoing educational programs in cooking, diet and nutrition. Photo Credit: Brian A. Hoey.

In answering a challenge to scholars of Appalachia made at least as early as that by sociologists Alan Banks, Dwight Billings, and Karen Tice (1993, 292) over twenty years ago “to replace unitary notions of Appalachians and Appalachian identity with plural and complexly constructed conceptions of social identity,” I seek to offer senses of place emergent in projects of local activists and to detail how these may be variously at odds with popular, stereotypical definitions that prevail beyond the region. In keeping with a respect for what has been called a *critical regionalism* (Powell 2007), I speak not of a sense of place composed of essential qualities imparted by a singular history, set of practices, or a bounded, defined geography, but rather as debate and discourse that variously compete and commingle around the idea or image of community. In this current project, I explore how community—as either real or imagined—may shape the physical or psychosocial conditions that contribute to individual and collective health.

As recognized by Ronald Eller (2008), *defensiveness* can serve as an important part of the process of community building. Specifically, emotional responses by those subject to the harm of popular stereotypes have the power to affect behavior, which may be thought of as depending on deliberate reaction to negative characterization. Clearly, the Associated Press report and subsequent media coverage leading to Jamie Oliver’s choice to film an “unscripted” TV series inspired some defensive posturing in the community of Huntington—as was portrayed in the series itself to great narrative effect. More important than on-screen theatrics, however, this behavior appears to have provoked some long-term, critical self-examination and to have produced locally sourced initiatives that aim to present the community in an alternative light—all of which may have lasting, positive impact. While there were already local efforts to address food-related issues,

since Oliver's visit, local schools continue to follow many practices introduced during the show's filming.

What was once "Jamie's Kitchen," the main series venue, became "Huntington's Kitchen" and what people now know as a "community food center" as part of the efforts of a local nonprofit medical outreach organization to provide public education for healthy cooking. In addition, the not-for-profit Wild Ramp opened in mid-2012 in the old Baltimore and Ohio train station as a "local food hub" offering direct-from-producer goods to consumers. The hub has done so well that in mid-2014 it moved to a bigger space located in an area of the community targeted by city government for revitalization. The fruitful initiative to provide year-round access to local produce from small farms was a product of coordinated citizen action and partnerships among recently formed citizen groups such as Create Huntington working together with Huntington's Kitchen as well as Marshall University students completing their senior Capstone projects in my own department. I have come to see these initiatives as rebirth of an earlier movement—discussed below. Today, it is overwhelmingly grassroots and incorporates elements increasingly identifiable as part of a putative postindustrial society.

A Postindustrial City?

In 1993, the Owens-Illinois Glass Plant closed and—as one of the last remaining large industries in Huntington—took with it a staggering 630 mostly well-paying jobs. This single hit increased the city's unemployment rolls by a third. The community was emotionally devastated—it became the proverbial straw that broke the camel's back. Being passive in the face of such loss (really an abandonment) was no longer an option for many residents. In the actions that followed, the desire to prevent further degradation of local conditions

was clearly evident—fundamental quality of life was at stake in the community. In an attempt to take control of what appeared a downward spiral, an emergency town meeting was held. Nearly a thousand people attended to discuss ways to stem the community’s loss of jobs and, increasingly, its population. Over the next several months, city residents completed a strategic plan guided by three general principles—economic opportunity, sustainable development, and community-based partnerships. Though at least ten years would pass before the substance of this vision would yield lasting results that today promise to transform the community both physically and conceptually, the early ’90s movement—dubbed “Our Jobs, Our Children, Our Future” based on a twelve-page special section in the local newspaper—planted a vital seed for thinking about and doing things differently in Huntington.



Figure 4. One of many buildings on the abandoned American Car and Foundry (ACF) site in Huntington located on the Ohio River near Marshall University. ACF once employed as many as 1600 people. Photo Credit: Brian A. Hoey.

Today, efforts of increasing numbers of local activists stand in opposition to a range of popular images of the region and in sharp contrast to the Industrial era’s dominant order—even while

this may not be the case for many of the region's political and economic leaders who seem reluctant to seriously consider alternatives to established ways of "doing business." Despite a recent history of bleak economic conditions and prevailing images of Appalachia as geographically—if not culturally—isolated and thus "backward," Huntington has proved an ideal place to document innovative forms of community building, entrepreneurship, and place marketing according to emerging cultural and economic models that challenge the once dominant paradigm for capital investment.

A legacy of coordinated activism spawn of Owens-Illinois' dramatic closure was picked up in the mid-2000s by the local group that came to be known as Create Huntington. It began in 2006 when then Mayor David Felinton, Marshall University President Dr. Stephen Kopp, and a group of forward-looking citizens came together to discuss ways to address a host of local problems and reenvision Huntington's economic future. Since that time, Create Huntington has evolved into a nonprofit organization wholly dependent on volunteer service, grants, and donations that works to support individual community members and groups in their passionate efforts to improve quality of life in Huntington so that it is an attractive, safe, and diverse community. Among its stated aims, the organization strives to facilitate development and maintenance of a "community vision for progress" and to act so as to "shepherd citizen projects so that progress toward that shared vision is ongoing" while connecting people with the resources and tools as well as individuals and groups that are essential to completing projects collaboratively and efficiently. Most importantly, the organization's mission is to build social capital in the community by strengthening webs of relationships among people who live and work in this place—a connection that enables them to work together in order to improve quality of life through more effective planning and successful completion of

projects that fulfill potential in a host of different ways. As noted in the literature for the recent “Create YOUR Huntington” drive by the organization:

The campaign is about changing the way we think about Huntington and our place in it. It is an acknowledgment that it is time to stop waiting for someone to save our city: a new industry, the government, you name it. They can’t save us. It is up to us!³

Among early influences for the founders of Create Huntington was the first—now annual—CreateWV conference held in 2007. On the morning of my second day of attendance at the second annual conference a year later in 2008, Jeff James—as Chairperson of the Creative Communities team of the public-private partnership known as A Vision Shared that initiated CreateWV—welcomed 395 attendees from across the state and region with a report on the “State of the Creative Community” in West Virginia. In James’s address he asserted, “The communities of West Virginia must take ownership of their destiny and embrace the new economy. Otherwise they will end up *downstream* from where others are creating that destiny.” I believe that James’s use of the term *downstream* was an intended reference to a relative lack of agency or, at least, control. It can be taken, especially in light of recent events, to mean the place that most residents find themselves. This dual meaning works well to describe the reality of life in the state both metaphorically and physically. Downstream describes the location of many of the state’s residents at the receiving end, not of any measure of the *affluence* obtained through extractive exploitation of the state’s and region’s natural and human resources, but rather its considerable *effluence*—a position to which I will return shortly.⁵

Through their actions, “creative” activists such as those who come to the CreateWV conferences each year challenge not only widespread perception of the region and its residents, among other things, as “backward,” but also general assumptions of a literature on place and place-attachment. Especially in the case of Appalachia, this literature has emphasized identity defining connections of people to land based on often highly idealized narratives that testify to continuity of familial residency, personal memories, detailed knowledge of the past, and intimate experience in the present. Virtually no attention is given to importance of *future visions* as a dimension in individual or collective sense of place.⁴ My assertion is that what is called place making involves acts of both remembering and *imagining*. Specifically, I hold that place image has real consequences for everyday life and well-being. It is the means through which what is imagined—whether out of hope or fear—can become real (Hoey 2010). Images, including the stereotypical, can become reputation and may lead to real-world changes that can be either therapeutic (i.e., health promoting or protective) or pathogenic (i.e., harmful) in terms of individual and communal health.

Here we have a case where place-based identity is shaped through purposeful construction of future visions. Looking at efforts of local activists in Huntington engaged with citizen projects originating through participation in the Create Huntington group provides an opportunity to examine efforts to critically redefine place image both outwardly and inwardly. This redefinition is proceeding, with growing cooperation from local authorities, through purposeful engagement with such trends as “smart growth” and “mixed-use” development expressed in so-called neotraditionalism of New Urbanism as well as other prescriptive approaches believed essential to staking a claim in the landscape of a postindustrial economy.

Reflecting on a recent shift in governmental strategy, Huntington's longtime city planner commented:

Today the City has learned its lesson, I think. Now we work together with the private sector and local citizens. We do our part by changing the environment—whether that be something as simple as traffic patterns or doing things to improve how people perceive the community. What can we do to attract people who want to live here? We are pursuing “green” initiatives and enhancing our amenities to make our city look more progressive not only to businesses but also potential employees.

Indeed, this is an approach for which there is research-based support. As noted by geographer Alexander Vias (1999), in an emerging economic landscape based on principles of “flexibility,” jobs increasingly follow people. In addition to benefits imagined for existing residents, these efforts are a conscious attempt by activists and city government working with receptive local agencies including, the local Convention and Visitors Bureau in Huntington, to woo creatives who pursue lifestyle choices that emphasize the quality of life and “livability” of a community.

Topophilia or Topophobia?

I have conducted considerable research to support my assertion that employers and workers within specific sectors of the economy are especially sensitive to quality-of-life considerations when making location or relocation decisions (Hoey 2014). Many are within what we now refer to as the knowledge-based area of the economy and associated with emergence of a postindustrial society. Among them are businesses with normally higher-paying jobs than those of other sectors and the capacity to stimulate vigorous, diverse local economies.

As my ongoing research in the American Midwest has shown, competition is strong among towns and cities to attract both these existing businesses as well as talented workers. At the same time, free-agent entrepreneurs looking to start small businesses are increasingly able to locate to geographic areas of their own choosing. In their decision making, quality-of-life considerations weigh heavy. Among the indicators upon which individual or collective migrants (i.e., business entities) base their decisions are an affordable, quality housing stock that retains value, natural amenities such as access to forests, lakes, and rivers, as well as vibrant socially and economically diverse communities that afford ample opportunities for arts and entertainment. In addition, potential migrants weigh issues of health and safety, including the impact of past or ongoing industrial pollution.

When reference is made to *upstream* factors in the public health literature, as I noted earlier, it is typically to a range of structural conditions that may contribute significantly to individual and collective health. Unlike what is considered lifestyle, for example, these conditions should be understood as largely beyond the control of affected persons given entrenched patterns of political and economic power that help to establish and maintain that situation. In a timely and wholly unfortunate illustration of how—in a very real way—such upstream factors impact health, on January 10, 2014, a chemical spill from a Freedom Industries “tank farm” along the Elk River in Charleston, West Virginia, polluted the water supply for some three hundred thousand people in nine counties. The spill became national news for several weeks. West Virginia American Water, the private water utility, has their intake pipe just over a mile downstream from the inadequately prepared facility, which served the coal industry.

The long-term impact on human health due to exposure to the contaminated water is unknown owing to a scarcity of reliable

information on the substances involved—something that is regrettably true for many commonly used industrial chemicals. The psychological and economic impacts, however, are immediately demonstrable. Lingering foul taste and sickening odor left residents afraid to drink their water. Businesses were forced to close for weeks at a time or to rely on bottled water for their cooking and cleaning. Visitors question plans to come to the area. Long dubbed and even celebrated as the “Chemical Valley,” the most densely populated area of the state may now find this an unfortunate matter of branding in light of national attention connected to the spill. As if this were not enough toxic news attention, as the eager spotlight was shining on state and government officials who twisted themselves in knots through a simultaneous attempt to appease angry citizens by promising that *something* would be done, to assure anxious industry that the *status quo* would not be unduly upset, and to appear willing to address obviously lax regulatory oversight, over one hundred thousand gallons of coal slurry was released into another nearby tributary of the Ohio River. In this instance, the accountable corporate entity is Patriot Coal. In the wake of the Freedom and Patriot spills, there is significant chatter in local and national news reports, personal blogs, and (of course) Facebook about a possible “chemical brain drain” in the state. West Virginia can hardly afford the loss of well-educated talent given that, according to current census data, we are already at the bottom of a list of states indicating residents with at least a bachelor’s degree.

Local entrepreneurs—some of whom have been central to efforts to improve quality of life in Huntington and other parts of the state—now wonder whether they can remain comfortable with what lies, ominously, upstream. After all, it has become clear that this is where the real power to affect the health of communities in this state has always been. As noted by the director of the West Virginia Center on

Budget and Policy, Ted Boettner, if the state wants to “attract people here and keep people here, it makes it very difficult if we can’t even provide safe water” (quoted in Ward 2014). I have to agree with this simple assessment that ours could become more a landscape of fear than a therapeutic landscape.

As I suggested earlier, we may think of different places as existing on a continuum from the potentially therapeutic to the essentially pathogenic. A therapeutic landscape necessarily represents only one dimension of our relationship with place or, in this case, what geographer Yi-fu Tuan (1974) referred to as *topophilia* as the basis for positive affective attachment between person and place born of comfort and subjective well-being. A landscape of fear—what Tuan (1979) described by way of his notion of *topophobia*—establishes an essentially negative, or at least ambivalent, relationship between people and place that may ultimately induce anxiety, dread, and depression. In her work on the emotional development of children, in particular, Louise Chawla (1992) suggests that the places we inhabit, at all times, have the potential for either light or darkness as there is always a “shadow side” to our relationship. While Chawla’s concept evokes the relative darkness, it nevertheless opens the possibility of change in our relationship to any given place. That is to say, this relationship is dynamic. Given recent history in West Virginia, we need to concentrate on banishing the shadows of harmful practices by making way for the light of new opportunities.

Conclusion

While, on the one hand, the shift from heavy industry in the city of Huntington may be framed as a positive development when weighed purely by means of objective measures of health in that closure of factories removes local sources of pollution—even while leaving behind potentially toxic “brownfield” areas that require remediation—on

the other hand, the impact of widespread job loss and outmigration is clearly negative. Rising unemployment and outmigration both contribute substantially to deteriorating economic and social conditions. Of the many costs associated with loss of the city's industrial base, we can point to the most obvious loss of jobs, but we must also follow the effect of job loss to the forfeiture of homes and health care, reductions in the tax base—that lead to cuts in essential public services—increases in crime, suicide, drug and alcohol abuse, family violence and depression, declines in cultural resources such as communal organizations, and eventual loss of public faith in civic institutions. While Huntington has done better than many similar places in addressing the impact, the city and its citizens still face ongoing challenges. As time passes, not only does physical infrastructure crumble in the absence of sufficient public revenue, but the very sense of worth and well-being of a place and its people can be fundamentally injured. It becomes extraordinarily difficult for a community to recover from such long-term physical and emotional damage. The effects of deindustrialization can undermine the social fabric of communities. Especially in those places that rely on just one or two industries, it can undermine a community's character and sense of competence.

In many cases, it comes down to a critical reexamination of long-held sources of identity for a community. This may require a sustained, collective effort on the part of a large number of residents to actively redefine themselves. This may be in opposition to a prevailing stereotype that adheres to one of a number of different labels. Here in Huntington, people are faced with the need to challenge images of decline and decay associated with being in the Rust Belt—not to mention the recent stigma adhering to its position downstream to the Chemical Valley spill. The community may be similarly burdened with popular images of Appalachia that

are reinforced through sensationalized media representations such as those portrayed in Jamie Oliver's production or, most offensively, in the recent MTV-produced *Buck Wild* television series, which claimed to be an "authentic comedic series following an outrageous group of childhood friends from the rural foothills of West Virginia who love to dodge grown-up responsibilities and always live life with the carefree motto, 'whatever happens, happens.'"⁵ In light of media attention after the recent spills, it seems that many Americans may now have the sense that in West Virginia, similarly irresponsible business leaders do what they please in the name of shortsighted profit and that, indeed, whatever happens downstream, simply happens. Finally, no label is more unambiguously unhealthy as "unhealthiest." This is unless such labels can motivate meaningful, effective action at the individual and collective levels—perhaps through what we might characterize as a *self-critical* defensiveness. Indeed, that is something that I have observed in Huntington over the past several years. Recent events, however, remind us that local efforts to create healthy community can be undone by what goes on just upstream.

In preparing an earlier version of this chapter, I was struck by prerelease news coverage of a comprehensive report from the United States Institute of Medicine, which compares health here to other wealthy countries. It is tellingly subtitled "Shorter Lives, Poorer Health." Upon examination of the final report, I was taken by one of the more remarkable findings: Researchers found *geography* the strongest predictive and protective factor for rising morbidity and mortality even when factoring out differences in wealth, education, and behavior. What should we conclude based on such a stunning finding? Could this suggest that place—the culturally informed milieu in which people live their lives—matters to a degree largely unappreciated outside of the literature I have referenced in this

chapter? Based on their findings, the report's authors assert that "meaningful health improvement efforts must extend beyond a focus on health care delivery and include stronger policies affecting health behaviors and the social and environmental determinants of health" (Woolf and Lauden 2013). For my part, I find support in this report for what I have suggested needs to be a fundamental shift from the traditional view of health to one where our towns and cities treat health as a collective *asset* that must involve consideration of *quality of life* as we broaden our attention to include self-defining images of community that can prove to be either harmful or therapeutic. Let us not forget that these images are, at least partly, the combinative result of our own actions and the perceptions that others—perhaps well outside our communities—have of the priorities and values that they associate with these actions.

Thinking in terms suggested by the therapeutic landscape concept, we are encouraged to consider how the physical environment, social conditions, and the ways in which people perceive themselves, others, and the places in which they live and work contribute to an atmosphere that can support health or provoke disease. From a practical point of view, this suggests public policy that goes beyond limited, standardized measures of health born of quantitative data alone. Health is a product of complex interactions of people with their social, cultural, and material environments. I propose that we reimagine community as a place—or a "landscape" in the sense described earlier—in order to promote meaningful changes that impact individual and collective well-being. Recognizing the fundamental importance of a sustainable, diversified local economy for providing opportunities for meaningful, remunerative work, community members as well as leaders must be engaged in the process of exploring new economic models for development that support small-scale, locally initiated entrepreneurialism as opposed to the

smokestack chasing of another era. Such a rethinking may be necessary to overcome the health burden borne by former industrial places where today's generation inherits a legacy of environmental toxins, patterns of economic dependency, and stereotyped, limiting labels.

Notes

1. Today's zoning laws are the product of planning responses to the spread of infectious disease associated with high-density residential areas in the nineteenth century as well as with a desire to physically separate potentially harmful places of business and, specifically industrial production, from homes, schools, and places of recreation. The establishment of distinct "zones," together with both widespread car ownership and the development of an extensive system of highways in the mid-twentieth century, encouraged low-density development outside of urban cores. Essentially, zoning is used to designate what areas within a community are "appropriate" for certain, specified uses. Aside from determining what can be developed in a given place, zoning laws can determine how any designated use can be developed through defining such things as densities, building size, and lot coverage.

2. In preparing this chapter, I was encouraged that sociologist Helen Lewis (2007) also described these similarities in her consideration of community development in Appalachia—whether urban or rural.

3. The Create Huntington website (<http://www.createhuntington.org>) has recently been updated and no longer includes the material quoted here. This material was captured from the website in July 2013.

4. See Wagner 1999 for an exception.

5. I would like to credit this play on words to Merton Rivers with whom I had worked during several canoe expeditions in the area of Millinocket, Maine, during the late 1980s. The aptly named Rivers rented canoes and supplies practically in the shadow of the Great Northern Paper mill that gave rise to the town a century ago. In 2008, the mill closed leaving Millinocket economically decimated

and with the very real challenge of being geographically isolated in the Northern woods. While many local leaders and residents look again to industry others seek alternatives. Having been almost entirely dependent on the mill for providing well-paying jobs for generations, the community has no easy way forward.

6. See the MTV series website at <http://www.mtv.com/shows/buckwild/series.jhtml>.

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