

# Racial disparities in health are real. The Dogwood Board should reflect that



**Your Turn**  
Kathey Avery  
Guest columnist

According to the CDC, Americans with diabetes or prediabetes continues to climb, with more than 30 million people living with diabetes and an additional 84.1 million with prediabetes.

Diabetes in Buncombe County has decreased from 11.8 percent of the adult population in 2012 to 7.3 percent in 2015.

This puts Buncombe County below the rate of the Healthy NC 2020 target of 8.6 percent and below the national prevalence rate of 9.3 percent. This is great news; however the disparity in diabetes mortality between the white population and the African American is shocking.

■ In 2014 for every 100,000 white residents 14.2 died from diabetes, while for every 100, 000 African American residents 40.0 died. They are 77 percent more likely than white Americans to be diagnosed with diabetes.

A 2009 study published in the New England Journal of Medicine, found that African Americans have a much higher incidence of heart failure than

other races, and it develops at younger ages. Other data shows:

■ Before age 50, African Americans' heart failure rate is 20 times higher than that of whites.

■ High blood pressure (hypertension) in African Americans is among the highest in the world, and is increasing. Rates are particularly high for African American women.

■ African American's develop high blood pressure earlier in life, have a 1.3 times greater rate of nonfatal stroke, a 1.8 times greater rate of a fatal stroke, and 1.5 times greater rate of death than whites.

State of Black Asheville's (2014) community presentation, Racial and Ethnic Health Disparities in North Carolina Report Card, gave Buncombe County no higher than "C" in any of its categories.

■ Rates of heart disease, strokes, diabetes, kidney disease, HIV, homicide, and lung, colon, breast and prostate cancers, each has significant racial disparities.

■ In 2013, African- American mothers were three times more likely to deliver a stillborn fetus than white mothers (Buncombe County Report Card).

In Buncombe County, African American infants are three times as likely to

die before their first birthday, than white infants. See article entitled: "Racial disparities persist in WNC infant deaths in Asheville," a Citizen Times article written by Tracy Rose on May 29, 2014.

Consider the alarming new statistic on breast cancer. African American women reportedly had 40 percent higher cancer death rates than white women, had more aggressive disease and were diagnosed at a younger age.

According to the CDC in 2016, compared with white women, black women had lower rates of getting breast cancer (incidence rates) and higher rates of dying from breast cancer (death rates) between 1999 and 2013. Breast cancer incidence went down among white women, and went up slightly among black women. Now, breast cancer incidence is about the same for women of both races.

I am concerned because:

■ African American men develop prostate cancer 60 percent more often than white men and are twice as likely to die from it any other racial or ethnic group.

■ African American has the highest colorectal cancer incidence and mortality rates of all racial groups in United States.

# For Charlotte Street road diet, slower not always safer

**Your Turn**  
Tom English  
Guest columnist

A specious argument is one which appears plausible at first glance, but which, on closer examination, is full of holes. The road diet proposed for North Charlotte Street is a prime example. Obviously a speed limit of 100 mph is more dangerous than one of 35, but does that apply to all speed limits?

Asheville has a high incidence of pedestrian injuries, so it is commendable that some would try to reduce those numbers; but should fear of pedestrian injuries be the only health concern? A simple google search will show that exhaust fumes endanger the health of those living near heavily traveled roads. Injuries may not be so dramatic as a car accident — unless one has asthma, or emphysema or heart disease.

If you have seen a child die from asthma, you never forget it. These risks were not considered by Asheville city council.

Slower isn't safer if it increases exhaust fumes and pollutes the sidewalks, homes and businesses near the road. Can breathing polluted air possibly be good for the health of cyclists riding only a few feet away?

Other results of air pollution may take more time to be apparent; one could smoke a couple of packs a day for a year without increasing the risk of lung cancer.

Slow, stop-and-go traffic produces the worst pollution. Three lane highways are the most dangerous to drivers of motor vehicles — something conveniently left out of the arguments for road diets. Slowing traffic on Charlotte Street will inevitably increase traffic on Merrimon Avenue — a street that is already dangerous.; one only has to look at the frequent skid marks.

Congestion on Charlotte Street may increase traffic on residential streets, which will increase pollution and pedestrian danger on streets that are normally safe for foot traffic, cyclists and homeowners.

Not everyone can ride a bicycle.

Some of the people who drive Charlotte Street are older and/or have health problems. A bicycle is not an alternative for them. One person interviewed by WLOS claimed that the road diet would only add five seconds to the trip down Charlotte Street. I don't doubt his sincerity, but how solid is his information?

I enjoy riding my bike, but I don't feel the need to ride it on Charlotte Street. There are residential streets that are far from the traffic congestion and air pollution of Charlotte Street: I also ride at a time when there is little traffic. Residential sidewalks are safe for walking and the air is cleaner. The issue has been framed as "road diet or pedestrian deaths," when simple reflection offers better alternatives. Why not direct bicycle traffic along residential streets that are safer from cars and clearly less polluted. By all means, widen the sidewalks, but please leave the four lanes intact.

Citing a study is no guarantee of accuracy. People who do studies often have a hidden agenda that makes its way into the conclusion. Years of

reading peer-reviewed medical articles have taught me that not all studies can be replicated.

The success of road diets has been mixed. Carolina Beach implemented a road diet, and the citizens were so incensed at the traffic congestion that they voted out the city council and replaced it with one which promptly did away with the road diet and restored the four-lane. It was a one-issue election. Asheville city council waited until after the election before bringing this controversial matter to a vote. Probably just a coincidence.

Google searches under "Road diet success" and "Road diet failure" show mixed results. Youtube offers visual examples, touting both success and failure, including a restaurant owner who said the road diet destroyed his business: not something that's been publicized here. Did the proponents of the road diet for Charlotte Street mention the failures? This issue is far from settled.

*Tom English is a retired physician who lives in Asheville*

# Making the punishment fit the criminal



**Your Turn**  
Frank Goldsmith  
Guest columnist

Not many people in Asheville know that Buncombe County has more people on Death Row than 96 percent of the counties in North Carolina. This oversized Death Row population makes no sense in a forward-thinking county where a jury hasn't sentenced anyone to death in almost two decades.

Last week, the number got a bit smaller. After carefully reviewing all of the relevant facts and circumstances, District Attorney Todd Williams agreed to allow James Morgan, who has been on Death Row since 1999, to serve out the rest of his life in prison with no possibility of parole. Buncombe County is now down to seven people on Death Row, all of whom have been there for decades.

District Attorney Williams deserves praise for reevaluating this very old case. Our state's standards for which crimes warrant death have changed greatly in the intervening years. In the 1990s, North Carolina sent dozens of people to Death Row each year. But since 2014, only a single person has been sentenced to die.

What's more, North Carolina hasn't actually executed anyone in a dozen years. Most of the people on Death Row are likely to die of natural causes before they are executed. Williams is smart to spend his office's limited resources on initiatives that make our community safer, rather than continuing to fight for death sentences that will probably never be carried out.

Morgan's case is a perfect example of the problems with Buncombe's outdat-



**Teddy Isbell Sr., looks on as his former co-defendants, Larry Williams Jr. and Damian Mills, shake hands after a Superior Court judge found them innocent of a 15-year-old homicide. Attorneys Brad Searson and Frank Goldsmith, far right, had long argued the men were not responsible for Walter Bowman's death.**

TONYA MAXWELL/CITIZEN TIMES

ed death sentences. There's no doubt he committed a terrible crime, stabbing Asheville mother Patrina King to death during a drug-fueled argument. But Morgan did not get a fair trial. Among other things, the jury that sentenced him to death never heard about his severe brain damage.

In 1999, our state did not yet have an indigent defense system that guaranteed capable attorneys and appropriate experts to people on trial for their lives. Morgan ended up with two overworked court appointed attorneys who spent only a few weeks preparing for his trial. The judge refused their pleas to delay the trial and granted only a fraction of the funding they requested for mental health experts, so the experts did not

participate.

As a result, the jury never knew that Morgan has profound mental deficits. He suffered not just one, but three separate traumatic brain injuries, beginning when he fell off the tailgate of a moving car at age 9. It wasn't until years after he went to Death Row that he finally got the full expert evaluation he should have had to begin with. It demonstrated that Morgan suffers from severe neurocognitive impairments. These impairments, as Judge Alan Z. Thornburg recites in his order setting aside the death sentence, "left [Morgan] unable to control his impulses at the time of the crime, such that he did not appreciate the criminality of his conduct and conform his conduct to the re-

quirements of the law."

Because Morgan's attorneys had been unable to gather the necessary evidence, the prosecutor didn't know about Morgan's brain damage. But even if he had, the laws at the time gave him no power to show mercy to a person so damaged that he was incapable of controlling his behavior — a factor that today almost always leads to a life sentence instead of death. During the 1990s, North Carolina was the only state in the nation that required prosecutors to seek the death penalty in every aggravated first-degree murder.

If he were tried today, Morgan would have dedicated, qualified defense attorneys and a thorough psychiatric exam. The full story of his life would be told to the jury. And most prosecutors would never pursue the death penalty in his case. Despite the glaring injustices in Morgan's case, no judge was willing to grant him a new trial. It took a fair-minded district attorney like Williams to finally bring this case to a fair conclusion, and it took a judge committed to the fair administration of justice to agree to set aside the sentence of death and impose life without parole.

Morgan committed a crime that caused immense pain to the family of Patrina King, and he deserves to be punished. He is 63 now, and District Attorney Williams has ensured that he will spend the rest of his life in prison. At the same time, both Mr. Williams and Judge Thornburg have also admirably carried out their most important duty — upholding justice and the law. Our community is no less safe because of their actions; Buncombe County has shown itself, through its elected officials, to be a community where justice prevails. We should all be grateful.

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